



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="24923.64"/>	<input type="text" value="24923.64"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="60468.51"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="8302.50"/>	<input type="text" value="84347.70"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="68771.01"/>	<input type="text" value="109271.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4000.00"/>	<input type="text" value="44500.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="64771.01"/>	<input type="text" value="64771.01"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6488.19	74495.77
(ii) Unitemized .....	1814.31	9851.93
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8302.50	84347.70
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	8302.50	84347.70
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	8302.50	84347.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	8302.50	84347.70

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	33500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	4000.00	11000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4000.00	44500.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.00	44500.33

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8302.50	84347.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8302.50	84347.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.33

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial) <b>A. Nicholas Abid</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2012 <b>Transaction ID : SA11AI.5588</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

Full Name (Last, First, Middle Initial) <b>B. Nicholas Abid</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2012 <b>Transaction ID : SA11AI.5591</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 192.30
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	

Full Name (Last, First, Middle Initial) <b>C. Bryan M. Baier</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2012 <b>Transaction ID : SA11AI.5589</b>
Mailing Address 8735 Henderson Blvd.		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	384.60
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Bryan M. Baier**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Blvd.

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt  
12 / 26 / 2012  
**Transaction ID : SA11AI.5592**

Amount of Each Receipt this Period  
**192.30**

**B. Richard O. Banner**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **276.90**

Date of Receipt  
12 / 06 / 2012  
**Transaction ID : SA11AI.5590**

Amount of Each Receipt this Period  
**46.15**

**C. Richard O. Banner**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **369.20**

Date of Receipt  
12 / 26 / 2012  
**Transaction ID : SA11AI.5593**

Amount of Each Receipt this Period  
**92.30**

**SUBTOTAL** of Receipts This Page (optional)..... **330.75**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Robert A. Beck**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012

**Transaction ID : SA11AI.5595**

Amount of Each Receipt this Period  
**192.30**

**B. Scott B. Black**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012

**Transaction ID : SA11AI.5597**

Amount of Each Receipt this Period  
**76.92**

**C. Kevin Conroy**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012

**Transaction ID : SA11AI.5598**

Amount of Each Receipt this Period  
**57.69**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **326.91**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Kevin Conroy**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.5599**

Amount of Each Receipt this Period  
**115.38**

**B. Ann C. Cox**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.5601**

Amount of Each Receipt this Period  
**76.92**

**C. David Cure**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.5602**

Amount of Each Receipt this Period  
**96.15**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>288.45</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. David Cure**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 576.90

Date of Receipt 12 / 26 / 2012  
**Transaction ID : SA11AI.5603**  
Amount of Each Receipt this Period 192.30

**B. William W. Davies**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 673.05

Date of Receipt 12 / 06 / 2012  
**Transaction ID : SA11AI.5604**  
Amount of Each Receipt this Period 96.15

**C. William W. Davies**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 865.35

Date of Receipt 12 / 26 / 2012  
**Transaction ID : SA11AI.5605**  
Amount of Each Receipt this Period 192.30

**SUBTOTAL** of Receipts This Page (optional).....▶ 480.75  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial) <b>A. Christopher C. Dawes</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2012 <b>Transaction ID : SA11AI.5607</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 76.92
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) <b>B. Valerie DeBoe</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2012 <b>Transaction ID : SA11AI.5609</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 57.68
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.72	

Full Name (Last, First, Middle Initial) <b>C. Grace Diaz</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2012 <b>Transaction ID : SA11AI.5612</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 38.46
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	173.06
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Grace Diaz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 307.68

Date of Receipt 12 / 26 / 2012  
**Transaction ID : SA11AI.5613**  
Amount of Each Receipt this Period 76.92

**B. Elizabeth Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.60

Date of Receipt 12 / 06 / 2012  
**Transaction ID : SA11AI.5620**  
Amount of Each Receipt this Period 96.15

**C. Elizabeth Goodman**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 576.90

Date of Receipt 12 / 26 / 2012  
**Transaction ID : SA11AI.5621**  
Amount of Each Receipt this Period 192.30

**SUBTOTAL** of Receipts This Page (optional).....▶ 365.37  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)  
**A. Michael Haber**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.5623**

Amount of Each Receipt this Period  
**96.15**

Full Name (Last, First, Middle Initial)  
**B. Michael Haber**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.5624**

Amount of Each Receipt this Period  
**192.30**

Full Name (Last, First, Middle Initial)  
**C. Gregg Haddad**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.5625**

Amount of Each Receipt this Period  
**96.15**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>384.60</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Gregg Haddad**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012

**Transaction ID : SA11AI.5626**

Amount of Each Receipt this Period  
**192.30**

**B. Maurice Hebert**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012

**Transaction ID : SA11AI.5629**

Amount of Each Receipt this Period  
**19.23**

**C. Maurice Hebert**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012

**Transaction ID : SA11AI.5631**

Amount of Each Receipt this Period  
**38.46**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **249.99**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Laura Hungiville**  
Full Name (Last, First, Middle Initial)

Mailing Address 3010 Key Harbour Dr

City Safety Harbor	State FL	Zip Code 34695
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2012

**Transaction ID : SA11AI.5636**

Amount of Each Receipt this Period  

96.15
-------

**B. Laura Hungiville**  
Full Name (Last, First, Middle Initial)

Mailing Address 3010 Key Harbour Dr

City Safety Harbor	State FL	Zip Code 34695
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2012

