

**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="2016"/>	<input type="text" value="147436.88"/>	<input type="text" value="147436.88"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="83838.77"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="50447.73"/>	<input type="text" value="98599.62"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="134286.50"/>	<input type="text" value="246036.50"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="35500.00"/>	<input type="text" value="147250.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="98786.50"/>	<input type="text" value="98786.50"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	38029.07	54382.51
(ii) Unitemized	12418.66	44217.11
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50447.73	98599.62
(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)	50447.73	98599.62
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))..... ▶	50447.73	98599.62
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	50447.73	98599.62

DETAILED SUMMARY PAGE
of Disbursements

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.....	26000.00	118500.00
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	9500.00	28750.00
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)) ..	35500.00	147250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35500.00	147250.00

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)	50447.73	98599.62
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50447.73	98599.62
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 258
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Saleh Ahmed
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **06 / 03 / 2016**

Transaction ID : SA11AI.26256

Amount of Each Receipt this Period **19.23**

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **06 / 17 / 2016**

Transaction ID : SA11AI.26529

Amount of Each Receipt this Period **19.23**

Memo Item

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 Health Plans, Inc. Occupation health care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt **04 / 08 / 2016**

Transaction ID : SA11AI.25068

Amount of Each Receipt this Period **38.46**

Memo Item

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 7 OF 258
	<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. Harvey D. Anderson
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 ▼
307.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	22	/	2016

Transaction ID : SA11AI.25325

Amount of Each Receipt this Period

38.46

 Memo Item

B. Harvey D. Anderson
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 ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2016

Transaction ID : SA11AI.25741

Amount of Each Receipt this Period

38.46

 Memo Item

C. Harvey D. Anderson
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 ▼
384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : SA11AI.26010

Amount of Each Receipt this Period

38.46

 Memo Item

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: PAGE 8 OF 258
(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 Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26140
 Amount of Each Receipt this Period 38.46
 Memo Item

B. 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 Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26417
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Margaret 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 ▼ 673.05

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25039
 Amount of Each Receipt this Period 96.15
 Memo Item

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 9 OF 258
	<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. Margaret 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 ▼ **769.20**

Date of Receipt **04 / 22 / 2016**
Transaction ID : **SA11AI.25296**

Amount of Each Receipt this Period **96.15**

Memo Item

B. Margaret 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 ▼ **865.35**

Date of Receipt **05 / 06 / 2016**
Transaction ID : **SA11AI.25810**

Amount of Each Receipt this Period **96.15**

Memo Item

C. Margaret 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 ▼ **961.50**

Date of Receipt **05 / 20 / 2016**
Transaction ID : **SA11AI.26074**

Amount of Each Receipt this Period **96.15**

Memo Item

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 10 OF 258
(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. Margaret 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 ▼ 1057.65

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26112
 Amount of Each Receipt this Period 96.15
 Memo Item

B. Margaret 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 ▼ 1153.80

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26386
 Amount of Each Receipt this Period 96.15
 Memo Item

C. 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 ▼ 208.30

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.25989
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 213.13
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 258
	<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. 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 ▼ 229.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26191

Amount of Each Receipt this Period
 20.83

Memo Item

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 ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26464

Amount of Each Receipt this Period
 20.83

Memo Item

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 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
 06 / 03 / 2016
Transaction ID : SA11AI.26306

Amount of Each Receipt this Period
 19.23

Memo Item

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 12 OF 258
(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. Norma I. Asencio

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
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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
06	/	17	/	2016

Transaction ID : SA11AI.26579

Amount of Each Receipt this Period

92.33	92.33	92.33	92.33	92.33
19.23				

 Memo Item

Full Name (Last, First, Middle Initial)
B. Timothy W. Atkinson

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
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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
04	/	08	/	2016

Transaction ID : SA11AI.25057

Amount of Each Receipt this Period

38.46	38.46	38.46	38.46	38.46
38.46				

 Memo Item

Full Name (Last, First, Middle Initial)
C. Timothy W. Atkinson

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
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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
04	/	22	/	2016

Transaction ID : SA11AI.25314

Amount of Each Receipt this Period

38.46	38.46	38.46	38.46	38.46
38.46				

 Memo Item

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 13 OF 258
(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. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
05 / 06 / 2016

Transaction ID : SA11AI.25727

Amount of Each Receipt this Period
38.46

Memo Item

Full Name (Last, First, Middle Initial)
B. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
05 / 20 / 2016

Transaction ID : SA11AI.25997

Amount of Each Receipt this Period
38.46

Memo Item

Full Name (Last, First, Middle Initial)
C. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
06 / 03 / 2016

Transaction ID : SA11AI.26131

Amount of Each Receipt this Period
38.46

Memo Item

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: PAGE 14 OF 258
(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. Timothy W. Atkinson

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.26405

Amount of Each Receipt this Period **38.46**

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt **04 / 08 / 2016**

Transaction ID : SA11AI.25060

Amount of Each Receipt this Period **38.46**

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt **04 / 22 / 2016**

Transaction ID : SA11AI.25317

Amount of Each Receipt this Period **38.46**

Memo Item

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: PAGE 15 OF 258
(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. Angel L. Ballew

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare 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
05 / 06 / 2016

Transaction ID : SA11AI.25731

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare 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
05 / 20 / 2016

Transaction ID : SA11AI.26000

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare 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
06 / 03 / 2016

Transaction ID : SA11AI.26134

Amount of Each Receipt this Period
38.46

Memo Item

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: PAGE 16 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26408
Amount of Each Receipt this Period 38.46
 Memo Item

B. 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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26201
Amount of Each Receipt this Period 19.23
 Memo Item

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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26475
Amount of Each Receipt this Period 19.23
 Memo Item

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 17 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Matthew J. Bertrand
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26305
Amount of Each Receipt this Period 19.23
 Memo Item

B. Matthew J. Bertrand
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 06 / 17 / 2016
Transaction ID : SA11AI.26578
Amount of Each Receipt this Period 19.23
 Memo Item

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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26207
Amount of Each Receipt this Period 19.23
 Memo Item

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 18 OF 258
	<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. 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 Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.76

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : SA11AI.26481

Amount of Each Receipt this Period

19.23

 Memo Item

B. Phillip P. Bisesi
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 ▼
211.53

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		03		2016

Transaction ID : SA11AI.26280

Amount of Each Receipt this Period

19.23

 Memo Item

C. Phillip P. Bisesi
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 ▼
230.76

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		17		2016

Transaction ID : SA11AI.26554

Amount of Each Receipt this Period

19.23

 Memo Item

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 19 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 ▼ 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26275
Amount of Each Receipt this Period 19.23
 Memo Item

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 ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26549
Amount of Each Receipt this Period 19.23
 Memo Item

C. Edward J. Brogan
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26255
Amount of Each Receipt this Period 19.23
 Memo Item

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 20 OF 258
	<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. Edward J. Brogan
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 06 / 17 / 2016
Transaction ID : SA11AI.26528

Amount of Each Receipt this Period
 19.23

Memo Item

B. Kimya M. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 06 / 03 / 2016
Transaction ID : SA11AI.26259

Amount of Each Receipt this Period
 19.23

Memo Item

C. Kimya M. Brown
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 06 / 17 / 2016
Transaction ID : SA11AI.26532

Amount of Each Receipt this Period
 19.23

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 258
	<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. 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 ▼ **1346.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25022

Amount of Each Receipt this Period
192.30

Memo Item

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 ▼ **1538.40**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25279

Amount of Each Receipt this Period
192.30

Memo Item

C. 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
05 / 06 / 2016

Transaction ID : SA11AI.25826

Amount of Each Receipt this Period
192.30

Memo Item

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: PAGE 22 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 05 / 20 / 2016
Transaction ID : SA11AI.26089
Amount of Each Receipt this Period 192.30
 Memo Item

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 ▼ 2115.30

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26095
Amount of Each Receipt this Period 192.30
 Memo Item

C. 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 ▼ 2307.60

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26369
Amount of Each Receipt this Period 192.30
 Memo Item

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: PAGE 23 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 **673.05**

Date of Receipt **04 / 08 / 2016**
Transaction ID : SA11AI.25030
Amount of Each Receipt this Period **96.15**
 Memo Item

B. 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 **769.20**

Date of Receipt **04 / 22 / 2016**
Transaction ID : SA11AI.25287
Amount of Each Receipt this Period **96.15**
 Memo Item

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 **865.35**

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.25801
Amount of Each Receipt this Period **96.15**
 Memo Item

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 24 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 **961.50**

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.26065
Amount of Each Receipt this Period **96.15**
 Memo Item

B. 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 **1057.65**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26103
Amount of Each Receipt this Period **96.15**
 Memo Item

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 **1153.80**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26377
Amount of Each Receipt this Period **96.15**
 Memo Item

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 25 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Eric W. Campbell
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
 05 / 06 / 2016
Transaction ID : SA11AI.25773

Amount of Each Receipt this Period
 38.46

Memo Item

B. Eric W. Campbell
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
 05 / 20 / 2016
Transaction ID : SA11AI.26041

Amount of Each Receipt this Period
 38.46

Memo Item

C. Eric W. Campbell
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
 06 / 03 / 2016
Transaction ID : SA11AI.26173

Amount of Each Receipt this Period
 38.46

Memo Item

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 26 OF 258
	<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. Eric W. Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26446

Amount of Each Receipt this Period
38.46

Memo Item

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 ▼ **211.53**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26292

Amount of Each Receipt this Period
19.23

Memo Item

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 ▼ **230.76**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26566

Amount of Each Receipt this Period
19.23

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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 Health Plans, Inc. Occupation health care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26241

Amount of Each Receipt this Period 19.23

Memo Item

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 Health Plans, Inc. Occupation health care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26514

Amount of Each Receipt this Period 19.23

Memo Item

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 Health Plans, Inc. Occupation health care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25079

