

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines. 12FE4M5

Wellcare Health Plans, Inc. PAC (WellCare PAC)

ADDRESS (number and street) 8735 Henderson Road

Check if different than previously reported. (ACC)

Tampa FL 33634

2. **FEC IDENTIFICATION NUMBER** ▼ C00390575 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on 11 / 04 / 2014 in the State of

(d) 30-Day **POST-Election** Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maurice Hebert

Signature of Treasurer Maurice Hebert *[Electronically Filed]* Date 10 / 23 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="2014"/>	<input type="text" value="131970.74"/>	<input type="text" value="131970.74"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="129601.61"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7818.18"/>	<input type="text" value="174349.05"/>
(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="137419.79"/>	<input type="text" value="306319.79"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29500.00"/>	<input type="text" value="198400.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="107919.79"/>	<input type="text" value="107919.79"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

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).....	7605.67	129598.53
(ii) Unitemized	212.51	44750.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7818.18	174349.05
(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)	7818.18	174349.05
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))..... ▶	7818.18	174349.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7818.18	174349.05

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	128700.00
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	15000.00	69700.00
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)) ..	29500.00	198400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29500.00	198400.00

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)	7818.18	174349.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7818.18	174349.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
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	0.00

**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 75
<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

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) A. Nicholas Abid		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014 Transaction ID : SA11AI.14991
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 ▼ 2019.15	

Full Name (Last, First, Middle Initial) B. Harvey D. Anderson		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014 Transaction ID : SA11AI.14941
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. C		
Name of Employer WellCare	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

Full Name (Last, First, Middle Initial) C. Joseph Anselmo		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014 Transaction ID : SA11AI.14934
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 20.83
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 ▼ 437.43	

SUBTOTAL of Receipts This Page (optional).....▶	155.44
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: PAGE 7 OF 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Norma I. Asencio

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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14830

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. Angel L. Ballew

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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.74**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14942

Amount of Each Receipt this Period
38.46

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

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 ▼ **969.15**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14989

Amount of Each Receipt this Period
46.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **103.84**

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: PAGE 8 OF 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Lisa A. Bartley

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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14831

Amount of Each Receipt this Period
 19.23

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

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 ▼
 2019.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14992

Amount of Each Receipt this Period
 96.15

Full Name (Last, First, Middle Initial)
C. Lucy Berenguer

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 ▼
 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14832

Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.61

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 75
	<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. Bruce A. Bershad
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 ▼ 288.45

Date of Receipt
10 / 10 / 2014
Transaction ID : SA11AI.14833

Amount of Each Receipt this Period
19.23

B. Sean L. Bird
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 Occupation health care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt
10 / 10 / 2014
Transaction ID : SA11AI.14834

Amount of Each Receipt this Period
19.23

C. 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 ▼ 807.66

Date of Receipt
10 / 10 / 2014
Transaction ID : SA11AI.14943

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.92

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:	PAGE 10 OF 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Jason T. Bollent
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 ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14835

Amount of Each Receipt this Period
19.23

B. Michelle D. Bronson
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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14836

Amount of Each Receipt this Period
19.23

C. Laura A. Buckley
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 ▼ **423.06**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14944

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	76.92
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 75
	<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. Alan A. Buffenstein
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 ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14837

Amount of Each Receipt this Period
19.23

B. Kenneth A. Burdick
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 ▼ **3076.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.15020

Amount of Each Receipt this Period
192.30

C. John Burke
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 ▼ **2019.15**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14993

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	307.68
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 12 OF 75
	<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. Amy Carr
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 ▼ 403.83

Date of Receipt
10 / 10 / 2014
Transaction ID : SA11AI.14838
Amount of Each Receipt this Period
19.23

B. Christine K. Cashen
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 Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 403.83

Date of Receipt
10 / 10 / 2014
Transaction ID : SA11AI.14839
Amount of Each Receipt this Period
19.23

C. Robert A. Champagne
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 Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 807.66

