

**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"/>		131970.74
(b) Cash on Hand at Beginning of Reporting Period.....	138381.43	
(c) Total Receipts (from Line 19)	16559.39	126470.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	154940.82	258440.82
7. Total Disbursements (from Line 31).....	6500.00	110000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	148440.82	148440.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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).....	15640.20	83122.37
(ii) Unitemized	919.19	43347.71
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16559.39	126470.08
(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)	16559.39	126470.08
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))..... ▶	16559.39	126470.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	16559.39	126470.08

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.....	6000.00	79000.00
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	500.00	31000.00
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)) ..	6500.00	110000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6500.00	110000.00

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)	16559.39	126470.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16559.39	126470.08
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: PAGE 6 OF 126
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Nicholas Abid
 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 ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13433
 Amount of Each Receipt this Period
 96.15

B. Nicholas Abid
 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 ▼ 1442.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13651
 Amount of Each Receipt this Period
 96.15

C. Harvey D. Anderson
 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 ▼ 538.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13384
 Amount of Each Receipt this Period
 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.76
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 126
(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. Harvey D. Anderson
 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 ▼ 576.90

Date of Receipt 07 / 18 / 2014
Transaction ID : SA11AI.13601
 Amount of Each Receipt this Period 38.46

B. Lawrence D. Anderson
 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 ▼ 2692.20

Date of Receipt 07 / 03 / 2014
Transaction ID : SA11AI.13462
 Amount of Each Receipt this Period 192.30

C. Lawrence D. Anderson
 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 ▼ 2884.50

Date of Receipt 07 / 18 / 2014
Transaction ID : SA11AI.13680
 Amount of Each Receipt this Period 192.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 423.06
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 126
<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. Joseph Anselmo
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 ▼ 291.62

Date of Receipt 07 / 03 / 2014
Transaction ID : SA11AI.13376

Amount of Each Receipt this Period 20.83

B. Joseph Anselmo
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 ▼ 312.45

Date of Receipt 07 / 18 / 2014
Transaction ID : SA11AI.13593

Amount of Each Receipt this Period 20.83

C. Norma I. Asencio
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 ▼ 269.22

Date of Receipt 07 / 03 / 2014
Transaction ID : SA11AI.13274

Amount of Each Receipt this Period 19.23

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 9 OF 126
	<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. Norma I. Asencio
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 ▼ 288.45

Date of Receipt
07 / 18 / 2014
Transaction ID : SA11AI.13492

Amount of Each Receipt this Period
96.23

B. Angel L. Ballew
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 ▼ 461.52

Date of Receipt
07 / 03 / 2014
Transaction ID : SA11AI.13385

Amount of Each Receipt this Period
38.46

C. Angel L. Ballew
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 ▼ 499.98

Date of Receipt
07 / 18 / 2014
Transaction ID : SA11AI.13602

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 10 OF 126
<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. Richard O. Banner
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **646.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13431

Amount of Each Receipt this Period
46.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13649

Amount of Each Receipt this Period
46.15

C. Lisa A. Bartley
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 ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13275

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	111.53
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 11 OF 126
(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 ▼
 288.45

Date of Receipt
 07 / 18 / 2014
Transaction ID : SA11AI.13493

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 ▼
 1346.10

Date of Receipt
 07 / 03 / 2014
Transaction ID : SA11AI.13434

Amount of Each Receipt this Period
 96.15

Full Name (Last, First, Middle Initial)
C. 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 ▼
 1442.25

Date of Receipt
 07 / 18 / 2014
Transaction ID : SA11AI.13652

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: PAGE 12 OF 126
(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. Lucy Berenguer
 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
 07 / 03 / 2014
Transaction ID : SA11AI.13276
 Amount of Each Receipt this Period
 19.23

B. Lucy Berenguer
 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
 07 / 18 / 2014
Transaction ID : SA11AI.13494
 Amount of Each Receipt this Period
 19.23

C. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13278
 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 13 OF 126
	(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. Sean L. Bird		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.13496
Tampa	FL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<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="288.45"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Scott B. Black		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.13386
Tampa	FL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="38.46"/>
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="538.44"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Scott B. Black		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Transaction ID : SA11AI.13603
Tampa	FL	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<input type="text" value="38.46"/>
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="576.90"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="96.15"/>
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 14 OF 126
	<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. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13279

Amount of Each Receipt this Period
 19.23

B. 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13497

Amount of Each Receipt this Period
 19.23

C. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13280

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 15 OF 126
(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. Michelle D. Bronson

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 ▼
 288.45

Date of Receipt
 07 / 18 / 2014
Transaction ID : SA11AI.13498

Amount of Each Receipt this Period
 19.23

Full Name (Last, First, Middle Initial)
B. Alan A. Buffenstein

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
 07 / 03 / 2014
Transaction ID : SA11AI.13281

Amount of Each Receipt this Period
 19.23

Full Name (Last, First, Middle Initial)
C. Alan A. Buffenstein

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
 07 / 18 / 2014
Transaction ID : SA11AI.13499

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 16 OF 126
	(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. 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 ▼ 1730.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13463

Amount of Each Receipt this Period
 192.30

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 ▼ 1923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13681

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 ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13435

Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 480.75

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 126
	<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 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 ▼ **1442.25**

Date of Receipt **07 / 18 / 2014**

Transaction ID : SA11AI.13653

Amount of Each Receipt this Period **96.15**

B. 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 ▼ **269.22**

Date of Receipt **07 / 03 / 2014**

Transaction ID : SA11AI.13282

Amount of Each Receipt this Period **19.23**

C. 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 ▼ **288.45**

Date of Receipt **07 / 18 / 2014**

Transaction ID : SA11AI.13500

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 18 OF 126
<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. 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 ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13283

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 ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13501

Amount of Each Receipt this Period
19.23

C. Cesar M. Castilleja
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 ▼ **583.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13428

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: PAGE 19 OF 126
(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. Cesar M. Castilleja
 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 ▼ 624.90

Date of Receipt 07 / 18 / 2014
Transaction ID : SA11AI.13646
 Amount of Each Receipt this Period 41.66

B. 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 ▼ 538.44

Date of Receipt 07 / 03 / 2014
Transaction ID : SA11AI.13388
 Amount of Each Receipt this Period 38.46

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 ▼ 576.90

Date of Receipt 07 / 18 / 2014
Transaction ID : SA11AI.13605
 Amount of Each Receipt this Period 38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.58
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 126
<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 ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SA11AI.13284

Amount of Each Receipt this Period
19.23

B. 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 ▼
288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : SA11AI.13502

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 ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SA11AI.13286

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 21 OF 126
(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. Patricia Ciampa

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
07	/	18	/	2014

Transaction ID : SA11AI.13504

Amount of Each Receipt this Period

60.89

Full Name (Last, First, Middle Initial)
B. Carolina V. Cisneros

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 ▼ **291.62**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SA11AI.13377

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)
C. Carolina V. Cisneros

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 ▼ **312.45**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : SA11AI.13594

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 126
<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. 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 ▼ 269.22

Date of Receipt 07 / 03 / 2014
Transaction ID : SA11AI.13287
Amount of Each Receipt this Period 19.23

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 ▼ 288.45

Date of Receipt 07 / 18 / 2014
Transaction ID : SA11AI.13505
Amount of Each Receipt this Period 19.23

C. Christina Cooper
Full Name (Last, First, Middle Initial)
Mailing Address 14703 Tudor Chase Dr
City Tampa State FL Zip Code 33626
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans Occupation VP, Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 384.60

Date of Receipt 07 / 03 / 2014
Transaction ID : SA11AI.13389
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 23 OF 126
	<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. Christina Cooper		Date of Receipt
Mailing Address 14703 Tudor Chase Dr		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33626
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13608
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans	VP, Finance	<input type="text" value="38.46"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="423.06"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ann C. Cox		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13390
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="38.46"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="538.44"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ann C. Cox		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13609
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="38.46"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="576.90"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="115.38"/>
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: PAGE 24 OF 126
(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. Justin R. Cramer
 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 ▼ 538.44

Date of Receipt 07 / 03 / 2014
Transaction ID : SA11AI.13391
 Amount of Each Receipt this Period 38.46

B. Justin R. Cramer
 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 ▼ 576.90

Date of Receipt 07 / 18 / 2014
Transaction ID : SA11AI.13610
 Amount of Each Receipt this Period 38.46

C. David Cure
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 07 / 03 / 2014
Transaction ID : SA11AI.13436
 Amount of Each Receipt this Period 96.15

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 25 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David Cure
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1442.25**

Date of Receipt **07 / 18 / 2014**
Transaction ID : SA11AI.13654
Amount of Each Receipt this Period **96.15**

B. 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 **269.22**

Date of Receipt **07 / 03 / 2014**
Transaction ID : SA11AI.13289
Amount of Each Receipt this Period **19.23**

C. 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 **288.45**

Date of Receipt **07 / 18 / 2014**
Transaction ID : SA11AI.13507
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 126
	(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. 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 ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014

Transaction ID : SA11AI.13437

Amount of Each Receipt this Period
 96.15

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 ▼ 1442.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.13655

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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014

Transaction ID : SA11AI.13290

Amount of Each Receipt this Period
 19.23

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 27 OF 126
	<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. 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13508

Amount of Each Receipt this Period
 19.23

B. 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 ▼ 538.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13392

Amount of Each Receipt this Period
 38.46

c. 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 ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13611

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 28 OF 126
	<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. 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 ▼ **403.76**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SA11AI.13383

Amount of Each Receipt this Period

28.84

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 ▼ **432.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : SA11AI.13600

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 ▼ **269.22**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SA11AI.13291

Amount of Each Receipt this Period

19.23

SUBTOTAL of Receipts This Page (optional).....▶	76.91
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 126
	<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. 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13509
 Amount of Each Receipt this Period
 19.23

B. Desiree Demonbreun
 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
 07 / 03 / 2014
Transaction ID : SA11AI.13292
 Amount of Each Receipt this Period
 19.23

C. Desiree Demonbreun
 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
 07 / 18 / 2014
Transaction ID : SA11AI.13510
 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 30 OF 126
	<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. Karen C. Desotell
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
07 / 03 / 2014