Amount of Each Receipt this Period 38.46

Memo Item

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 28 OF 258
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. 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 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
 04 / 22 / 2016
Transaction ID : SA11AI.25335

Amount of Each Receipt this Period
 38.46

Memo Item

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 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
 05 / 06 / 2016
Transaction ID : SA11AI.25751

Amount of Each Receipt this Period
 38.46

Memo Item

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 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
 05 / 20 / 2016
Transaction ID : SA11AI.26021

Amount of Each Receipt this Period
 38.46

Memo Item

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: PAGE 29 OF 258
(check only one)

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

A. 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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 423.06

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26154
Amount of Each Receipt this Period 38.46
 Memo Item

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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26427
Amount of Each Receipt this Period 38.46
 Memo Item

C. 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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26237
Amount of Each Receipt this Period 19.23
 Memo Item

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 30 OF 258
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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 Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26511

Amount of Each Receipt this Period 19.23

Memo Item

B. 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 ▼ 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26215

Amount of Each Receipt this Period 19.23

Memo Item

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 ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26489

Amount of Each Receipt this Period 19.23

Memo Item

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 31 OF 258
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Thomas Clegg

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25100

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25356

Amount of Each Receipt this Period
38.46

Memo Item

Full Name (Last, First, Middle Initial)
c. Thomas Clegg

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25779

Amount of Each Receipt this Period
38.46

Memo Item

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: PAGE 32 OF 258
(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. Thomas Clegg

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 05 / 20 / 2016
Transaction ID : SA11AI.26047

Amount of Each Receipt this Period
 38.46

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 06 / 03 / 2016
Transaction ID : SA11AI.26180

Amount of Each Receipt this Period
 38.46

Memo Item

Full Name (Last, First, Middle Initial)
c. Thomas Clegg

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.52

Date of Receipt
 06 / 17 / 2016
Transaction ID : SA11AI.26452

Amount of Each Receipt this Period
 38.46

Memo Item

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: PAGE 33 OF 258
(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. Ann C. Cox

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 04 / 08 / 2016
Transaction ID : SA11AI.25108

Amount of Each Receipt this Period
 38.46

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 04 / 22 / 2016
Transaction ID : SA11AI.25364

Amount of Each Receipt this Period
 38.46

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 05 / 06 / 2016
Transaction ID : SA11AI.25787

Amount of Each Receipt this Period
 38.46

Memo Item

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: PAGE 34 OF 258
(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. Ann C. Cox

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 05 / 20 / 2016
Transaction ID : SA11AI.26055

Amount of Each Receipt this Period
 38.46

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 06 / 03 / 2016
Transaction ID : SA11AI.26188

Amount of Each Receipt this Period
 38.46

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 461.52

Date of Receipt
 06 / 17 / 2016
Transaction ID : SA11AI.26460

Amount of Each Receipt this Period
 38.46

Memo Item

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: PAGE 35 OF 258
(check only one)

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

A. Benjamin M. Craig
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26219
Amount of Each Receipt this Period 19.23
 Memo Item

B. Benjamin M. Craig
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 06 / 17 / 2016
Transaction ID : SA11AI.26494
Amount of Each Receipt this Period 19.23
 Memo Item

C. 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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 269.22

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25078
Amount of Each Receipt this Period 38.46
 Memo Item

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 36 OF 258
(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. 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 Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25334
 Amount of Each Receipt this Period 38.46
 Memo Item

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 Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.25750
 Amount of Each Receipt this Period 38.46
 Memo Item

C. 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 Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.26020
 Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 37 OF 258
(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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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. 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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 423.06

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26153
Amount of Each Receipt this Period 38.46
 Memo Item

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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26426
Amount of Each Receipt this Period 38.46
 Memo Item

c. Christopher C. Cubero
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 04 / 08 / 2016
Transaction ID : SA11AI.25074
Amount of Each Receipt this Period 38.46
 Memo Item

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 38 OF 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Christopher C. Cubero
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 **04 / 22 / 2016**
Transaction ID : SA11AI.25331
 Amount of Each Receipt this Period **38.46**
 Memo Item

B. Christopher C. Cubero
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 **05 / 06 / 2016**
Transaction ID : SA11AI.25747
 Amount of Each Receipt this Period **38.46**
 Memo Item

c. Christopher C. Cubero
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 **05 / 20 / 2016**
Transaction ID : SA11AI.26016
 Amount of Each Receipt this Period **38.46**
 Memo Item

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: PAGE 39 OF 258
(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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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. Christopher C. Cubero
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **06 / 03 / 2016**
Transaction ID : SA11AI.26150
Amount of Each Receipt this Period **38.46**
 Memo Item

B. Christopher C. Cubero
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **461.52**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26423
Amount of Each Receipt this Period **38.46**
 Memo Item

C. Daniel Cup Choy
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **06 / 03 / 2016**
Transaction ID : SA11AI.26251
Amount of Each Receipt this Period **19.23**
 Memo Item

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 40 OF 258
	<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. Daniel Cup Choy
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 212.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26624
 Amount of Each Receipt this Period 1.00
 Memo Item

B. 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 ▼ 673.05

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016
Transaction ID : SA11AI.25032
 Amount of Each Receipt this Period 96.15
 Memo Item

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 ▼ 769.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016
Transaction ID : SA11AI.25289
 Amount of Each Receipt this Period 96.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	193.30
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 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 **865.35**

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.25803
Amount of Each Receipt this Period **96.15**
 Memo Item

B. 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 **961.50**

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.26067
Amount of Each Receipt this Period **96.15**
 Memo Item

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 **1057.65**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26105
Amount of Each Receipt this Period **96.15**
 Memo Item

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 42 OF 258
	<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 **1153.80**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26379
Amount of Each Receipt this Period **96.15**
 Memo Item

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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **211.53**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26218
Amount of Each Receipt this Period **19.23**
 Memo Item

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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **230.76**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26493
Amount of Each Receipt this Period **19.23**
 Memo Item

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 43 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

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

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25046
Amount of Each Receipt this Period 96.15
 Memo Item

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 ▼ 769.20

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25303
Amount of Each Receipt this Period 96.15
 Memo Item

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

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.25818
Amount of Each Receipt this Period 96.15
 Memo Item

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 44 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 **961.50**

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.26082
Amount of Each Receipt this Period **96.15**
 Memo Item

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 **1057.65**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26120
Amount of Each Receipt this Period **96.15**
 Memo Item

C. William W. Davies
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1153.80**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26394
Amount of Each Receipt this Period **96.15**
 Memo Item

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 45 OF 258
(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. 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 ▼ 269.22

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25066
 Amount of Each Receipt this Period 38.46
 Memo Item

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 ▼ 307.68

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25323
 Amount of Each Receipt this Period 38.46
 Memo Item

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 ▼ 346.14

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.25739
 Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 46 OF 258
(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. 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 ▼ 384.60

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.26008
 Amount of Each Receipt this Period 38.46
 Memo Item

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 ▼ 423.06

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26143
 Amount of Each Receipt this Period 38.46
 Memo Item

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 ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26415
 Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 47 OF 258
(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. 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 ▼ 201.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016
Transaction ID : SA11AI.25110
 Amount of Each Receipt this Period
 28.84
 Memo Item

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 ▼ 230.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016
Transaction ID : SA11AI.25366
 Amount of Each Receipt this Period
 28.84
 Memo Item

C. 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 ▼ 259.56

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : SA11AI.25723
 Amount of Each Receipt this Period
 28.84
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.52
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 48 OF 258
(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. 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 ▼ 288.40

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.25994
 Amount of Each Receipt this Period
 28.84
 Memo Item

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 ▼ 317.24

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26189
 Amount of Each Receipt this Period
 28.84
 Memo Item

C. 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 ▼ 346.08

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26462
 Amount of Each Receipt this Period
 28.84
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.52
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 258
	<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. 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 ▼ 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26202
 Amount of Each Receipt this Period 19.23
 Memo Item

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 ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26476
 Amount of Each Receipt this Period 19.23
 Memo Item

C. Francis P. Dempsey
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 04 / 08 / 2016
Transaction ID : SA11AI.25067
 Amount of Each Receipt this Period 38.46
 Memo Item

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 50 OF 258
(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. Francis P. Dempsey
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 04 / 22 / 2016
Transaction ID : SA11AI.25324
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
B. Francis P. Dempsey
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 05 / 06 / 2016
Transaction ID : SA11AI.25740
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
C. Francis P. Dempsey
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 05 / 20 / 2016
Transaction ID : SA11AI.26009
 Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 51 OF 258
(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. Francis P. Dempsey
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26144
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
B. Francis P. Dempsey
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26416
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
C. Polak N. Desai
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26247
 Amount of Each Receipt this Period 19.23
 Memo Item

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 52 OF 258
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Polak N. Desai

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
06 / 17 / 2016

Transaction ID : SA11AI.26522

Amount of Each Receipt this Period
19.23

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
04 / 08 / 2016

Transaction ID : SA11AI.25094

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
04 / 22 / 2016

Transaction ID : SA11AI.25350

Amount of Each Receipt this Period
38.46

Memo Item

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 53 OF 258
(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 Edmondson
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 05 / 06 / 2016
Transaction ID : SA11AI.25770
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
B. Michael Edmondson
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 05 / 20 / 2016
Transaction ID : SA11AI.26039
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
C. Michael Edmondson
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 06 / 03 / 2016
Transaction ID : SA11AI.26171
 Amount of Each Receipt this Period 38.46
 Memo Item

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 54 OF 258
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.26444

Amount of Each Receipt this Period **38.46**

Memo Item

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 Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt **06 / 03 / 2016**

Transaction ID : SA11AI.26212

Amount of Each Receipt this Period **19.23**

Memo Item

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 Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.26486