Date of Receipt
10 / 10 / 2014
Transaction ID : SA11AI.14945
Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.92
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 75
<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. Donna M. Chapman
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 Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 10 / 2014
Transaction ID : SA11AI.14840
Amount of Each Receipt this Period 19.23

B. Seunghyun Choi
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 ▼ 288.45

Date of Receipt 10 / 10 / 2014
Transaction ID : SA11AI.14841
Amount of Each Receipt this Period 19.23

C. Patricia Ciampa
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 ▼ 403.83

Date of Receipt 10 / 10 / 2014
Transaction ID : SA11AI.14842
Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
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 14 OF 75
	<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. Thomas Clegg
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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14946

Amount of Each Receipt this Period
 38.46

B. Sue E. Clements
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 ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14843

Amount of Each Receipt this Period
 19.23

C. 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 ▼ 807.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14947

Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional).....▶	96.15
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 75
	<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) A. Justin R. Cramer		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.14948
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.46"/>
Name of Employer	Occupation	
WellCare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="807.66"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Daniel Cup Choy		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.14844
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.23"/>
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="269.22"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David Cure		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.14994
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="96.15"/>
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2019.15"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="153.84"/>
TOTAL 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 16 OF 75
<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. Lisa R. Darley
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	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.83**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14845

Amount of Each Receipt this Period

19.23

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 ▼ **2019.15**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14995

Amount of Each Receipt this Period

96.15

C. Natalie D. Davis
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 ▼ **403.83**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14846

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional).....▶	134.61
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 17 OF 75
	<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. Christopher C. Dawes
 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 ▼ 807.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14950
 Amount of Each Receipt this Period
 38.46

B. Valerie DeBoe
 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 ▼ 605.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14940
 Amount of Each Receipt this Period
 28.84

C. Catherine M. DeMaso
 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 ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14847
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional).....▶	86.53
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: PAGE 18 OF 75
(check only one)

<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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. Desiree Demonbreun

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 ▼
403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14848

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. David W. Deweese

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	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14849

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. Grace Diaz

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 ▼
807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14951

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	76.92
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 19 OF 75
<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. Lisa V. Downey
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	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14952

Amount of Each Receipt this Period

38.46

B. Karen Driskill
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
10	/	10	/	2014

Transaction ID : SA11AI.14953

Amount of Each Receipt this Period

38.46

C. Michael Easterday
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 ▼ **326.91**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14850

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional).....▶	96.15
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 20 OF 75
<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. Lisa M. Eilers
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 ▼
403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14851

Amount of Each Receipt this Period

19.23

B. Carolyn M. Enzinna
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	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14852

Amount of Each Receipt this Period

19.23

C. Hector L. Feliciano
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 ▼
403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14853

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional).....▶	57.69
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 21 OF 75
	<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. Traci L. Ferguson
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 ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14854

Amount of Each Receipt this Period
 19.23

B. Ryan B. Fogarty
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 ▼ 437.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14935

Amount of Each Receipt this Period
 20.83

C. Dalvin Ford
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 ▼ 437.43

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14936

Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.89

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 22 OF 75
	<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. Vincent L. Frakes
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 ▼ **499.98**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.14954

Amount of Each Receipt this Period
38.46

B. Paul H. Frank
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 ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.14855

Amount of Each Receipt this Period
19.23

C. Dana French
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Avenue

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
10 / 10 / 2014

Transaction ID : SA11AI.14955

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	96.15
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 23 OF 75
	<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) A. David J. Gallitano		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014 Transaction ID : SA11AI.15021
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 ▼ 3336.18	

Full Name (Last, First, Middle Initial) B. Michael A. Gerasimovich		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014 Transaction ID : SA11AI.14856
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 ▼ 403.83	

Full Name (Last, First, Middle Initial) C. Louis Gianquinto, Jr.		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014 Transaction ID : SA11AI.14996
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 ▼ 1442.25	