Transaction ID : SA11AI.13293

Amount of Each Receipt this Period
19.23

B. Karen C. Desotell
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
07 / 18 / 2014

Transaction ID : SA11AI.13511

Amount of Each Receipt this Period
19.23

C. David W. Deweese
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 ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13294

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 31 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David W. Deweese
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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13512

Amount of Each Receipt this Period
 19.23

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13393

Amount of Each Receipt this Period
 38.46

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13612

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 32 OF 126
	<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 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 **538.44**

Date of Receipt **07 / 03 / 2014**
Transaction ID : SA11AI.13394
Amount of Each Receipt this Period **38.46**

B. 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 **576.90**

Date of Receipt **07 / 18 / 2014**
Transaction ID : SA11AI.13613
Amount of Each Receipt this Period **38.46**

C. 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 **307.68**

Date of Receipt **07 / 03 / 2014**
Transaction ID : SA11AI.13395
Amount of Each Receipt this Period **38.46**

SUBTOTAL of Receipts This Page (optional)..... **115.38**
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 126
	<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. 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 ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13614

Amount of Each Receipt this Period
38.46

B. 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 ▼ **211.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13513

Amount of Each Receipt this Period
19.23

C. 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 ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13296

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 34 OF 126
	<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 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13514

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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13297

Amount of Each Receipt this Period
 19.23

C. 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13515

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 35 OF 126
<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. Hector L. Feliciano		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 Transaction ID : SA11AI.13298
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) B. Hector L. Feliciano		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : SA11AI.13516
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 ▼ 288.45	

Full Name (Last, First, Middle Initial) C. Traci L. Ferguson		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 Transaction ID : SA11AI.13299
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	

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 36 OF 126
(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. 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13517
 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 ▼ 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13378
 Amount of Each Receipt this Period
 20.83

C. 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 ▼ 312.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13595
 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: PAGE 37 OF 126
(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. 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 ▼ 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13379
 Amount of Each Receipt this Period
 20.83

B. 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 ▼ 312.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13596
 Amount of Each Receipt this Period
 20.83

C. 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 ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13396
 Amount of Each Receipt this Period
 38.46

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 38 OF 126
	<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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13615

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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13300

Amount of Each Receipt this Period
 19.23

C. 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13518

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: PAGE 39 OF 126
(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. Dana French
 Mailing Address 8735 Henderson Avenue
 City State Zip Code
 Tampa FL 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wellcare Health Plans, Inc. health care
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 307.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13397
 Amount of Each Receipt this Period
 38.46

Full Name (Last, First, Middle Initial)
B. Dana French
 Mailing Address 8735 Henderson Avenue
 City State Zip Code
 Tampa FL 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wellcare Health Plans, Inc. health care
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13616
 Amount of Each Receipt this Period
 38.46

Full Name (Last, First, Middle Initial)
C. David J. Gallitano
 Mailing Address 8735 Henderson Road
 City State Zip Code
 Tampa FL 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 WellCare Health Plans, Inc. health care
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13464
 Amount of Each Receipt this Period
 192.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 269.22
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 40 OF 126
<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. David J. Gallitano
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 ▼
2115.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : SA11AI.13682

Amount of Each Receipt this Period
192.30

B. Michael A. Gerasimovich
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
07	/	03	/	2014

Transaction ID : SA11AI.13301

Amount of Each Receipt this Period
19.23

C. Michael A. Gerasimovich
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
07	/	18	/	2014

Transaction ID : SA11AI.13519

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	230.76
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 41 OF 126
(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. Louis Gianquinto, 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 ▼ 769.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13438
 Amount of Each Receipt this Period
 96.15

B. Louis Gianquinto, 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 ▼ 865.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13656
 Amount of Each Receipt this Period
 96.15

C. Elizabeth Goodman
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13439
 Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.45
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 126
(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. Elizabeth Goodman

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 ▼ **1442.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13657

Amount of Each Receipt this Period
96.15

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

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 Y
07 / 03 / 2014

Transaction ID : SA11AI.13398

Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
C. Patricia B. Guay

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
07 / 18 / 2014

Transaction ID : SA11AI.13617

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 43 OF 126
	<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 ▼
1346.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SA11AI.13440

Amount of Each Receipt this Period
96.15

B. 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 ▼
1442.25

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : SA11AI.13658

Amount of Each Receipt this Period
96.15

C. Gregg Haddad
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1346.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SA11AI.13441

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
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 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1442.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13659

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 ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13302

Amount of Each Receipt this Period
19.23

C. 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 ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13520

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 45 OF 126
(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. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13303
 Amount of Each Receipt this Period
 19.23

B. 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13521
 Amount of Each Receipt this Period
 19.23

C. 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 ▼ 538.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13399
 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 46 OF 126
	<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. Robin Hamel		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.13618
<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="576.90"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Camille C. Hamid		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.13304
<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="269.22"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Camille C. Hamid		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.13522
<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="288.45"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="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 47 OF 126
	<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. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13305

Amount of Each Receipt this Period
 19.23

B. 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13523

Amount of Each Receipt this Period
 19.23

C. 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 ▼ 801.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13400

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 48 OF 126
	<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 ▼ **839.70**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13619

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 ▼ **538.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13401

Amount of Each Receipt this Period
38.46

C. 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 ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13620

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
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 126
	<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. 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 ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13306