Amount of Each Receipt this Period **19.23**

Memo Item

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 55 OF 258
(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. Thomas M. Everett
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 04 / 08 / 2016
Transaction ID : SA11AI.25072
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
B. Thomas M. Everett
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 04 / 22 / 2016
Transaction ID : SA11AI.25329
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
C. Thomas M. Everett
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 05 / 06 / 2016
Transaction ID : SA11AI.25745
 Amount of Each Receipt this Period 38.46
 Memo Item

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 56 OF 258
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas M. Everett
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 05 / 20 / 2016
Transaction ID : SA11AI.26014

Amount of Each Receipt this Period
 38.46

Memo Item

B. Thomas M. Everett
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 06 / 03 / 2016
Transaction ID : SA11AI.26148

Amount of Each Receipt this Period
 38.46

Memo Item

C. Thomas M. Everett
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26421

Amount of Each Receipt this Period
 38.46

Memo Item

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: PAGE 57 OF 258
(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. Lisa R. Faust
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26265
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Lisa R. Faust
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 17 / 2016
Transaction ID : SA11AI.26538
 Amount of Each Receipt this Period 19.23
 Memo Item

C. John Featherston
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26281
 Amount of Each Receipt this Period 19.23
 Memo Item

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 58 OF 258
	<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	<input type="checkbox"/> 17

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

A. John Featherston
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **06 / 17 / 2016**

Transaction ID : SA11AI.26555

Amount of Each Receipt this Period **19.23**

Memo Item

B. 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 ▼ **673.05**

Date of Receipt **04 / 08 / 2016**

Transaction ID : SA11AI.25027

Amount of Each Receipt this Period **96.15**

Memo Item

C. 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 ▼ **769.20**

Date of Receipt **04 / 22 / 2016**

Transaction ID : SA11AI.25284

Amount of Each Receipt this Period **96.15**

Memo Item

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 59 OF 258
(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. Traci L. Ferguson
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : SA11AI.25798
 Amount of Each Receipt this Period 96.15
 Memo Item

Full Name (Last, First, Middle Initial)
B. Traci L. Ferguson
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.26062
 Amount of Each Receipt this Period 96.15
 Memo Item

Full Name (Last, First, Middle Initial)
C. Traci L. Ferguson
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26100
 Amount of Each Receipt this Period 96.15
 Memo Item

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 60 OF 258
(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. Traci L. Ferguson

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1153.80**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26374

Amount of Each Receipt this Period **96.15**

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **06 / 03 / 2016**
Transaction ID : SA11AI.26260

Amount of Each Receipt this Period **19.23**

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **06 / 17 / 2016**
Transaction ID : SA11AI.26533

Amount of Each Receipt this Period **19.23**

Memo Item

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 61 OF 258
(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. Ryan B. Fogarty
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26465
 Amount of Each Receipt this Period
 20.83
 Memo Item

Full Name (Last, First, Middle Initial)
B. Dalvin Ford
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.25993
 Amount of Each Receipt this Period
 20.83
 Memo Item

Full Name (Last, First, Middle Initial)
C. Dalvin Ford
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 229.13

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26195
 Amount of Each Receipt this Period
 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.49
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 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. 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 ▼ **249.96**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26468

Amount of Each Receipt this Period **20.83**

Memo Item

B. Marjorie P. Forgang
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **04 / 08 / 2016**
Transaction ID : SA11AI.25082

Amount of Each Receipt this Period **38.46**

Memo Item

C. Marjorie P. Forgang
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **04 / 22 / 2016**
Transaction ID : SA11AI.25338

Amount of Each Receipt this Period **38.46**

Memo Item

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: PAGE 63 OF 258
(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. Marjorie P. Forgang
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : SA11AI.25754
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
B. Marjorie P. Forgang
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.26024
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
C. Marjorie P. Forgang
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26157
 Amount of Each Receipt this Period 38.46
 Memo Item

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 64 OF 258
<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. Marjorie P. Forgang
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **461.52**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26430
 Amount of Each Receipt this Period **38.46**
 Memo Item

B. 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 **04 / 08 / 2016**
Transaction ID : SA11AI.25071
 Amount of Each Receipt this Period **38.46**
 Memo Item

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 **307.68**

Date of Receipt **04 / 22 / 2016**
Transaction ID : SA11AI.25328
 Amount of Each Receipt this Period **38.46**
 Memo Item

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: PAGE 65 OF 258
(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. Vincent L. Frakes

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
05 / 06 / 2016

Transaction ID : SA11AI.25744

Amount of Each Receipt this Period
38.46

Memo Item

Full Name (Last, First, Middle Initial)
B. Vincent L. Frakes

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
05 / 20 / 2016

Transaction ID : SA11AI.26013

Amount of Each Receipt this Period
38.46

Memo Item

Full Name (Last, First, Middle Initial)
C. Vincent L. Frakes

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
06 / 03 / 2016

Transaction ID : SA11AI.26147

Amount of Each Receipt this Period
38.46

Memo Item

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 66 OF 258
<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. 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 ▼ **461.52**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.26420

Amount of Each Receipt this Period **38.46**

Memo Item

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 ▼ **211.53**

Date of Receipt **06 / 03 / 2016**

Transaction ID : SA11AI.26235

Amount of Each Receipt this Period **19.23**

Memo Item

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 ▼ **230.76**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.26509

Amount of Each Receipt this Period **19.23**

Memo Item

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 67 OF 258
(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 Frasca
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 06 / 03 / 2016
Transaction ID : SA11AI.26274
 Amount of Each Receipt this Period
 19.23
 Memo Item

B. Lucy Frasca
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 06 / 17 / 2016
Transaction ID : SA11AI.26548
 Amount of Each Receipt this Period
 19.23
 Memo Item

C. Dana French
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Avenue
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2016
Transaction ID : SA11AI.25056
 Amount of Each Receipt this Period
 38.46
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.92
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 68 OF 258
(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 Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 04 / 22 / 2016
Transaction ID : SA11AI.25313
 Amount of Each Receipt this Period 38.46
 Memo Item

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : SA11AI.25726
 Amount of Each Receipt this Period 38.46
 Memo Item

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.25996
 Amount of Each Receipt this Period 38.46
 Memo Item

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 69 OF 258
	<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	<input type="checkbox"/> 17

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

A. Dana French
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Avenue

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.26130

Amount of Each Receipt this Period
38.46

Memo Item

B. Dana French
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Avenue

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.26404

Amount of Each Receipt this Period
38.46

Memo Item

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

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

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

Name of Employer WellCare Health Plans, Inc.	Occupation director
---	------------------------

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
06	/	03	/	2016

Transaction ID : SA11AI.26203

Amount of Each Receipt this Period
19.23

Memo Item

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 70 OF 258
	<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. Leonard Genco
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

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

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

Name of Employer WellCare Health Plans, Inc.	Occupation director
---	------------------------

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
06	/	17	/	2016

Transaction ID : SA11AI.26477

Amount of Each Receipt this Period

19.23

 Memo Item

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 ▼
211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.26210

Amount of Each Receipt this Period

19.23

 Memo Item

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 ▼
230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.26484

Amount of Each Receipt this Period

19.23

 Memo Item

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 71 OF 258
(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. Roger T. Gerlach
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26225
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Roger T. Gerlach
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 17 / 2016
Transaction ID : SA11AI.26499
 Amount of Each Receipt this Period 19.23
 Memo Item

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

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.26087
 Amount of Each Receipt this Period 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 188.46
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 72 OF 258
	<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. Darren Ghanayem
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26098

Amount of Each Receipt this Period
 150.00

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. 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
 06 / 17 / 2016
Transaction ID : SA11AI.26372

Amount of Each Receipt this Period
 150.00

Memo Item

C. Elizabeth A. Gianini
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 04 / 08 / 2016
Transaction ID : SA11AI.25086

Amount of Each Receipt this Period
 38.46

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	338.46
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 73 OF 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. Elizabeth A. Gianini
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 04 / 22 / 2016
Transaction ID : SA11AI.25342
 Amount of Each Receipt this Period
 38.46
 Memo Item

B. Elizabeth A. Gianini
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 05 / 06 / 2016
Transaction ID : SA11AI.25758
 Amount of Each Receipt this Period
 38.46
 Memo Item

C. Elizabeth A. Gianini
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 05 / 20 / 2016
Transaction ID : SA11AI.26028
 Amount of Each Receipt this Period
 38.46
 Memo Item

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: PAGE 74 OF 258
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)
A. Elizabeth A. Gianini

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **06 / 03 / 2016**

Transaction ID : SA11AI.26161

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name (Last, First, Middle Initial)
B. Elizabeth A. Gianini

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.26434

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name (Last, First, Middle Initial)
C. Louis Gianquinto, 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 ▼ **673.05**

Date of Receipt **04 / 08 / 2016**

Transaction ID : SA11AI.25028

Amount of Each Receipt this Period **96.15**

Memo Item

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: PAGE 75 OF 258
(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 04 / 22 / 2016
Transaction ID : SA11AI.25285
 Amount of Each Receipt this Period 96.15
 Memo Item

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 05 / 06 / 2016
Transaction ID : SA11AI.25799
 Amount of Each Receipt this Period 96.15
 Memo Item

C. 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 ▼ 961.50

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.26063
 Amount of Each Receipt this Period 96.15
 Memo Item

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 76 OF 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. 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 ▼ 1057.65

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26101
 Amount of Each Receipt this Period 96.15
 Memo Item

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 ▼ 1153.80

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26375
 Amount of Each Receipt this Period 96.15
 Memo Item

C. Sabrina H. Gibson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 04 / 08 / 2016
Transaction ID : SA11AI.25105
 Amount of Each Receipt this Period 38.46
 Memo Item

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 77 OF 258
(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. Sabrina H. Gibson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 04 / 22 / 2016
Transaction ID : SA11AI.25361
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Sabrina H. Gibson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 05 / 06 / 2016
Transaction ID : SA11AI.25784
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Sabrina H. Gibson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 05 / 20 / 2016
Transaction ID : SA11AI.26052
 Amount of Each Receipt this Period 38.46
 Memo Item