SUBTOTAL of Receipts This Page (optional).....▶	307.68
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 24 OF 75
	<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. 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 ▼ 2019.15

Date of Receipt 10 / 10 / 2014
Transaction ID : SA11AI.14997
Amount of Each Receipt this Period 96.15

B. Julie S. Griswold
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 Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.81

Date of Receipt 10 / 10 / 2014
Transaction ID : SA11AI.14826
Amount of Each Receipt this Period 9.61

C. Patricia B. Guay
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 ▼ 807.66

Date of Receipt 10 / 10 / 2014
Transaction ID : SA11AI.14958
Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 144.22
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 25 OF 75
	<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 Haber
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 ▼ 2019.15

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14998

Amount of Each Receipt this Period
 96.15

B. Marcia B. Halbert
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 ▼ 403.83

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14858

Amount of Each Receipt this Period
 19.23

C. Nicole Hall
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 ▼ 403.83

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14859

Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.61

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: PAGE 26 OF 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Robin Hamel
 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 Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14960
 Amount of Each Receipt this Period
 38.46

B. Camille C. Hamid
 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 Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14860
 Amount of Each Receipt this Period
 19.23

C. Cindy L. Hankin
 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 Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14861
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.92
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 27 OF 75
	<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. Richard M. Hanks
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 ▼ **1070.46**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.14961

Amount of Each Receipt this Period
38.46

B. Merrill J. Hausenfluck
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 ▼ **807.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.14962

Amount of Each Receipt this Period
38.46

C. Christine M. Hayes
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 ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.14862

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... **96.15**

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 28 OF 75
<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. 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 ▼
2019.15

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2014

Transaction ID : SA11AI.14999

Amount of Each Receipt this Period
96.15

B. Lisa Hershiser
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 ▼
807.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2014

Transaction ID : SA11AI.14963

Amount of Each Receipt this Period
38.46

C. Troy Hildreth
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 ▼
807.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2014

Transaction ID : SA11AI.14964

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	173.07
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 29 OF 75
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	<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. Tanya Hillary
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 ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.14863

Amount of Each Receipt this Period
19.23

B. Robert L. Hilliard
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 ▼ **1634.55**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.15000

Amount of Each Receipt this Period
96.15

C. Bruce P. Himelstein
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 ▼ **326.91**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.14864

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	134.61
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 30 OF 75
	<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. William Hinsdale
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 ▼ 807.66

Date of Receipt 10 / 10 / 2014
Transaction ID : SA11AI.14965
Amount of Each Receipt this Period 38.46

B. John J. Hofstetter
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 ▼ 403.83

Date of Receipt 10 / 10 / 2014
Transaction ID : SA11AI.14866
Amount of Each Receipt this Period 19.23

C. Marla P. Holcomb
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 ▼ 2019.15

Date of Receipt 10 / 10 / 2014
Transaction ID : SA11AI.15001
Amount of Each Receipt this Period 96.15

SUBTOTAL of Receipts This Page (optional).....▶ 153.84
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: PAGE 31 OF 75
(check only one)

<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. Christopher H. Horan
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 Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 10 / 2014
Transaction ID : SA11AI.14868
Amount of Each Receipt this Period 19.23

B. David Hurter
Full Name (Last, First, Middle Initial)
Mailing Address 901 N. Hemlock Lane
City Mount Prospect State IL Zip Code 60056
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 10 / 2014
Transaction ID : SA11AI.14869
Amount of Each Receipt this Period 19.23

C. Marlene Hyman
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 ▼ 288.45

Date of Receipt 10 / 10 / 2014
Transaction ID : SA11AI.14870
Amount of Each Receipt this Period 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
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 32 OF 75
	<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. Lisa G. Iglesias
 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 ▼ 4038.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.15022
 Amount of Each Receipt this Period
 192.30

B. Jason Inman
 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 ▼ 403.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14871
 Amount of Each Receipt this Period
 19.23

C. Meghan A. Izzo
 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 Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14966
 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 33 OF 75
	<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. Goran Jankovic
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 ▼ **807.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14967