Amount of Each Receipt this Period
19.23

B. 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 ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13524

Amount of Each Receipt this Period
19.23

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1346.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13442

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: (check only one)	PAGE 50 OF 126
	<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. Maurice Hebert		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : SA11AI.13660
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	

Full Name (Last, First, Middle Initial) B. Lisa Hershiser		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 Transaction ID : SA11AI.13402
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 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 ▼ 538.44	

Full Name (Last, First, Middle Initial) C. Lisa Hershiser		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : SA11AI.13621
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 Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

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 51 OF 126
	<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. Troy Hildreth		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="03"/> / <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.13403
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="538.44"/>		

Full Name (Last, First, Middle Initial) B. Troy Hildreth		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="18"/> / <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.13622
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="576.90"/>		

Full Name (Last, First, Middle Initial) C. Tanya Hillary		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="03"/> / <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.13307
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="269.22"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="96.15"/>
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: PAGE 52 OF 126
(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. Tanya Hillary

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
07 / 18 / 2014
Transaction ID : SA11AI.13525

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. Robert L. Hilliard

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 ▼ **961.50**

Date of Receipt
07 / 03 / 2014
Transaction ID : SA11AI.13443

Amount of Each Receipt this Period
96.15

Full Name (Last, First, Middle Initial)
C. Robert L. Hilliard

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 ▼ **1057.65**

Date of Receipt
07 / 18 / 2014
Transaction ID : SA11AI.13661

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 53 OF 126
	<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 P. Himmelstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13526
 Amount of Each Receipt this Period
 19.23

B. 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 ▼ 538.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13404
 Amount of Each Receipt this Period
 38.46

C. 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 ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13623
 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 54 OF 126
	<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. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014

Transaction ID : SA11AI.13309

Amount of Each Receipt this Period
 19.23

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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.13527

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 ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014

Transaction ID : SA11AI.13444

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 55 OF 126
(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. Marla P. Holcomb
 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 ▼ 1442.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13662
 Amount of Each Receipt this Period
 96.15

Full Name (Last, First, Middle Initial)
B. Christopher H. Horan
 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13310
 Amount of Each Receipt this Period
 19.23

Full Name (Last, First, Middle Initial)
c. Christopher H. Horan
 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13528
 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 56 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Laura Hungiville
 Full Name (Last, First, Middle Initial)
 Mailing Address 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 ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13445
 Amount of Each Receipt this Period
 96.15

B. Laura Hungiville
 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 ▼ 1442.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13663
 Amount of Each Receipt this Period
 96.15

C. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13311
 Amount of Each Receipt this Period
 19.23

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 57 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. David 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13529

Amount of Each Receipt this Period
 19.23

B. 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 ▼ 2692.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13465

Amount of Each Receipt this Period
 192.30

C. 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 ▼ 2884.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13683

Amount of Each Receipt this Period
 192.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 403.83

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 126
	<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. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13313

Amount of Each Receipt this Period
 19.23

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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13531

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 ▼ 538.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13405

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 59 OF 126
	<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. 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 ▼
576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	18	/	2014

Transaction ID : SA11AI.13624

Amount of Each Receipt this Period
38.46

B. Goran Jankovic
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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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
07	/	03	/	2014

Transaction ID : SA11AI.13406

Amount of Each Receipt this Period
38.46

C. 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 ▼
576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
07	/	18	/	2014

Transaction ID : SA11AI.13625

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
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 60 OF 126
	<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. 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 ▼ **1346.10**

Date of Receipt **07 / 03 / 2014**

Transaction ID : SA11AI.13446

Amount of Each Receipt this Period **96.15**

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 ▼ **1442.25**

Date of Receipt **07 / 18 / 2014**

Transaction ID : SA11AI.13664

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 ▼ **538.44**

Date of Receipt **07 / 03 / 2014**

Transaction ID : SA11AI.13407

Amount of Each Receipt this Period **38.46**

SUBTOTAL of Receipts This Page (optional).....▶	230.76
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 61 OF 126
(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. Walter C. Johnson
 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 **07 / 18 / 2014**
Transaction ID : SA11AI.13626
 Amount of Each Receipt this Period **38.46**

Full Name (Last, First, Middle Initial)
B. Anthony J. Jones
 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 ▼ **269.22**

Date of Receipt **07 / 03 / 2014**
Transaction ID : SA11AI.13315
 Amount of Each Receipt this Period **19.23**

Full Name (Last, First, Middle Initial)
C. Anthony J. Jones
 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 ▼ **288.45**

Date of Receipt **07 / 18 / 2014**
Transaction ID : SA11AI.13533
 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 62 OF 126
	<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. Jacqueline M. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13316

Amount of Each Receipt this Period
 19.23

B. Jacqueline M. Jones
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13534

Amount of Each Receipt this Period
 19.23

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13408

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 63 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13627
 Amount of Each Receipt this Period
 38.46

B. Stephen Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13447
 Amount of Each Receipt this Period
 96.15

C. Stephen Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13665
 Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional).....▶	230.76
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 64 OF 126
	<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 ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SA11AI.13317

Amount of Each Receipt this Period
19.23

B. 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 ▼
288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : SA11AI.13535