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 78 OF 258
	<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. Sabrina H. Gibson
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 06 / 03 / 2016

Transaction ID : SA11AI.26185

Amount of Each Receipt this Period
 38.46

Memo Item

B. Sabrina H. Gibson
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26457

Amount of Each Receipt this Period
 38.46

Memo Item

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
 04 / 08 / 2016

Transaction ID : SA11AI.25023

Amount of Each Receipt this Period
 192.30

Memo Item

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: PAGE 79 OF 258
(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. 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 ▼ 1538.40

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25280
 Amount of Each Receipt this Period 192.30
 Memo Item

B. Elizabeth Goodman
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.25827
 Amount of Each Receipt this Period 192.30
 Memo Item

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 ▼ 1923.00

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.26091
 Amount of Each Receipt this Period 192.30
 Memo Item

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: PAGE 80 OF 258
(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. Lori A. Gordon

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 04 / 08 / 2016
Transaction ID : SA11AI.25076

Amount of Each Receipt this Period
 38.46

Memo Item

Full Name (Last, First, Middle Initial)
B. Lori A. Gordon

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 04 / 22 / 2016
Transaction ID : SA11AI.25332

Amount of Each Receipt this Period
 38.46

Memo Item

Full Name (Last, First, Middle Initial)
C. Lori A. Gordon

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 05 / 06 / 2016
Transaction ID : SA11AI.25748

Amount of Each Receipt this Period
 38.46

Memo Item

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: PAGE 81 OF 258
(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. Lori A. Gordon
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 05 / 20 / 2016
Transaction ID : SA11AI.26017
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Lori A. Gordon
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26151
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Lori A. Gordon
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26424
 Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 82 OF 258
(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. John D. Greeley
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.88

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 08 / 2016
Transaction ID : SA11AI.25111
 Amount of Each Receipt this Period 28.84
 Memo Item

Full Name (Last, First, Middle Initial)
B. John D. Greeley
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016
Transaction ID : SA11AI.25367
 Amount of Each Receipt this Period 28.84
 Memo Item

Full Name (Last, First, Middle Initial)
c. John D. Greeley
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 259.56

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : SA11AI.25724
 Amount of Each Receipt this Period 28.84
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 86.52
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 83 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. John D. Greeley
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 288.40

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.25995
Amount of Each Receipt this Period 28.84
 Memo Item

B. John D. Greeley
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 317.24

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26190
Amount of Each Receipt this Period 28.84
 Memo Item

C. John D. Greeley
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 346.08

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26463
Amount of Each Receipt this Period 28.84
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 86.52
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 84 OF 258
<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. Lori-Don M. Gregory
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 323.05

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25053

Amount of Each Receipt this Period 46.15

Memo Item

B. Lori-Don M. Gregory
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 369.20

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25310

Amount of Each Receipt this Period 46.15

Memo Item

C. Lori-Don M. Gregory
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.35

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.25792

Amount of Each Receipt this Period 46.15

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	138.45
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 85 OF 258
(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. Lori-Don M. Gregory
 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 ▼
 461.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.26059
 Amount of Each Receipt this Period
 46.15
 Memo Item

Full Name (Last, First, Middle Initial)
B. Lori-Don M. Gregory
 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 ▼
 507.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26127
 Amount of Each Receipt this Period
 46.15
 Memo Item

Full Name (Last, First, Middle Initial)
C. Lori-Don M. Gregory
 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 ▼
 553.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26401
 Amount of Each Receipt this Period
 46.15
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 138.45
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 86 OF 258
(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. Dauda Griffin

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
06 / 03 / 2016

Transaction ID : SA11AI.26268

Amount of Each Receipt this Period
19.23

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
06 / 17 / 2016

Transaction ID : SA11AI.26542

Amount of Each Receipt this Period
19.23

Memo Item

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 ▼ **269.22**

Date of Receipt
04 / 08 / 2016

Transaction ID : SA11AI.25070

Amount of Each Receipt this Period
38.46

Memo Item

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 87 OF 258
(check only one)

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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **307.68**

Date of Receipt **04 / 22 / 2016**

Transaction ID : SA11AI.25327

Amount of Each Receipt this Period **38.46**

Memo Item

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 ▼ **346.14**

Date of Receipt **05 / 06 / 2016**

Transaction ID : SA11AI.25743

Amount of Each Receipt this Period **38.46**

Memo Item

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 ▼ **384.60**

Date of Receipt **05 / 20 / 2016**

Transaction ID : SA11AI.26012

Amount of Each Receipt this Period **38.46**

Memo Item

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: PAGE 88 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Patricia B. Guay
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 423.06

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26146
Amount of Each Receipt this Period 38.46
 Memo Item

B. Patricia B. Guay
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26419
Amount of Each Receipt this Period 38.46
 Memo Item

C. Alexander Gutierrez
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26133
Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 89 OF 258
(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. Alexander Gutierrez
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 17 / 2016
Transaction ID : SA11AI.26407
 Amount of Each Receipt this Period 38.46
 Memo Item

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

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25043
 Amount of Each Receipt this Period 96.15
 Memo Item

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

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25300
 Amount of Each Receipt this Period 96.15
 Memo Item

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 90 OF 258
(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 Haber
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 865.35

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : SA11AI.25815
 Amount of Each Receipt this Period 96.15
 Memo Item

Full Name (Last, First, Middle Initial)
B. Michael Haber
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.26079
 Amount of Each Receipt this Period 96.15
 Memo Item

Full Name (Last, First, Middle Initial)
C. Michael Haber
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1057.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26117
 Amount of Each Receipt this Period 96.15
 Memo Item

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 91 OF 258
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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 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 **1153.80**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26391
Amount of Each Receipt this Period **96.15**
 Memo Item

B. Colleen Hagan
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **04 / 08 / 2016**
Transaction ID : SA11AI.25095
Amount of Each Receipt this Period **38.46**
 Memo Item

C. Colleen Hagan
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **04 / 22 / 2016**
Transaction ID : SA11AI.25351
Amount of Each Receipt this Period **38.46**
 Memo Item

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: PAGE 92 OF 258
(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. Colleen Hagan
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : SA11AI.25771
 Amount of Each Receipt this Period
 38.46
 Memo Item

B. Colleen Hagan
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.26040
 Amount of Each Receipt this Period
 38.46
 Memo Item

C. Colleen Hagan
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26172
 Amount of Each Receipt this Period
 38.46
 Memo Item

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 258
<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. Colleen Hagan
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26445

Amount of Each Receipt this Period 38.46

Memo Item

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 ▼ 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26199

Amount of Each Receipt this Period 19.23

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26472

Amount of Each Receipt this Period 19.23

Memo Item

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

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

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

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FOR LINE NUMBER: PAGE 94 OF 258
(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. Jason Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 04 / 08 / 2016
Transaction ID : SA11AI.25058
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Jason Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 04 / 22 / 2016
Transaction ID : SA11AI.25315
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Jason Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 05 / 06 / 2016
Transaction ID : SA11AI.25729
 Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 95 OF 258
(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. Jason Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 05 / 20 / 2016
Transaction ID : SA11AI.25998
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Jason Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26132
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Jason Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26406
 Amount of Each Receipt this Period 38.46
 Memo Item

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 96 OF 258
<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. Craig M. Hansen
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 673.05

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25040
Amount of Each Receipt this Period 96.15
 Memo Item

B. Craig M. Hansen
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 04 / 22 / 2016
Transaction ID : SA11AI.25297
Amount of Each Receipt this Period 96.15
 Memo Item

C. Craig M. Hansen
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 05 / 06 / 2016
Transaction ID : SA11AI.25811
Amount of Each Receipt this Period 96.15
 Memo Item

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 97 OF 258
(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. Craig M. Hansen

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
05 / 20 / 2016
Transaction ID : SA11AI.26075

Amount of Each Receipt this Period
96.15

Memo Item

Full Name (Last, First, Middle Initial)
B. Craig M. Hansen

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
06 / 03 / 2016
Transaction ID : SA11AI.26113

Amount of Each Receipt this Period
96.15

Memo Item

Full Name (Last, First, Middle Initial)
C. Craig M. Hansen

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.80

Date of Receipt
06 / 17 / 2016
Transaction ID : SA11AI.26387

Amount of Each Receipt this Period
96.15

Memo Item

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 98 OF 258
<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. Dan M. Harrison
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
04	/	08	/	2016

Transaction ID : SA11AI.25097

Amount of Each Receipt this Period

38.46

 Memo Item

B. Dan M. Harrison
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
04	/	22	/	2016

Transaction ID : SA11AI.25353

Amount of Each Receipt this Period

38.46

 Memo Item

C. Dan M. Harrison
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
05	/	06	/	2016

Transaction ID : SA11AI.25774

Amount of Each Receipt this Period

38.46

 Memo Item

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: PAGE 99 OF 258
(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. Dan M. Harrison

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **05 / 20 / 2016**

Transaction ID : SA11AI.26042

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name (Last, First, Middle Initial)
B. Dan M. Harrison

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **06 / 03 / 2016**

Transaction ID : SA11AI.26174

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name (Last, First, Middle Initial)
C. Dan M. Harrison

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **06 / 17 / 2016**

Transaction ID : SA11AI.26447

Amount of Each Receipt this Period **38.46**

Memo Item

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: PAGE 100 OF 258
(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. 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 ▼ 269.22

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25103
 Amount of Each Receipt this Period 38.46
 Memo Item

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 ▼ 307.68

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25359
 Amount of Each Receipt this Period 38.46
 Memo Item

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 ▼ 346.14

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.25782
 Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 101 OF 258
(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. Merrill J. Hausenfluck
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 05 / 20 / 2016
Transaction ID : SA11AI.26050
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
B. Merrill J. Hausenfluck
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26183
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
C. Merrill J. Hausenfluck
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26455
 Amount of Each Receipt this Period 38.46
 Memo Item