Amount of Each Receipt this Period
38.46

B. Hermilo O. Jazmines
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 ▼ **2019.15**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.15002

Amount of Each Receipt this Period
96.15

C. Walter C. Johnson
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 ▼ **807.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14968

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **173.07**

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 34 OF 75
	<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) A. Jacqueline M. Jones		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.14872
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Wellcare Health Plans, Inc. Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="403.83"/>	

Full Name (Last, First, Middle Initial) B. Laura A. Jones		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.14969
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Health Plans, Inc. Occupation health care		<input type="text" value="38.46"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="807.66"/>	

Full Name (Last, First, Middle Initial) C. Stephen Jones		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.15004
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Occupation health care		<input type="text" value="96.15"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2019.15"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="153.84"/>
TOTAL 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 35 OF 75
	<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. Stephanie R. Kelley
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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14873

Amount of Each Receipt this Period
19.23

B. Paul Kensicki
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 ▼ **2019.15**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.15005

Amount of Each Receipt this Period
96.15

C. Janet H. Kimbrough
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 ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14874

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	134.61
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: PAGE 36 OF 75
(check only one)

<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. Thomas M. Kincaid

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 ▼ **437.43**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14937

Amount of Each Receipt this Period

59.29	59.29	59.29	59.29	59.29
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20.83

Full Name (Last, First, Middle Initial)
B. Sharon L. King

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 ▼ **403.83**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14875

Amount of Each Receipt this Period

59.29	59.29	59.29	59.29	59.29
-------	-------	-------	-------	-------

19.23

Full Name (Last, First, Middle Initial)
C. Nancy A. Kirby

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 ▼ **403.83**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14876

Amount of Each Receipt this Period

59.29	59.29	59.29	59.29	59.29
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19.23

SUBTOTAL of Receipts This Page (optional).....▶	59.29
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 37 OF 75
	<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. John J. Kirchner
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 ▼ 2019.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.15006

Amount of Each Receipt this Period
 96.15

B. Stephan Korda
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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14877

Amount of Each Receipt this Period
 19.23

C. Roman T. Kulich
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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2019.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.15007

Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 211.53

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 38 OF 75
	<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 ▼ 2019.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.15008

Amount of Each Receipt this Period
 96.15

B. Miriam M. Lederer
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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14880

Amount of Each Receipt this Period
 19.23

C. Letty M. Lian-Segawa
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 ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14881

Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional).....▶	134.61
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 39 OF 75
	<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 S. London
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 **288.45**

Date of Receipt **10 / 10 / 2014**
Transaction ID : SA11AI.14882
Amount of Each Receipt this Period **19.23**

B. Luke C. Lovgren
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 **403.83**

Date of Receipt **10 / 10 / 2014**
Transaction ID : SA11AI.14883
Amount of Each Receipt this Period **19.23**

C. Pam A. Lyons-Taylor
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 **2019.15**

Date of Receipt **10 / 10 / 2014**
Transaction ID : SA11AI.15010
Amount of Each Receipt this Period **96.15**

SUBTOTAL of Receipts This Page (optional)..... **134.61**
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: PAGE 40 OF 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Brock R. Manz

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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14884

Amount of Each Receipt this Period
 19.23

Full Name (Last, First, Middle Initial)
B. Angela Marks

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 ▼
 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14885

Amount of Each Receipt this Period
 19.23

Full Name (Last, First, Middle Initial)
C. Joanna M. Maslanka

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 ▼
 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14886

Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69

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 41 OF 75
	<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. Carole A. Matyas
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 ▼ 2019.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.15011

Amount of Each Receipt this Period
 96.15

B. Faustino Mayo
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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14887

Amount of Each Receipt this Period
 19.23

C. Ray McComb
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
 10 / 10 / 2014
Transaction ID : SA11AI.14970

Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 153.84

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: PAGE 42 OF 75
(check only one)

<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. Leslie D. McKenzie

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 ▼ **437.43**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14938