Amount of Each Receipt this Period
19.23

C. 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 ▼
1346.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SA11AI.13448

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: (check only one)	PAGE 65 OF 126
	<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. 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 ▼ **1442.25**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13666

Amount of Each Receipt this Period
96.15

B. Thomas M. Kincaid
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 ▼ **291.62**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13380

Amount of Each Receipt this Period
20.83

C. Thomas M. Kincaid
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 ▼ **312.45**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13597

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional).....▶	137.81
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 126
(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. 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 ▼ **269.22**

Date of Receipt
07 / 03 / 2014

Transaction ID : SA11AI.13319

Amount of Each Receipt this Period
19.23

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 ▼ **288.45**

Date of Receipt
07 / 18 / 2014

Transaction ID : SA11AI.13537

Amount of Each Receipt this Period
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 ▼ **269.22**

Date of Receipt
07 / 03 / 2014

Transaction ID : SA11AI.13320

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 67 OF 126
	<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. Nancy A. Kirby
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
 07 / 18 / 2014
Transaction ID : SA11AI.13538

Amount of Each Receipt this Period
 19.23

B. 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 ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13449

Amount of Each Receipt this Period
 96.15

C. 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 ▼ 1442.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13667

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 68 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13321
 Amount of Each Receipt this Period
 19.23

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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13539
 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 ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13450
 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: (check only one)	PAGE 69 OF 126
<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. 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 ▼ 1442.25

Date of Receipt 07 / 18 / 2014
Transaction ID : SA11AI.13668

Amount of Each Receipt this Period 96.15

B. Gregory A. LaManna
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 07 / 03 / 2014
Transaction ID : SA11AI.13409

Amount of Each Receipt this Period 38.46

C. 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 ▼ 1346.10

Date of Receipt 07 / 03 / 2014
Transaction ID : SA11AI.13451

Amount of Each Receipt this Period 96.15

SUBTOTAL of Receipts This Page (optional).....▶	230.76
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 70 OF 126
	<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 ▼ **1442.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13669

Amount of Each Receipt this Period
96.15

B. 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 ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13323

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 ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13541

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 71 OF 126
	<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. Luke C. Lovgren

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
07 / 03 / 2014

Transaction ID : SA11AI.13325

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. Luke C. Lovgren

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
07 / 18 / 2014

Transaction ID : SA11AI.13543

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. Pam A. Lyons-Taylor

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 ▼ **1346.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13452

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: (check only one)	PAGE 72 OF 126
	<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. 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 ▼ 1442.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13670

Amount of Each Receipt this Period
 96.15

B. Brock R. Manz
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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13326

Amount of Each Receipt this Period
 19.23

C. Brock R. Manz
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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13544

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 73 OF 126
	<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. Joanna M. Maslanka
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
 07 / 03 / 2014
Transaction ID : SA11AI.13328

Amount of Each Receipt this Period
 19.23

B. Joanna M. Maslanka
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
 07 / 18 / 2014
Transaction ID : SA11AI.13546

Amount of Each Receipt this Period
 19.23

C. 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 ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13453

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: (check only one)	PAGE 74 OF 126
	<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 ▼ **1442.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13671

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 ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13329

Amount of Each Receipt this Period
19.23

C. 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 ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13547

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 75 OF 126
(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. 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 ▼ 307.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13410
 Amount of Each Receipt this Period
 38.46

B. 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 ▼ 346.14

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13628
 Amount of Each Receipt this Period
 38.46

C. Leslie D. McKenzie
 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 ▼ 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13381
 Amount of Each Receipt this Period
 20.83

SUBTOTAL of Receipts This Page (optional)..... ▶ 97.75
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 126
	<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. Leslie D. McKenzie
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 ▼ **312.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13598

Amount of Each Receipt this Period
20.83

B. Sarah Helene McKinnie
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 ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13330

Amount of Each Receipt this Period
19.23

C. Sarah Helene McKinnie
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 ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13548

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 77 OF 126
	<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 M. Miller
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
 07 / 03 / 2014

Transaction ID : SA11AI.13331

Amount of Each Receipt this Period
 19.23

B. Elizabeth M. Miller
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
 07 / 18 / 2014

Transaction ID : SA11AI.13549

Amount of Each Receipt this Period
 19.23

C. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014

Transaction ID : SA11AI.13332

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 78 OF 126
	<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 ▼ 288.45

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014
Transaction ID : SA11AI.13550
Amount of Each Receipt this Period
92.23

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 ▼ 1346.10

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014
Transaction ID : SA11AI.13454
Amount of Each Receipt this Period
96.15

C. 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 ▼ 1442.25

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014
Transaction ID : SA11AI.13672
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 79 OF 126
	<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. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13333

Amount of Each Receipt this Period
 19.23

B. 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13551

Amount of Each Receipt this Period
 19.23

C. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13334

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 80 OF 126
	<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. Kathleen Mulqueen		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : SA11AI.13552
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	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45	

Full Name (Last, First, Middle Initial) B. Kelly A. Munson		Date of Receipt MM / DD / YYYY 07 / 03 / 2014 Transaction ID : SA11AI.13335
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. Kelly A. Munson		Date of Receipt MM / DD / YYYY 07 / 18 / 2014 Transaction ID : SA11AI.13553
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 ▼ 288.45	