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 102 OF 258
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. 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 ▼ **211.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26208

Amount of Each Receipt this Period
19.23

Memo Item

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 ▼ **230.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26482

Amount of Each Receipt this Period
19.23

Memo Item

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 ▼ **673.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25026

Amount of Each Receipt this Period
96.15

Memo Item

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 103 OF 258
(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. Maurice Hebert

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **04 / 22 / 2016**

Transaction ID : SA11AI.25283

Amount of Each Receipt this Period **96.15**

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **05 / 06 / 2016**

Transaction ID : SA11AI.25797

Amount of Each Receipt this Period **96.15**

Memo Item

Full Name (Last, First, Middle Initial)
C. Quinn A. Henderson

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **04 / 08 / 2016**

Transaction ID : SA11AI.25085

Amount of Each Receipt this Period **38.46**

Memo Item

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 104 OF 258
(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. Quinn A. Henderson

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **04 / 22 / 2016**

Transaction ID : SA11AI.25341

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name (Last, First, Middle Initial)
B. Quinn A. Henderson

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **05 / 06 / 2016**

Transaction ID : SA11AI.25757

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name (Last, First, Middle Initial)
C. Quinn A. Henderson

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **05 / 20 / 2016**

Transaction ID : SA11AI.26027

Amount of Each Receipt this Period **38.46**

Memo Item

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: PAGE 105 OF 258
(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. Quinn A. Henderson

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
06	/	03	/	2016

Transaction ID : SA11AI.26160

Amount of Each Receipt this Period
38.46

Memo Item

Full Name (Last, First, Middle Initial)
B. Quinn A. Henderson

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.26433

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
06	/	03	/	2016

Transaction ID : SA11AI.26267

Amount of Each Receipt this Period
19.23

Memo Item

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 106 OF 258
<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. Johanna Herrmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 17 / 2016
Transaction ID : SA11AI.26540
 Amount of Each Receipt this Period 19.23
 Memo Item

B. Troy Hildreth
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25099
 Amount of Each Receipt this Period 38.46
 Memo Item

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

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25355
 Amount of Each Receipt this Period 38.46
 Memo Item

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 107 OF 258
(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. Troy Hildreth

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
05 / 06 / 2016

Transaction ID : SA11AI.25778

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
05 / 20 / 2016

Transaction ID : SA11AI.26046

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
06 / 03 / 2016

Transaction ID : SA11AI.26179

Amount of Each Receipt this Period
38.46

Memo Item

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 108 OF 258
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. Troy Hildreth
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.26451

Amount of Each Receipt this Period **38.46**

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt **04 / 08 / 2016**

Transaction ID : SA11AI.25036

Amount of Each Receipt this Period **96.15**

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt **04 / 22 / 2016**

Transaction ID : SA11AI.25293

Amount of Each Receipt this Period **96.15**

Memo Item

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 109 OF 258
<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. Robert L. Hilliard
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **865.35**

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.25807
Amount of Each Receipt this Period **96.15**
 Memo Item

B. Robert L. Hilliard
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **961.50**

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.26071
Amount of Each Receipt this Period **96.15**
 Memo Item

C. Robert L. Hilliard
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1057.65**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26109
Amount of Each Receipt this Period **96.15**
 Memo Item

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 110 OF 258
(check only one)

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

Full Name (Last, First, Middle Initial)
A. 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 ▼ **1153.80**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.26383

Amount of Each Receipt this Period **96.15**

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **04 / 08 / 2016**

Transaction ID : SA11AI.25102

Amount of Each Receipt this Period **38.46**

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **04 / 22 / 2016**

Transaction ID : SA11AI.25358

Amount of Each Receipt this Period **38.46**

Memo Item

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: PAGE 111 OF 258
(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. William Hinsdale
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 05 / 06 / 2016
Transaction ID : SA11AI.25781
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
B. William Hinsdale
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 05 / 20 / 2016
Transaction ID : SA11AI.26049
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
C. William Hinsdale
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 06 / 03 / 2016
Transaction ID : SA11AI.26182
 Amount of Each Receipt this Period 38.46
 Memo Item

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 112 OF 258
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		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. William Hinsdale
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **461.52**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26454
Amount of Each Receipt this Period **38.46**
 Memo Item

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 **211.53**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26278
Amount of Each Receipt this Period **19.23**
 Memo Item

C. 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 **230.76**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26552
Amount of Each Receipt this Period **19.23**
 Memo Item

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 113 OF 258
(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. 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 Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26243
 Amount of Each Receipt this Period 19.23
 Memo Item

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 Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26516
 Amount of Each Receipt this Period 19.23
 Memo Item

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

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25041
 Amount of Each Receipt this Period 96.15
 Memo Item

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 114 OF 258
	<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 ▼ **769.20**

Date of Receipt **04 / 22 / 2016**

Transaction ID : SA11AI.25298

Amount of Each Receipt this Period **96.15**

Memo Item

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 ▼ **865.35**

Date of Receipt **05 / 06 / 2016**

Transaction ID : SA11AI.25813

Amount of Each Receipt this Period **96.15**

Memo Item

C. 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 ▼ **961.50**

Date of Receipt **05 / 20 / 2016**

Transaction ID : SA11AI.26077

Amount of Each Receipt this Period **96.15**

Memo Item

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 115 OF 258
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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 ▼
1057.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26115

Amount of Each Receipt this Period
 96.15

Memo Item

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 ▼
1153.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26389

Amount of Each Receipt this Period
 96.15

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26232

Amount of Each Receipt this Period
 19.23

Memo Item

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 116 OF 258
<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. Marlene Hyman
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26506

Amount of Each Receipt this Period 19.23

Memo Item

B. 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 ▼ 269.22

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25107

Amount of Each Receipt this Period 38.46

Memo Item

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 ▼ 307.68

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25363

Amount of Each Receipt this Period 38.46

Memo Item

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 117 OF 258
(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. Goran Jankovic

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
05	/	06	/	2016

Transaction ID : SA11AI.25786

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
05	/	20	/	2016

Transaction ID : SA11AI.26054

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
06	/	03	/	2016

Transaction ID : SA11AI.26187

Amount of Each Receipt this Period
38.46

Memo Item

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 118 OF 258
	<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	<input type="checkbox"/> 17

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

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

A. 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 ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26459
Amount of Each Receipt this Period 38.46
 Memo Item

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 ▼ 673.05

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25049
Amount of Each Receipt this Period 96.15
 Memo Item

C. 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 ▼ 769.20

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25306
Amount of Each Receipt this Period 96.15
 Memo Item

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 119 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 **865.35**

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.25821
Amount of Each Receipt this Period **96.15**
 Memo Item

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 **961.50**

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.26085
Amount of Each Receipt this Period **96.15**
 Memo Item

C. 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 **1057.65**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26123
Amount of Each Receipt this Period **96.15**
 Memo Item

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 120 OF 258
	<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	<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 **1153.80**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26397
 Amount of Each Receipt this Period **96.15**
 Memo Item

B. Manuel C. Jimenez
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 **06 / 03 / 2016**
Transaction ID : SA11AI.26257
 Amount of Each Receipt this Period **19.23**
 Memo Item

C. Manuel C. Jimenez
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 **06 / 17 / 2016**
Transaction ID : SA11AI.26530
 Amount of Each Receipt this Period **19.23**
 Memo Item

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 121 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 ▼
38.46

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	08	/	2016

Transaction ID : SA11AI.25061

Amount of Each Receipt this Period

38.46

 Memo Item

B. 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 ▼
307.68

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	22	/	2016

Transaction ID : SA11AI.25318

Amount of Each Receipt this Period

38.46

 Memo Item

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 ▼
346.14

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	06	/	2016

Transaction ID : SA11AI.25732

Amount of Each Receipt this Period

38.46

 Memo Item

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: PAGE 122 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 ▼
384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : SA11AI.26001

Amount of Each Receipt this Period

38.46

 Memo Item

B. 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 ▼
423.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.26135

Amount of Each Receipt this Period

38.46

 Memo Item

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 ▼
461.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.26409

Amount of Each Receipt this Period

38.46

 Memo Item

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 123 OF 258
	<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	<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 **211.53**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26307
Amount of Each Receipt this Period **19.23**
 Memo Item

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 **230.76**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26580
Amount of Each Receipt this Period **19.23**
 Memo Item

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 **269.22**

Date of Receipt **04 / 08 / 2016**
Transaction ID : SA11AI.25104
Amount of Each Receipt this Period **38.46**
 Memo Item

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 124 OF 258
(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. Laura A. 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 Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt **04 / 22 / 2016**

Transaction ID : SA11AI.25360

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name (Last, First, Middle Initial)
B. Laura A. 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 Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt **05 / 06 / 2016**

Transaction ID : SA11AI.25783

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name (Last, First, Middle Initial)
C. Laura A. 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 Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt **05 / 20 / 2016**

Transaction ID : SA11AI.26051

Amount of Each Receipt this Period **38.46**

Memo Item

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: PAGE 125 OF 258
(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. Laura A. 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 Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26184
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
B. Laura A. 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 Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26456
 Amount of Each Receipt this Period 38.46
 Memo Item

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

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25033
 Amount of Each Receipt this Period 96.15
 Memo Item

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: PAGE 126 OF 258
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 **769.20**

Date of Receipt **04 / 22 / 2016**
Transaction ID : SA11AI.25290
Amount of Each Receipt this Period **96.15**
 Memo Item

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

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.25804
Amount of Each Receipt this Period **96.15**
 Memo Item

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 **961.50**

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.26068
Amount of Each Receipt this Period **96.15**
 Memo Item

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 127 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 ▼
1057.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.26106

Amount of Each Receipt this Period
96.15

Memo Item

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.26380

Amount of Each Receipt this Period
96.15

Memo Item

C. Janet H. Kimbrough
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.26239

Amount of Each Receipt this Period
19.23

Memo Item

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 128 OF 258
(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. Janet H. Kimbrough