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)
B. Sarah Helene McKinnie

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	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.83**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14888

Amount of Each Receipt this Period

19.23

Full Name (Last, First, Middle Initial)
C. Elizabeth M. Miller

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 ▼ **403.83**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14889

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional).....▶	59.29
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 43 OF 75
	<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. Eufemia E. Mitchell
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 Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **403.83**

Date of Receipt **10 / 10 / 2014**
Transaction ID : SA11AI.14890
Amount of Each Receipt this Period **19.23**

B. Wendy A. Morriarty
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 **2019.15**

Date of Receipt **10 / 10 / 2014**
Transaction ID : SA11AI.15012
Amount of Each Receipt this Period **96.15**

C. Timothy M. Mullen
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 **403.83**

Date of Receipt **10 / 10 / 2014**
Transaction ID : SA11AI.14891
Amount of Each Receipt this Period **19.23**

SUBTOTAL of Receipts This Page (optional)..... **134.61**
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 44 OF 75
	<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. Kathleen Mulqueen
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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.14892

Amount of Each Receipt this Period
19.23

B. Kelly A. Munson
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 ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.14893

Amount of Each Receipt this Period
19.23

C. Gina Newberry
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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.14971

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	76.92
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 45 OF 75
	<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)
A. Sharon Nisbet

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 ▼
2019.15

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2014

Transaction ID : SA11AI.15013

Amount of Each Receipt this Period
96.15

Full Name (Last, First, Middle Initial)
B. Diane C. Norcross

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 ▼
201.81

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2014

Transaction ID : SA11AI.14827

Amount of Each Receipt this Period
9.61

Full Name (Last, First, Middle Initial)
C. Michael J. Orlosky

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	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
807.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2014

Transaction ID : SA11AI.14972

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	144.22
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 46 OF 75
<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. Carole Ouimet
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 ▼ **326.91**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14894

Amount of Each Receipt this Period

9.23

B. Nino A. Palermo
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 ▼ **269.22**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14895

Amount of Each Receipt this Period

19.23

C. Amelia Pantelis
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 ▼ **201.81**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14828

Amount of Each Receipt this Period

9.61

SUBTOTAL of Receipts This Page (optional).....▶	48.07
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 47 OF 75
<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. Christopher T. Parrillo		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014 Transaction ID : SA11AI.15014
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 ▼ 2019.15	

Full Name (Last, First, Middle Initial) B. Mark H. Pfst		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014 Transaction ID : SA11AI.14896
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 ▼ 269.22	

Full Name (Last, First, Middle Initial) C. Michael R. Polen		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2014 Transaction ID : SA11AI.15023
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 ▼ 4038.30	

SUBTOTAL of Receipts This Page (optional).....▶	307.68
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 48 OF 75
	<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. William A. Prince
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 ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.14897

Amount of Each Receipt this Period
19.23

B. Jeffrey S. Ray
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 ▼ **874.86**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.14987

Amount of Each Receipt this Period
41.66

C. Anne E. Read
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 ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.14898

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	80.12
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 49 OF 75
<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. Karen L. Reine
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 ▼ **615.36**

Date of Receipt
 / /
10 / 10 / 2014

Transaction ID : SA11AI.14973

Amount of Each Receipt this Period
 38.46

B. David T. Reynolds
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 ▼ **403.83**

Date of Receipt
 / /
10 / 10 / 2014

Transaction ID : SA11AI.14899

Amount of Each Receipt this Period
 19.23

C. Wendy J. Reynolds
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 ▼ **403.83**

Date of Receipt
 / /
10 / 10 / 2014

Transaction ID : SA11AI.14900

Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 76.92
TOTAL 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 50 OF 75
	<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 L. Ridenour
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 ▼ **807.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.14974

Amount of Each Receipt this Period
38.46

B. James Rodgers
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33636

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

Name of Employer Wellcare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.14975

Amount of Each Receipt this Period
38.46

C. Remedios Rodriguez
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 ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.14901