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 81 OF 126
	<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. Gina Newberry		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13411
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare	health care	<input type="text" value="38.46"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="538.44"/>	

Full Name (Last, First, Middle Initial) B. Gina Newberry		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="18"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13629
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare	health care	<input type="text" value="38.46"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="576.90"/>	

Full Name (Last, First, Middle Initial) C. Sharon Nisbet		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.13455
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="96.15"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1346.10"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="173.07"/>
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: PAGE 82 OF 126
(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. 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 ▼ **1442.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13673

Amount of Each Receipt this Period
96.15

Full Name (Last, First, Middle Initial)
B. 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 ▼ **538.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13412

Amount of Each Receipt this Period
38.46

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 ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13630

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 83 OF 126
	<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 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 ▼ 211.53

Date of Receipt 07 / 18 / 2014
Transaction ID : SA11AI.13554
Amount of Each Receipt this Period 19.23

B. Christopher T. Parrillo
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 ▼ 1346.10

Date of Receipt 07 / 03 / 2014
Transaction ID : SA11AI.13456
Amount of Each Receipt this Period 96.15

c. Christopher T. Parrillo
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 ▼ 1442.25

Date of Receipt 07 / 18 / 2014
Transaction ID : SA11AI.13674
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: PAGE 84 OF 126
(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. Michael R. Polen

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 ▼
 2692.20

Date of Receipt
 07 / 03 / 2014
Transaction ID : SA11AI.13466

Amount of Each Receipt this Period
 192.30

Full Name (Last, First, Middle Initial)
B. Michael R. Polen

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 ▼
 2884.50

Date of Receipt
 07 / 18 / 2014
Transaction ID : SA11AI.13684

Amount of Each Receipt this Period
 192.30

Full Name (Last, First, Middle Initial)
C. William A. Prince

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
 07 / 03 / 2014
Transaction ID : SA11AI.13339

Amount of Each Receipt this Period
 19.23

SUBTOTAL of Receipts This Page (optional)..... ▶ 403.83

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 85 OF 126
	<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 ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13557

Amount of Each Receipt this Period
19.23

B. Jayme Anelalani Puu
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **538.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13413

Amount of Each Receipt this Period
38.46

C. Jayme Anelalani Puu
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13631

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 86 OF 126
	<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. 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 ▼ **583.24**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13429

Amount of Each Receipt this Period
41.66

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 ▼ **624.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13647

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 ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13340

Amount of Each Receipt this Period
19.23

SUBTOTAL of Receipts This Page (optional).....▶	102.55
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 87 OF 126
	<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. 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 ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13558

Amount of Each Receipt this Period
19.23

B. 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 ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13414

Amount of Each Receipt this Period
38.46

C. 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 ▼ **384.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13632

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 88 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David 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 ▼ 269.22

Date of Receipt
07 / 03 / 2014
Transaction ID : SA11AI.13341

Amount of Each Receipt this Period
19.23

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 ▼ 288.45

Date of Receipt
07 / 18 / 2014
Transaction ID : SA11AI.13559

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 ▼ 269.22

Date of Receipt
07 / 03 / 2014
Transaction ID : SA11AI.13342

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 89 OF 126
(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. Wendy J. Reynolds

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
07 / 18 / 2014

Transaction ID : SA11AI.13560

Amount of Each Receipt this Period
92.23

Full Name (Last, First, Middle Initial)
B. Michael L. Ridenour

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 Y
07 / 03 / 2014

Transaction ID : SA11AI.13415

Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
C. Michael L. Ridenour

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
07 / 18 / 2014

Transaction ID : SA11AI.13633

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 90 OF 126
(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. 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 ▼ 538.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13416
 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 ▼ 576.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13634
 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13343
 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: PAGE 91 OF 126
(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. Remedios Rodriguez

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
07 / 18 / 2014

Transaction ID : SA11AI.13561

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. Lauralie M. Rubel

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 ▼ **1346.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13457

Amount of Each Receipt this Period
96.15

Full Name (Last, First, Middle Initial)
C. Lauralie M. Rubel

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 ▼ **1442.25**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13675

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 92 OF 126
<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. 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 ▼ **307.68**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13417

Amount of Each Receipt this Period
38.46

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 ▼ **346.14**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13635

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 ▼ **538.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13418

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
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 93 OF 126
	<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. 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 ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13636

Amount of Each Receipt this Period
38.46

B. 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 ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13344

Amount of Each Receipt this Period
19.23

C. 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 ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13562

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 94 OF 126
	<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. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13345

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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13563

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 ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13419

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 95 OF 126
(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. 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 ▼ 423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13637
 Amount of Each Receipt this Period
 38.46

B. 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 ▼ 291.62

Date of Receipt
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 07 / 03 / 2014
Transaction ID : SA11AI.13382
 Amount of Each Receipt this Period
 20.83

C. 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 ▼ 312.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13599
 Amount of Each Receipt this Period
 20.83

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 96 OF 126
<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. 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 ▼ 269.22

Date of Receipt 07 / 03 / 2014
Transaction ID : SA11AI.13347

Amount of Each Receipt this Period 19.23

B. 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 ▼ 288.45

Date of Receipt 07 / 18 / 2014
Transaction ID : SA11AI.13565

Amount of Each Receipt this Period 19.23

C. Elliott A. Shaw, Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 03 / 2014
Transaction ID : SA11AI.13432

Amount of Each Receipt this Period 50.00

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: PAGE 97 OF 126
(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. Elliott A. Shaw, Jr.