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
06 / 17 / 2016

Transaction ID : SA11AI.26513

Amount of Each Receipt this Period
19.23

Memo Item

Full Name (Last, First, Middle Initial)
B. Thomas M. Kincaid

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.25992

Amount of Each Receipt this Period
20.83

Memo Item

Full Name (Last, First, Middle Initial)
C. Thomas M. Kincaid

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **229.13**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26194

Amount of Each Receipt this Period
20.83

Memo Item

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 129 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial)
A. Thomas M. Kincaid

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.96**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.26467

Amount of Each Receipt this Period **20.83**

Memo Item

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 ▼ **211.53**

Date of Receipt **06 / 03 / 2016**

Transaction ID : SA11AI.26279

Amount of Each Receipt this Period **19.23**

Memo Item

Full Name (Last, First, Middle Initial)
c. 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 ▼ **230.76**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.26553

Amount of Each Receipt this Period **19.23**

Memo Item

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: PAGE 130 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 **673.05**

Date of Receipt **04 / 08 / 2016**
Transaction ID : SA11AI.25034
Amount of Each Receipt this Period **96.15**
 Memo Item

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 **769.20**

Date of Receipt **04 / 22 / 2016**
Transaction ID : SA11AI.25291
Amount of Each Receipt this Period **96.15**
 Memo Item

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 **865.35**

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.25805
Amount of Each Receipt this Period **96.15**
 Memo Item

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 131 OF 258
(check only one)

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

A. John J. Kirchner
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 961.50

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.26069
Amount of Each Receipt this Period 96.15
 Memo Item

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 ▼ 1057.65

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26107
Amount of Each Receipt this Period 96.15
 Memo Item

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 ▼ 1153.80

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26381
Amount of Each Receipt this Period 96.15
 Memo Item

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 132 OF 258
(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. Lisa L. Knowles-Spruell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 04 / 08 / 2016
Transaction ID : SA11AI.25084
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Lisa L. Knowles-Spruell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 04 / 22 / 2016
Transaction ID : SA11AI.25340
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Lisa L. Knowles-Spruell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 05 / 06 / 2016
Transaction ID : SA11AI.25756
 Amount of Each Receipt this Period 38.46
 Memo Item

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 133 OF 258
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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. Lisa L. Knowles-Spruell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 05 / 20 / 2016
Transaction ID : SA11AI.26026
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Lisa L. Knowles-Spruell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26159
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Lisa L. Knowles-Spruell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 17 / 2016
Transaction ID : SA11AI.26432
 Amount of Each Receipt this Period 38.46
 Memo Item

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 134 OF 258
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26300
Amount of Each Receipt this Period 19.23
 Memo Item

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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26574
Amount of Each Receipt this Period 19.23
 Memo Item

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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 673.05

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25035
Amount of Each Receipt this Period 96.15
 Memo Item

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 135 OF 258
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Roman T. Kulich

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
04	/	22	/	2016

Transaction ID : SA11AI.25292

Amount of Each Receipt this Period
96.15

Memo Item

Full Name (Last, First, Middle Initial)
B. Roman T. Kulich

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 ▼
865.35

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2016

Transaction ID : SA11AI.25806

Amount of Each Receipt this Period
96.15

Memo Item

Full Name (Last, First, Middle Initial)
C. Roman T. Kulich

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : SA11AI.26070

Amount of Each Receipt this Period
96.15

Memo Item

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 136 OF 258
(check only one)

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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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1057.65**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26108
Amount of Each Receipt this Period **96.15**
 Memo Item

B. 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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1153.80**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26382
Amount of Each Receipt this Period **96.15**
 Memo Item

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 **673.05**

Date of Receipt **04 / 08 / 2016**
Transaction ID : SA11AI.25050
Amount of Each Receipt this Period **96.15**
 Memo Item

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 137 OF 258
(check only one)

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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 **769.20**

Date of Receipt **04 / 22 / 2016**
Transaction ID : SA11AI.25307
Amount of Each Receipt this Period **96.15**
 Memo Item

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

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.25822
Amount of Each Receipt this Period **96.15**
 Memo Item

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 **961.50**

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.26086
Amount of Each Receipt this Period **96.15**
 Memo Item

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 138 OF 258
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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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 ▼ 1057.65

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26124
 Amount of Each Receipt this Period 96.15
 Memo Item

B. Jeffry P. Lannigan
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26399
 Amount of Each Receipt this Period 96.15
 Memo Item

C. Ladonna Y. Latney-Battle
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26213
 Amount of Each Receipt this Period 19.23
 Memo Item

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 139 OF 258
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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. Ladonna Y. Latney-Battle
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 **06 / 17 / 2016**
Transaction ID : SA11AI.26487
 Amount of Each Receipt this Period **19.23**
 Memo Item

B. Jessica Lincoln
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 **06 / 03 / 2016**
Transaction ID : SA11AI.26262
 Amount of Each Receipt this Period **19.23**
 Memo Item

C. Jessica Lincoln
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 **06 / 17 / 2016**
Transaction ID : SA11AI.26535
 Amount of Each Receipt this Period **19.23**
 Memo Item

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 140 OF 258
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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. Luke C. Lovgren
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26204
 Amount of Each Receipt this Period 19.23
 Memo Item

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

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26478
 Amount of Each Receipt this Period 19.23
 Memo Item

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

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25048
 Amount of Each Receipt this Period 96.15
 Memo Item

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 141 OF 258
	<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	

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. 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 **769.20**

Date of Receipt **04 / 22 / 2016**
Transaction ID : SA11AI.25305
 Amount of Each Receipt this Period **96.15**
 Memo Item

B. 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 **865.35**

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.25820
 Amount of Each Receipt this Period **96.15**
 Memo Item

C. Pam A. Lyons-Taylor
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **961.50**

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.26084
 Amount of Each Receipt this Period **96.15**
 Memo Item

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 142 OF 258
(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. 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 ▼
 1057.65

Date of Receipt
 06 / 03 / 2016
Transaction ID : SA11AI.26122

Amount of Each Receipt this Period
 96.15

Memo Item

Full Name (Last, First, Middle Initial)
B. 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 ▼
 1153.80

Date of Receipt
 06 / 17 / 2016
Transaction ID : SA11AI.26396

Amount of Each Receipt this Period
 96.15

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 04 / 08 / 2016
Transaction ID : SA11AI.25109

Amount of Each Receipt this Period
 38.46

Memo Item

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 143 OF 258
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Thomas Martin

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **04 / 22 / 2016**

Transaction ID : SA11AI.25365

Amount of Each Receipt this Period **38.46**

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **05 / 06 / 2016**

Transaction ID : SA11AI.25788

Amount of Each Receipt this Period **38.46**

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **05 / 20 / 2016**

Transaction ID : SA11AI.26056

Amount of Each Receipt this Period **38.46**

Memo Item

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 144 OF 258
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26286

Amount of Each Receipt this Period
 19.23

Memo Item

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 ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26560

Amount of Each Receipt this Period
 19.23

Memo Item

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 ▼ 673.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2016
Transaction ID : SA11AI.25031

Amount of Each Receipt this Period
 96.15

Memo Item

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 145 OF 258
(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. Carole A. Matyas
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 04 / 22 / 2016
Transaction ID : SA11AI.25288
 Amount of Each Receipt this Period 96.15
 Memo Item

Full Name (Last, First, Middle Initial)
B. Carole A. Matyas
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : SA11AI.25802
 Amount of Each Receipt this Period 96.15
 Memo Item

Full Name (Last, First, Middle Initial)
C. Carole A. Matyas
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.26066
 Amount of Each Receipt this Period 96.15
 Memo Item

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 146 OF 258
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Carole A. Matyas

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26104

Amount of Each Receipt this Period
96.15

Memo Item

Full Name (Last, First, Middle Initial)
B. Carole A. Matyas

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1153.80**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26378

Amount of Each Receipt this Period
96.15

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
06 / 03 / 2016

Transaction ID : SA11AI.26309

Amount of Each Receipt this Period
19.23

Memo Item

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 147 OF 258
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. 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 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
06	/	17	/	2016

Transaction ID : SA11AI.26582

Amount of Each Receipt this Period
19.23

Memo Item

B. Angeline C. McCabe
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
06	/	03	/	2016

Transaction ID : SA11AI.26263

Amount of Each Receipt this Period
19.23

Memo Item

c. Angeline C. McCabe
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
06	/	17	/	2016

Transaction ID : SA11AI.26536

Amount of Each Receipt this Period
19.23

Memo Item

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 148 OF 258
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Ray McComb

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
38.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2016

Transaction ID : SA11AI.25063

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
04	/	22	/	2016

Transaction ID : SA11AI.25320

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
05	/	06	/	2016

Transaction ID : SA11AI.25734

Amount of Each Receipt this Period
38.46

Memo Item

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: PAGE 149 OF 258
(check only one)

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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 **384.60**

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.26003
Amount of Each Receipt this Period **38.46**
 Memo Item

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 **423.06**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26137
Amount of Each Receipt this Period **38.46**
 Memo Item

C. Ray McComb
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **461.52**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26411
Amount of Each Receipt this Period **38.46**
 Memo Item

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: PAGE 150 OF 258
(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. 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 ▼ 208.30

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.25991
 Amount of Each Receipt this Period 20.83
 Memo Item

B. 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 ▼ 229.13

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26193
 Amount of Each Receipt this Period 20.83
 Memo Item

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 ▼ 249.96

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26466
 Amount of Each Receipt this Period 20.83
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 62.49
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 151 OF 258
	<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	<input type="checkbox"/> 17

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

A. 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 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
 06 / 03 / 2016

Transaction ID : SA11AI.26222

Amount of Each Receipt this Period
 19.23

Memo Item

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 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
 06 / 17 / 2016