**Transaction ID : SA11AI.5637**

Amount of Each Receipt this Period  

192.30
--------

**C. Laura A. Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2012

**Transaction ID : SA11AI.5641**

Amount of Each Receipt this Period  

76.92
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>365.37</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Jeffry P. Lannigan**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012

**Transaction ID : SA11AI.5650**

Amount of Each Receipt this Period  
**96.15**

**B. Jeffry P. Lannigan**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012

**Transaction ID : SA11AI.5651**

Amount of Each Receipt this Period  
**192.30**

**C. Kevin A. LeBlanc**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012

**Transaction ID : SA11AI.5652**

Amount of Each Receipt this Period  
**96.15**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>384.60</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Kevin A. LeBlanc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.5653**  
 Amount of Each Receipt this Period  
 192.30

**B. Lance D. Marshall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.5658**  
 Amount of Each Receipt this Period  
 96.15

**C. Lance D. Marshall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.5659**  
 Amount of Each Receipt this Period  
 192.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	480.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial) <b>A. Michael A. Minor</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 26 / 2012 <b>Transaction ID : SA11AI.5663</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 76.92
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C		
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) <b>B. Wendy A. Morriarty</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 06 / 2012 <b>Transaction ID : SA11AI.5664</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C		
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

Full Name (Last, First, Middle Initial) <b>C. Wendy A. Morriarty</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 26 / 2012 <b>Transaction ID : SA11AI.5665</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 192.30
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C		
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	365.37
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial) <b>A. Michael R. Polen</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5670</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="96.15"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="384.60"/>	

Full Name (Last, First, Middle Initial) <b>B. Michael R. Polen</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5671</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="192.30"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="576.90"/>	

Full Name (Last, First, Middle Initial) <b>c. Mary Catherine Powell-Voight</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="06"/> / <input type="text" value="2012"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.5672</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="96.15"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="576.90"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="384.60"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Mary Catherine Powell-Voight**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.5673**  
 Amount of Each Receipt this Period  
 192.30

**B. Jayme Anelalani Puu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012  
**Transaction ID : SA11AI.5674**  
 Amount of Each Receipt this Period  
 38.46

**C. Jayme Anelalani Puu**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012  
**Transaction ID : SA11AI.5675**  
 Amount of Each Receipt this Period  
 76.92

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	307.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Lauralie M. Rubel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 576.90

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 06 / 2012  
**Transaction ID : SA11AI.5683**  
Amount of Each Receipt this Period  
96.15

**B. Lauralie M. Rubel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 769.20

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 26 / 2012  
**Transaction ID : SA11AI.5684**  
Amount of Each Receipt this Period  
192.30

**C. Elliott A. Shaw Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 26 / 2012  
**Transaction ID : SA11AI.5690**  
Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	388.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial) <b>A. Alan R. Smith</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2012 <b>Transaction ID : SA11AI.5693</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

Full Name (Last, First, Middle Initial) <b>B. Alan R. Smith</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2012 <b>Transaction ID : SA11AI.5694</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 192.30
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

Full Name (Last, First, Middle Initial) <b>C. John David White</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 06 / 2012 <b>Transaction ID : SA11AI.5702</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.76	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	307.68
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. John David White**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **274.22**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012

**Transaction ID : SA11AI.5703**

Amount of Each Receipt this Period  
**38.46**

**B. Yan Xiong**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012

**Transaction ID : SA11AI.5704**

Amount of Each Receipt this Period  
**38.46**

**C. Yan Xiong**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012

**Transaction ID : SA11AI.5705**

Amount of Each Receipt this Period  
**76.92**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>153.84</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Michael Carl Yount**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 06 / 2012

**Transaction ID : SA11AI.5711**

Amount of Each Receipt this Period  
**96.15**

**B. Michael Carl Yount**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012

**Transaction ID : SA11AI.5712**

Amount of Each Receipt this Period  
**192.30**

**C. Don Zhang**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2012

**Transaction ID : SA11AI.5717**

Amount of Each Receipt this Period  
**76.92**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>365.37</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>6488.19</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Abercrombie for Governor**

Mailing Address 1050 Ala Moana Blvd., #2150

City Honolulu State HI Zip Code 96814

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 18 / 2012

**Transaction ID : SB29.5719**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. John Zerwas Campaign**

Mailing Address 1012 Morton Street

City Richmond State TX Zip Code 77469

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2012

**Transaction ID : SB29.5729**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Judith Zaffirini Campaign**

Mailing Address P. O. Box 627

City Laredo State TX Zip Code 78042

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 27 / 2012

**Transaction ID : SB29.5725**

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

### A. Lois W. Kolkhorst Campaign

Mailing Address P. O. Box 2546

City Brenham State TX Zip Code 77834

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2012			

Transaction ID : SB29.5727

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

### B. Rober Nichols Campaign

Mailing Address 214 E. Commerce

City Jacksonville State TX Zip Code 75766

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2012			

Transaction ID : SB29.5723

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

### C. Texans for Joan Huffman

Mailing Address 3375 Westpark Drive, #135

City Houston State TX Zip Code 77005

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			27			2012			

Transaction ID : SB29.5731

Amount of Each Disbursement this Period

500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Texans for Tommy Williams**

Mailing Address P. O. Box 8069

City State Zip Code  
The Woodlands TX 77387

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
11 / 27 / 2012

**Transaction ID : SB29.5733**

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

500.00

4000.00