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	96.15
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 51 OF 75
	<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. 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 ▼ 2019.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.15015

Amount of Each Receipt this Period
 96.15

B. Rachael R. Rudd
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
 10 / 10 / 2014
Transaction ID : SA11AI.14976

Amount of Each Receipt this Period
 38.46

C. Christine Ruediger
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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14977

Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional).....▶	173.07
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 52 OF 75
	<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. Phyllis J. Ruska
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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.14902

Amount of Each Receipt this Period
 19.23

B. Patricia A. Russell
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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.14903

Amount of Each Receipt this Period
 19.23

C. Abby Dritz Salzer
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 ▼ **653.82**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.14978

Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **76.92**

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 53 OF 75
	<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. Tracy M. Schmidt
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 ▼ **437.43**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14939

Amount of Each Receipt this Period
20.83

B. Cynthia Scollins
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 ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14904

Amount of Each Receipt this Period
19.23

C. George D. Shafer
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 ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14905

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	59.29
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 54 OF 75
	<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. 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 ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14990

Amount of Each Receipt this Period
50.00

B. Randall Simmons
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	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14906

Amount of Each Receipt this Period
19.23

C. Lawrence R. Smart
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 ▼
403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14907

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	88.46
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 55 OF 75
	<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) A. Alan R. Smith		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.15016
Name of Employer WellCare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="96.15"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="2019.15"/>		

Full Name (Last, First, Middle Initial) B. Philip G. Stalas		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14908
Name of Employer Wellcare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="19.23"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="403.83"/>		

Full Name (Last, First, Middle Initial) C. Carol H. Steckel		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.14979
Name of Employer WellCare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="38.46"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="653.82"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="153.84"/>
TOTAL 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 56 OF 75
<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. Wesley K. Stiger
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 ▼ **403.83**

Date of Receipt **10 / 10 / 2014**

Transaction ID : SA11AI.14909

Amount of Each Receipt this Period **19.23**

B. Derek A. Stratman
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 Occupation health care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt **10 / 10 / 2014**

Transaction ID : SA11AI.14980

Amount of Each Receipt this Period **38.46**

C. Christopher P. Surrall
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 ▼ **2019.15**

Date of Receipt **10 / 10 / 2014**

Transaction ID : SA11AI.15017

Amount of Each Receipt this Period **96.15**

SUBTOTAL of Receipts This Page (optional)..... **153.84**

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 57 OF 75
	<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)

A. Paulette Sutton
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	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14910

Amount of Each Receipt this Period
19.23

B. Shunae E. Thomas
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	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14911

Amount of Each Receipt this Period
19.23

C. Cynthia Thompson
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 ▼
538.44

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
10	/	10	/	2014

Transaction ID : SA11AI.14981

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	76.92
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 58 OF 75
<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. Blair Todt		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014 Transaction ID : SA11AI.15024
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 ▼ 3269.10	

Full Name (Last, First, Middle Initial) B. Mary Jane Toomey		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014 Transaction ID : SA11AI.14829
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 11.53
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 ▼ 242.13	

Full Name (Last, First, Middle Initial) C. Thomas Tran		Date of Receipt M M / D D / Y Y Y Y Y 10 / 10 / 2014 Transaction ID : SA11AI.15025
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 ▼ 4038.30	

SUBTOTAL of Receipts This Page (optional).....▶	396.13
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 59 OF 75
	<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. Anthony J. Valdes
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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.14912

Amount of Each Receipt this Period
 19.23

B. Lisa VanSteelant
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 ▼ 807.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014

Transaction ID : SA11AI.14982

Amount of Each Receipt this Period
 38.46

C. Steven A. Vetrano
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
 10 / 10 / 2014

Transaction ID : SA11AI.14983

Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional).....▶	96.15
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: PAGE 60 OF 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Leonel Viel
 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 ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14913
 Amount of Each Receipt this Period
 19.23