Transaction ID : SA11AI.26497

Amount of Each Receipt this Period
 19.23

Memo Item

C. Tanya M. McNally
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 06 / 03 / 2016

Transaction ID : SA11AI.26229

Amount of Each Receipt this Period
 19.23

Memo Item

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 152 OF 258
	<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	<input type="checkbox"/> 17

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

A. Tanya M. McNally
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26503

Amount of Each Receipt this Period
 19.23

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26206

Amount of Each Receipt this Period
 19.23

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26480

Amount of Each Receipt this Period
 19.23

Memo Item

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 153 OF 258
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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. 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 ▼ 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26227
 Amount of Each Receipt this Period 19.23
 Memo Item

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 ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26501
 Amount of Each Receipt this Period 19.23
 Memo Item

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 Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26290
 Amount of Each Receipt this Period 19.23
 Memo Item

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 154 OF 258
	<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 Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.76**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26564
 Amount of Each Receipt this Period **19.23**
 Memo Item

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 **211.53**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26283
 Amount of Each Receipt this Period **19.23**
 Memo Item

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 **230.76**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26557
 Amount of Each Receipt this Period **19.23**
 Memo Item

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 155 OF 258
<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. 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 ▼ 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26294

Amount of Each Receipt this Period
 19.23

Memo Item

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 ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26568

Amount of Each Receipt this Period
 19.23

Memo Item

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 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
 06 / 03 / 2016
Transaction ID : SA11AI.26303

Amount of Each Receipt this Period
 19.23

Memo Item

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 156 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **230.76**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26577
Amount of Each Receipt this Period **19.23**
 Memo Item

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

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26295
Amount of Each Receipt this Period **19.23**
 Memo Item

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

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26569
Amount of Each Receipt this Period **19.23**
 Memo Item

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 157 OF 258
	<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. Raymond Murray
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
06	/	03	/	2016

Transaction ID : SA11AI.26299

Amount of Each Receipt this Period
19.23

Memo Item

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

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

FEC ID number of contributing 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
06	/	17	/	2016

Transaction ID : SA11AI.26573

Amount of Each Receipt this Period
19.23

Memo Item

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

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

FEC ID number of contributing 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
06	/	03	/	2016

Transaction ID : SA11AI.26266

Amount of Each Receipt this Period
19.23

Memo Item

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 158 OF 258
	<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	<input type="checkbox"/> 17

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

A. Dawna Nibert
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **06 / 17 / 2016**
Transaction ID : SA11AI.26539
Amount of Each Receipt this Period **19.23**
 Memo Item

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

Date of Receipt **04 / 08 / 2016**
Transaction ID : SA11AI.25025
Amount of Each Receipt this Period **96.15**
 Memo Item

C. Sharon Nisbet
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **04 / 22 / 2016**
Transaction ID : SA11AI.25282
Amount of Each Receipt this Period **96.15**
 Memo Item

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 159 OF 258
(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. 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 ▼ **865.35**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25796

Amount of Each Receipt this Period
96.15

Memo Item

Full Name (Last, First, Middle Initial)
B. 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 ▼ **961.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.26061

Amount of Each Receipt this Period
96.15

Memo Item

Full Name (Last, First, Middle Initial)
C. 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 ▼ **1057.65**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26099

Amount of Each Receipt this Period
96.15

Memo Item

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 160 OF 258
	<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	<input type="checkbox"/> 17

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

A. Sharon Nisbet
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1153.80**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.26373

Amount of Each Receipt this Period **96.15**

Memo Item

B. Shunae E. Norton
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **06 / 17 / 2016**

Transaction ID : SA11AI.26518

Amount of Each Receipt this Period **19.23**

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **04 / 08 / 2016**

Transaction ID : SA11AI.25080

Amount of Each Receipt this Period **38.46**

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 161 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Michael J. Orlosky
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 04 / 22 / 2016
Transaction ID : SA11AI.25336
Amount of Each Receipt this Period 38.46
 Memo Item

B. Michael J. Orlosky
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 05 / 06 / 2016
Transaction ID : SA11AI.25752
Amount of Each Receipt this Period 38.46
 Memo Item

C. Michael J. Orlosky
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 05 / 20 / 2016
Transaction ID : SA11AI.26022
Amount of Each Receipt this Period 38.46
 Memo Item

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 162 OF 258
<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 J. Orlosky
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **06 / 03 / 2016**
Transaction ID : SA11AI.26155
Amount of Each Receipt this Period **38.46**
 Memo Item

B. Michael J. Orlosky
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **461.52**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26428
Amount of Each Receipt this Period **38.46**
 Memo Item

C. Benjamin Orris
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **06 / 03 / 2016**
Transaction ID : SA11AI.26284
Amount of Each Receipt this Period **19.23**
 Memo Item

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 163 OF 258
	<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. Benjamin Orris
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **06 / 17 / 2016**
Transaction ID : SA11AI.26558
Amount of Each Receipt this Period **19.23**
 Memo Item

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

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26297
Amount of Each Receipt this Period **19.23**
 Memo Item

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

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26571
Amount of Each Receipt this Period **19.23**
 Memo Item

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 164 OF 258
(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. Margaret E. Peal

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
04	/	08	/	2016

Transaction ID : SA11AI.25089

Amount of Each Receipt this Period
38.46

Memo Item

Full Name (Last, First, Middle Initial)
B. Margaret E. Peal

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
04	/	22	/	2016

Transaction ID : SA11AI.25345

Amount of Each Receipt this Period
38.46

Memo Item

Full Name (Last, First, Middle Initial)
C. Margaret E. Peal

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
05	/	06	/	2016

Transaction ID : SA11AI.25761

Amount of Each Receipt this Period
38.46

Memo Item

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: PAGE 165 OF 258
(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. Margaret E. Peal

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **05 / 20 / 2016**

Transaction ID : SA11AI.26031

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name (Last, First, Middle Initial)
B. Margaret E. Peal

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **06 / 03 / 2016**

Transaction ID : SA11AI.26164

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name (Last, First, Middle Initial)
C. Margaret E. Peal

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.26437

Amount of Each Receipt this Period **38.46**

Memo Item

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: PAGE 166 OF 258
(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. Laura B. Phin
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26211
 Amount of Each Receipt this Period
 19.23
 Memo Item

B. Laura B. Phin
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26485
 Amount of Each Receipt this Period
 19.23
 Memo Item

C. Anthony B. Piagentini
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 04 / 08 / 2016
Transaction ID : SA11AI.25091
 Amount of Each Receipt this Period
 38.46
 Memo Item

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 167 OF 258
(check only one)

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

A. Anthony B. Piagentini
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 04 / 22 / 2016
Transaction ID : SA11AI.25347
Amount of Each Receipt this Period 38.46
 Memo Item

B. Anthony B. Piagentini
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 05 / 06 / 2016
Transaction ID : SA11AI.25763
Amount of Each Receipt this Period 38.46
 Memo Item

C. Anthony B. Piagentini
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 05 / 20 / 2016
Transaction ID : SA11AI.26033
Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 168 OF 258
(check only one)

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

A. Anthony B. Piagentini
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26166
Amount of Each Receipt this Period 38.46
 Memo Item

B. Anthony B. Piagentini
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26439
Amount of Each Receipt this Period 38.46
 Memo Item

C. Julia Pinckney
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26196
Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 96.92
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 169 OF 258
(check only one)

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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. Julia Pinckney
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26469
Amount of Each Receipt this Period 20.00
 Memo Item

B. Cheryl L. Piskutz
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26228
Amount of Each Receipt this Period 19.23
 Memo Item

c. Cheryl L. Piskutz
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 06 / 17 / 2016
Transaction ID : SA11AI.26502
Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... 58.46
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 170 OF 258
	<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. Sue Podbielski
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **04 / 08 / 2016**
Transaction ID : SA11AI.25087
Amount of Each Receipt this Period **38.46**
 Memo Item

B. Sue Podbielski
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **04 / 22 / 2016**
Transaction ID : SA11AI.25343
Amount of Each Receipt this Period **38.46**
 Memo Item

C. Sue Podbielski
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **05 / 06 / 2016**
Transaction ID : SA11AI.25759
Amount of Each Receipt this Period **38.46**
 Memo Item

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: PAGE 171 OF 258
(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. Sue Podbielski
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.26029
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
B. Sue Podbielski
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26162
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
C. Sue Podbielski
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26435
 Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 172 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Patrick Poland
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
673.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2016

Transaction ID : SA11AI.25037

Amount of Each Receipt this Period

96.15

 Memo Item

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

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

FEC ID number of contributing 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
04	/	22	/	2016

Transaction ID : SA11AI.25294

Amount of Each Receipt this Period

96.15

 Memo Item

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

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

FEC ID number of contributing 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
05	/	06	/	2016

Transaction ID : SA11AI.25808

Amount of Each Receipt this Period

96.15

 Memo Item

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 173 OF 258
	<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. Patrick Poland
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : SA11AI.26072

Amount of Each Receipt this Period
96.15

Memo Item

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

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

FEC ID number of contributing 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

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.26110

Amount of Each Receipt this Period
96.15

Memo Item

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.26384

Amount of Each Receipt this Period
96.15

Memo Item

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 174 OF 258
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Michael R. Polen
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 04 / 08 / 2016
Transaction ID : SA11AI.25024
Amount of Each Receipt this Period 192.30
 Memo Item

B. Michael R. Polen
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1538.40

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25281
Amount of Each Receipt this Period 192.30
 Memo Item

C. Michael R. Polen
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 05 / 06 / 2016
Transaction ID : SA11AI.25282
Amount of Each Receipt this Period 192.30
 Memo Item

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: PAGE 175 OF 258
(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. 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 ▼
1923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.26092

Amount of Each Receipt this Period
 192.30

Memo Item

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 ▼
2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26097

Amount of Each Receipt this Period
 192.30

Memo Item

Full Name (Last, First, Middle Initial)
C. 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 ▼
2307.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26371