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 ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13650

Amount of Each Receipt this Period
50.00

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

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 ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13348

Amount of Each Receipt this Period
19.23

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

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 ▼ **288.45**

Date of Receipt
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07 / 18 / 2014

Transaction ID : SA11AI.13566

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 98 OF 126
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	<input type="checkbox"/> 17	

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

A. 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 ▼ 269.22

Date of Receipt
07 / 03 / 2014
Transaction ID : SA11AI.13349

Amount of Each Receipt this Period
19.23

B. 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 ▼ 288.45

Date of Receipt
07 / 18 / 2014
Transaction ID : SA11AI.13567

Amount of Each Receipt this Period
19.23

C. Alan R. Smith
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 ▼ 1346.10

Date of Receipt
07 / 03 / 2014
Transaction ID : SA11AI.13458

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: (check only one)	PAGE 99 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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 R. Smith
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 ▼ **1442.25**

Date of Receipt **07 / 18 / 2014**

Transaction ID : SA11AI.13676

Amount of Each Receipt this Period **96.15**

B. Philip G. Stalas
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 **07 / 03 / 2014**

Transaction ID : SA11AI.13350

Amount of Each Receipt this Period **19.23**

c. Philip G. Stalas
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 **07 / 18 / 2014**

Transaction ID : SA11AI.13568

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 100 OF 126
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	<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. Carol H. Steckel
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **384.60**

Date of Receipt **07 / 03 / 2014**
Transaction ID : SA11AI.13420
Amount of Each Receipt this Period **38.46**

B. Carol H. Steckel
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 **07 / 18 / 2014**
Transaction ID : SA11AI.13638
Amount of Each Receipt this Period **38.46**

C. 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 **269.22**

Date of Receipt **07 / 03 / 2014**
Transaction ID : SA11AI.13351
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 101 OF 126
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	<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. 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 ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13569

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 ▼ **538.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13421

Amount of Each Receipt this Period
38.46

C. 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 ▼ **576.90**

Date of Receipt
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07 / 18 / 2014

Transaction ID : SA11AI.13639

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 102 OF 126
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<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. Eva E. Sullivan
 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13352
 Amount of Each Receipt this Period
 19.23

B. Christopher P. Surrell
 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 ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13459
 Amount of Each Receipt this Period
 96.15

c. Christopher P. Surrell
 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 ▼ 1442.25

Date of Receipt
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 07 / 18 / 2014
Transaction ID : SA11AI.13677
 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 103 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	

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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 ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SA11AI.13353

Amount of Each Receipt this Period
19.23

B. 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 ▼
288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : SA11AI.13570

Amount of Each Receipt this Period
19.23

C. Michael P. 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 ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SA11AI.13354

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 104 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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 P. 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 ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13571

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 ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13355

Amount of Each Receipt this Period
19.23

C. 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 ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13572

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 105 OF 126
<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. 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 ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SA11AI.13422

Amount of Each Receipt this Period
38.46

B. 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 ▼
307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : SA11AI.13640

Amount of Each Receipt this Period
38.46

C. Blair Todt
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 ▼
1923.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SA11AI.13467

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional).....▶	269.22
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 106 OF 126
	<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. Blair Todt
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 **2115.30**

Date of Receipt **07 / 18 / 2014**
Transaction ID : SA11AI.13685
Amount of Each Receipt this Period **192.30**

B. Thomas Tran
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 **2692.20**

Date of Receipt **07 / 03 / 2014**
Transaction ID : SA11AI.13468
Amount of Each Receipt this Period **192.30**

C. Thomas Tran
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 **2884.50**

Date of Receipt **07 / 18 / 2014**
Transaction ID : SA11AI.13686
Amount of Each Receipt this Period **192.30**

SUBTOTAL of Receipts This Page (optional).....	576.90
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 107 OF 126
<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. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014

Transaction ID : SA11AI.13356

Amount of Each Receipt this Period
 19.23

B. 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.13573

Amount of Each Receipt this Period
 19.23

C. 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 ▼ 538.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014

Transaction ID : SA11AI.13423

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 108 OF 126
	<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 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 ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13641

Amount of Each Receipt this Period
38.46

B. 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 ▼ **538.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13424

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 ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13642

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional).....▶	115.38
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 109 OF 126
<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. 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 ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SA11AI.13357

Amount of Each Receipt this Period
19.23

B. 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 ▼
288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2014

Transaction ID : SA11AI.13574

Amount of Each Receipt this Period
19.23

C. 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 ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	03	/	2014

Transaction ID : SA11AI.13358

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 110 OF 126
(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. Karen J. Viera

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
07 / 18 / 2014
Transaction ID : SA11AI.13575

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
B. Timothy R. Waggoner

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
07 / 03 / 2014
Transaction ID : SA11AI.13359

Amount of Each Receipt this Period
19.23

Full Name (Last, First, Middle Initial)
C. Timothy R. Waggoner

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
07 / 18 / 2014
Transaction ID : SA11AI.13576