B. Karen J. Viera
 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 ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14914
 Amount of Each Receipt this Period
 19.23

C. Timothy R. Waggoner
 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 ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14915
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
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 61 OF 75
	<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. Ballard P. Walden
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 ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11Al.14916

Amount of Each Receipt this Period
 19.23

B. Crystal W. Walker
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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11Al.14917

Amount of Each Receipt this Period
 19.23

C. Ed Wang
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 ▼ 874.86

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11Al.14988

Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 80.12

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 62 OF 75
	<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. Kathy C. Warner
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 ▼ **403.83**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.14918

Amount of Each Receipt this Period
19.23

B. William K. Watson
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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.14986

Amount of Each Receipt this Period
40.00

C. Teddy J. Webster
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 Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 10 / 2014

Transaction ID : SA11AI.14984

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)..... **97.69**

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 63 OF 75
<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. Stephen G. Weiss
 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 Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14919
 Amount of Each Receipt this Period
 19.23

B. Michael P. Wellman
 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14920
 Amount of Each Receipt this Period
 19.23

C. Richard A. Wellons
 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 ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14921
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional).....▶	57.69
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: PAGE 64 OF 75
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Randolph S. Wojnarowicz
 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 ▼ 403.83

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14924
 Amount of Each Receipt this Period
 19.23

B. Chang Xie
 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 ▼ 403.83

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14925
 Amount of Each Receipt this Period
 19.23

C. Shaojuan Xie
 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 Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14926
 Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 57.69
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: PAGE 65 OF 75
(check only one)

<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. Yan Xiong

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 ▼
2019.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.15018

Amount of Each Receipt this Period
96.15

Full Name (Last, First, Middle Initial)
B. Kristy Yarcho

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 ▼
403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14927

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. Mary Virginia Yates

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 ▼
403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14928

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.61

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:	PAGE 66 OF 75
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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) A. Yin Yiu		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.14929
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.23"/>
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="403.83"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Belinda Young		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.14930
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="19.23"/>
Name of Employer	Occupation	
WellCare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="403.83"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael Carl Yount		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="10"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.15019
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="96.15"/>
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2019.15"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="134.61"/>
TOTAL 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 67 OF 75
	<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. Annette L. Zerbe
 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 ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14931
 Amount of Each Receipt this Period
 19.23

B. Le Zheng
 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14932
 Amount of Each Receipt this Period
 19.23

C. Carlene C. Zincke
 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 ▼ 807.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14985
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional).....▶	76.92
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: PAGE 68 OF 75
(check only one)

<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
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)

A. Full Name (Last, First, Middle Initial)
Scott R. Zinna

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 ▼
403.83

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 10 / 2014
Transaction ID : SA11AI.14933

Amount of Each Receipt this Period
 19.23

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	19.23
TOTAL This Period (last page this line number only).....▶	7605.67

**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 checked="" 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 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. Brady for Congress

Mailing Address P. O. Box 8277

City The Woodlands State TX Zip Code 77387

Purpose of Disbursement contribution

Candidate Name

Kevin Brady

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2014			

Transaction ID : SB23.15044

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Crowley Leadership Fund

Mailing Address 700 13th Street, N.W., #600

City Washington State DC Zip Code 20005

Purpose of Disbursement contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2014			

Transaction ID : SB23.15058

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Frederica Wilson for Congress

Mailing Address 19821 N.W. 2nd Avenue, #354

City Miami Gardens State FL Zip Code 33169

Purpose of Disbursement contribution

Candidate Name

Frederica Wilson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 24

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : SB23.15039

Amount of Each Disbursement this Period

2500.00

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

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

6500.00

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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 checked="" 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 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. Friends of Dave Reichert

Mailing Address P. O. Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement contribution

Candidate Name
Dave Reichert

Office Sought: House
 Senate
 President
State: WA District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2014			

Transaction ID : **SB23.15064**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends of Dennis Ross