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 111 OF 126
(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. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13360
 Amount of Each Receipt this Period
 19.23

B. 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13577
 Amount of Each Receipt this Period
 19.23

C. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13361
 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 112 OF 126
	<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. 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13578

Amount of Each Receipt this Period
 19.23

B. 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 ▼ 583.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13430

Amount of Each Receipt this Period
 41.66

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 ▼ 624.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13648

Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional).....▶	102.55
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 113 OF 126
	<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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13362
 Amount of Each Receipt this Period
 19.23

B. 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13579
 Amount of Each Receipt this Period
 19.23

C. 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 ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13427
 Amount of Each Receipt this Period
 40.00

SUBTOTAL of Receipts This Page (optional).....▶	78.46
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 114 OF 126
	<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 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 ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13645

Amount of Each Receipt this Period
40.00

B. 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 ▼ **538.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13425

Amount of Each Receipt this Period
38.46

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 ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13643

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **116.92**

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 115 OF 126
(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. Stephen G. Weiss
 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13363
 Amount of Each Receipt this Period
 19.23

Full Name (Last, First, Middle Initial)
B. Stephen G. Weiss
 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13580
 Amount of Each Receipt this Period
 19.23

Full Name (Last, First, Middle Initial)
C. Richard A. Wellons
 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
 07 / 03 / 2014
Transaction ID : SA11AI.13365
 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 116 OF 126
	<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 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.13582

Amount of Each Receipt this Period
 19.23

B. 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014

Transaction ID : SA11AI.13366

Amount of Each Receipt this Period
 19.23

C. 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.13583

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 117 OF 126
	<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. 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 **269.22**

Date of Receipt **07 / 03 / 2014**
Transaction ID : SA11AI.13367
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 **288.45**

Date of Receipt **07 / 18 / 2014**
Transaction ID : SA11AI.13584
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 **269.22**

Date of Receipt **07 / 03 / 2014**
Transaction ID : SA11AI.13368
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 118 OF 126
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13585
 Amount of Each Receipt this Period
 19.23

B. Yan Xiong
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13460
 Amount of Each Receipt this Period
 96.15

C. Yan Xiong
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13678
 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: PAGE 119 OF 126
(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. Kristy Yarcho
 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
 07 / 03 / 2014
Transaction ID : SA11AI.13369
 Amount of Each Receipt this Period
 19.23

B. Kristy Yarcho
 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
 07 / 18 / 2014
Transaction ID : SA11AI.13586
 Amount of Each Receipt this Period
 19.23

C. Mary Virginia Yates
 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
 07 / 03 / 2014
Transaction ID : SA11AI.13370
 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 120 OF 126
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mary Virginia Yates
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 07 / 18 / 2014
Transaction ID : SA11AI.13587
Amount of Each Receipt this Period 19.23

B. Yin Yiu
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 07 / 03 / 2014
Transaction ID : SA11AI.13371
Amount of Each Receipt this Period 19.23

C. Yin Yiu
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 07 / 18 / 2014
Transaction ID : SA11AI.13588
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 121 OF 126
(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. Belinda Young
 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 ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13372
 Amount of Each Receipt this Period
 19.23

B. Belinda Young
 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 ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 18 / 2014
Transaction ID : SA11AI.13589
 Amount of Each Receipt this Period
 19.23

C. Michael Carl Yount
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2014
Transaction ID : SA11AI.13461
 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: (check only one)	PAGE 122 OF 126
<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. Michael Carl Yount
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1442.25**

Date of Receipt **07 / 18 / 2014**

Transaction ID : SA11AI.13679

Amount of Each Receipt this Period **96.15**

B. 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 ▼ **269.22**

Date of Receipt **07 / 03 / 2014**

Transaction ID : SA11AI.13373

Amount of Each Receipt this Period **19.23**

C. 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 ▼ **288.45**

Date of Receipt **07 / 18 / 2014**

Transaction ID : SA11AI.13590

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 123 OF 126
<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. 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 ▼ **538.44**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 03 / 2014

Transaction ID : SA11AI.13426

Amount of Each Receipt this Period
38.46

B. 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 ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 18 / 2014

Transaction ID : SA11AI.13644

Amount of Each Receipt this Period
38.46

C. Scott R. Zinna
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
07 / 03 / 2014

Transaction ID : SA11AI.13375

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: PAGE 124 OF 126
(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. 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 ▼
 288.45

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.13592

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 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 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).....▶	15640.20

**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. Democratic Congressional Campaign Committee

Mailing Address 430 S. Capitol Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y
07 / 23 / 2014

Transaction ID : SB23.13471

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Mark Warner

Mailing Address 2034 Eisenhower Avenue, #222

City Alexandria State VA Zip Code 22314

Purpose of Disbursement contribution

Candidate Name

Mark Warner

Office Sought: House Senate President
State: VA District:

Disbursement For: 2014 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y
07 / 23 / 2014

Transaction ID : SB23.13476

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

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

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

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

6000.00

6000.00

**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

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. Friends of Clayton Hee

Mailing Address P. O. Box 4484

City Kaneohe State HI Zip Code 96744

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 14 / 2014

Transaction ID : SB29.13473

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

500.00

500.00