Mailing Address 133 S. Harbor Drive

City Venice State FL Zip Code 34285

Purpose of Disbursement contribution

Candidate Name
Dennis Ross

Office Sought: House
 Senate
 President
State: FL District: 15

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2014			

Transaction ID : **SB23.15061**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Patrick Murphy

Mailing Address 4521 PGA Blvd., #412

City Palm Beach Gardens State FL Zip Code 33418

Purpose of Disbursement contribution

Candidate Name
Patrick Murphy

Office Sought: House
 Senate
 President
State: FL District: 18

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : **SB23.15036**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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 checked="" 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 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. Jeffries for Congress

Mailing Address P. O. Box 380320

City State Zip Code
Brooklyn NY 11238

Purpose of Disbursement
contribution

Candidate Name
Hakeem Jeffries

Office Sought: House
 Senate
 President
State: NY District: 08

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	15	/	2014

Transaction ID : SB23.15067

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Vern Buchanan for Congress

Mailing Address P. O. Box 48928

City State Zip Code
Sarasota FL 34230

Purpose of Disbursement
contribution

Candidate Name
Vernon Buchanan

Office Sought: House
 Senate
 President
State: FL District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	15	/	2014

Transaction ID : SB23.15070

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

3500.00

14500.00

**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. Campaign to Elect Mike Hager		Date of Disbursement MM / DD / YYYY 10 / 10 / 2014
Mailing Address 342 Walking Horse Trail		Transaction ID : SB29.15046
City Rutherfordton	State NC	
Purpose of Disbursement non-federal contribution	Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) B. Committee to Elect Donny Lambeth		Date of Disbursement MM / DD / YYYY 10 / 10 / 2014
Mailing Address 4627 S. Main Street		Transaction ID : SB29.15048
City Winston-Salem	State NC	
Purpose of Disbursement non-federal contribution	Candidate Name	Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

Full Name (Last, First, Middle Initial) C. Friends of Tim Moore		Date of Disbursement MM / DD / YYYY 10 / 10 / 2014
Mailing Address 305 E. King Street		Transaction ID : SB29.15050
City Kings Mountain	State NC	
Purpose of Disbursement non-federal contribution	Candidate Name	Amount of Each Disbursement this Period 1500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

**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. Justin Burr for North Carolina House

Mailing Address P. O. Box 1966

City Albemarle State NC Zip Code 28002

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

MM / DD / YYYY
10 / 10 / 2014

Transaction ID : SB29.15052

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Kean for Senate

Mailing Address P. O. Box 425

City Westfield State NJ Zip Code 07090

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

MM / DD / YYYY
10 / 08 / 2014

Transaction ID : SB29.15027

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Louis Pate Election Committee

Mailing Address 102 Meredith Street

City Mt. Olive State NC Zip Code 28365

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

MM / DD / YYYY
10 / 10 / 2014

Transaction ID : SB29.15054

Amount of Each Disbursement this Period

2500.00

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

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

5000.00

**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. Ralph Hise for North Carolina Senate

Mailing Address P. O. Box 86

City Spruce Pine State NC Zip Code 28777

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2014			

Transaction ID : SB29.15056

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Susan Westrom for State Representative

Mailing Address 2965 Candlelight Way

City Lexington State KY Zip Code 40502

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : SB29.15032

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. The Leaders Fund

Mailing Address 935 Kings Highway, #400

City West Deptford State NJ Zip Code 08086

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			08			2014			

Transaction ID : SB29.15031

Amount of Each Disbursement this Period

1000.00

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

4500.00

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. Tommy Thompson for State Representative

Mailing Address P. O. Box 458

City Owensboro State KY Zip Code 42302

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

MM / DD / YYYY
10 / 08 / 2014

Transaction ID : SB29.15034

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Will Coursey for State Representative

Mailing Address 285 Oaklevel-Elva Road

City Symsonia State KY Zip Code 42082

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

MM / DD / YYYY
10 / 08 / 2014

Transaction ID : SB29.15035

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

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

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

2000.00

15000.00