Amount of Each Receipt this Period
 192.30

Memo Item

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: PAGE 176 OF 258
(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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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. Christopher Price

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
04 / 08 / 2016

Transaction ID : SA11AI.25098

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
04 / 22 / 2016

Transaction ID : SA11AI.25354

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
05 / 06 / 2016

Transaction ID : SA11AI.25776

Amount of Each Receipt this Period
38.46

Memo Item

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: PAGE 177 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Christopher Price
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 05 / 20 / 2016
Transaction ID : SA11AI.26044
Amount of Each Receipt this Period 38.46
 Memo Item

B. Christopher Price
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26177
Amount of Each Receipt this Period 38.46
 Memo Item

C. Christopher Price
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26449
Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 178 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

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

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25042
Amount of Each Receipt this Period 96.15
 Memo Item

B. Marla P. Purvis
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 04 / 22 / 2016
Transaction ID : SA11AI.25299
Amount of Each Receipt this Period 96.15
 Memo Item

C. Marla P. Purvis
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 05 / 06 / 2016
Transaction ID : SA11AI.25814
Amount of Each Receipt this Period 96.15
 Memo Item

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 179 OF 258
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Marla P. Purvis
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.26078

Amount of Each Receipt this Period
 96.15

Memo Item

B. Marla P. Purvis
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26116

Amount of Each Receipt this Period
 96.15

Memo Item

C. Marla P. Purvis
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26390

Amount of Each Receipt this Period
 96.15

Memo Item

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 180 OF 258
(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. Michael Radu

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
04 / 08 / 2016

Transaction ID : SA11AI.25051

Amount of Each Receipt this Period
76.92

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 22 / 2016

Transaction ID : SA11AI.25308

Amount of Each Receipt this Period
76.92

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SA11AI.25794

Amount of Each Receipt this Period
76.92

Memo Item

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 181 OF 258
(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. Michael Radu

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
884.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : SA11AI.26090

Amount of Each Receipt this Period
192.30

Memo Item

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

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 ▼
1076.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.26096

Amount of Each Receipt this Period
192.30

Memo Item

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

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1269.18

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.26370

Amount of Each Receipt this Period
192.30

Memo Item

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: PAGE 182 OF 258
(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. Joiel Yvette Ray-Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25038
 Amount of Each Receipt this Period 96.15
 Memo Item

B. Joiel Yvette Ray-Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 04 / 22 / 2016
Transaction ID : SA11AI.25295
 Amount of Each Receipt this Period 96.15
 Memo Item

C. Joiel Yvette Ray-Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 05 / 06 / 2016
Transaction ID : SA11AI.25809
 Amount of Each Receipt this Period 96.15
 Memo Item

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 183 OF 258
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Joiel Yvette Ray-Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 **05 / 20 / 2016**
Transaction ID : SA11AI.26073
 Amount of Each Receipt this Period **96.15**
 Memo Item

B. Joiel Yvette Ray-Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 **06 / 03 / 2016**
Transaction ID : SA11AI.26111
 Amount of Each Receipt this Period **96.15**
 Memo Item

C. Joiel Yvette Ray-Alexander
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1153.80**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26385
 Amount of Each Receipt this Period **96.15**
 Memo Item

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 184 OF 258
(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. Anne E. Read

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 ▼ **211.53**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.26298

Amount of Each Receipt this Period

19.23

 Memo Item

Full Name (Last, First, Middle Initial)
B. Anne E. Read

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 ▼ **230.76**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.26572

Amount of Each Receipt this Period

19.23

 Memo Item

Full Name (Last, First, Middle Initial)
C. David T. Reynolds

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 ▼ **211.53**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.26236

Amount of Each Receipt this Period

19.23

 Memo Item

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 185 OF 258
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26510

Amount of Each Receipt this Period 19.23

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25069

Amount of Each Receipt this Period 38.46

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25326

Amount of Each Receipt this Period 38.46

Memo Item

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 186 OF 258
(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. Michael L. Ridenour
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.25742
 Amount of Each Receipt this Period 38.46
 Memo Item

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

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.26011
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Michael L. Ridenour
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26145
 Amount of Each Receipt this Period 38.46
 Memo Item

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 187 OF 258
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.26418

Amount of Each Receipt this Period **38.46**

Memo Item

B. 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 ▼ **211.53**

Date of Receipt **06 / 03 / 2016**

Transaction ID : SA11AI.26231

Amount of Each Receipt this Period **19.23**

Memo Item

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 ▼ **230.76**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.26505

Amount of Each Receipt this Period **19.23**

Memo Item

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 188 OF 258
(check only one)

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

A. Elizabeth Rosado
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **06 / 03 / 2016**
Transaction ID : SA11AI.26308
Amount of Each Receipt this Period **19.23**
 Memo Item

B. Elizabeth Rosado
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **06 / 17 / 2016**
Transaction ID : SA11AI.26581
Amount of Each Receipt this Period **19.23**
 Memo Item

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

Date of Receipt **04 / 08 / 2016**
Transaction ID : SA11AI.25047
Amount of Each Receipt this Period **96.15**
 Memo Item

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 189 OF 258
(check only one)

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

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

Date of Receipt **04 / 22 / 2016**
Transaction ID : SA11AI.25304
Amount of Each Receipt this Period **96.15**
 Memo Item

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

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.25819
Amount of Each Receipt this Period **96.15**
 Memo Item

C. Lauralie M. Rubel
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **961.50**

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.26083
Amount of Each Receipt this Period **96.15**
 Memo Item

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 190 OF 258
<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. Lauralie M. Rubel
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1057.65**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26121
Amount of Each Receipt this Period **96.15**
 Memo Item

B. Lauralie M. Rubel
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1153.80**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26395
Amount of Each Receipt this Period **96.15**
 Memo Item

C. 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 **269.22**

Date of Receipt **04 / 08 / 2016**
Transaction ID : SA11AI.25077
Amount of Each Receipt this Period **38.46**
 Memo Item

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 191 OF 258
(check only one)

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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 04 / 22 / 2016
Transaction ID : SA11AI.25333
Amount of Each Receipt this Period 38.46
 Memo Item

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 05 / 06 / 2016
Transaction ID : SA11AI.25749
Amount of Each Receipt this Period 38.46
 Memo Item

C. 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 ▼ 384.60

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.26019
Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 192 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 ▼ 423.06

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26152
Amount of Each Receipt this Period 38.46
 Memo Item

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 ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26425
Amount of Each Receipt this Period 38.46
 Memo Item

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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 269.22

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25101
Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 193 OF 258
(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. 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 Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25357
 Amount of Each Receipt this Period 38.46
 Memo Item

B. 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 Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.25780
 Amount of Each Receipt this Period 38.46
 Memo Item

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 Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.26048
 Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 194 OF 258
(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. Christine Ruediger
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 **06 / 03 / 2016**
Transaction ID : SA11AI.26181
 Amount of Each Receipt this Period **38.46**
 Memo Item

Full Name (Last, First, Middle Initial)
B. Christine Ruediger
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **461.52**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26453
 Amount of Each Receipt this Period **38.46**
 Memo Item

Full Name (Last, First, Middle Initial)
C. Phyllis J. Ruska
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 **06 / 03 / 2016**
Transaction ID : SA11AI.26238
 Amount of Each Receipt this Period **19.23**
 Memo Item

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 195 OF 258
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26512
Amount of Each Receipt this Period 19.23
 Memo Item

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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26220
Amount of Each Receipt this Period 19.23
 Memo Item

C. 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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26495
Amount of Each Receipt this Period 19.23
 Memo Item

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 196 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 **269.22**

Date of Receipt **04 / 08 / 2016**
Transaction ID : SA11AI.25073
Amount of Each Receipt this Period **38.46**
 Memo Item

B. 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 **307.68**

Date of Receipt **04 / 22 / 2016**
Transaction ID : SA11AI.25330
Amount of Each Receipt this Period **38.46**
 Memo Item

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 **346.14**

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.25746
Amount of Each Receipt this Period **38.46**
 Memo Item

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: PAGE 197 OF 258
(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. Abby Dritz Salzer
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.26015
 Amount of Each Receipt this Period
 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
B. Abby Dritz Salzer
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26149
 Amount of Each Receipt this Period
 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
C. Abby Dritz Salzer
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26422
 Amount of Each Receipt this Period
 38.46
 Memo Item

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: PAGE 198 OF 258
(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. Marie E. Samerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 04 / 08 / 2016
Transaction ID : SA11AI.25090
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Marie E. Samerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 04 / 22 / 2016
Transaction ID : SA11AI.25346
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Marie E. Samerson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 05 / 06 / 2016
Transaction ID : SA11AI.25762
 Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 199 OF 258
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Marie E. Samerson
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 05 / 20 / 2016
Transaction ID : SA11AI.26032
Amount of Each Receipt this Period 38.46
 Memo Item

B. Marie E. Samerson
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26165
Amount of Each Receipt this Period 38.46
 Memo Item

C. Marie E. Samerson
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26438
Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 200 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 **211.53**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26214
Amount of Each Receipt this Period **19.23**
 Memo Item

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 **230.76**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26488
Amount of Each Receipt this Period **19.23**
 Memo Item

C. Hania Schwartz
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **06 / 03 / 2016**
Transaction ID : SA11AI.26254
Amount of Each Receipt this Period **19.23**
 Memo Item

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 201 OF 258
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Hania Schwartz
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26527

Amount of Each Receipt this Period
 19.23

Memo Item

B. Jeffrey P. Scott
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26221

Amount of Each Receipt this Period
 19.23

Memo Item

C. Jeffrey P. Scott
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26496

Amount of Each Receipt this Period
 19.23

Memo Item

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 202 OF 258
(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. Howard Shaps

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **06 / 03 / 2016**

Transaction ID : SA11AI.26250

Amount of Each Receipt this Period **19.23**

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **06 / 17 / 2016**

Transaction ID : SA11AI.26525

Amount of Each Receipt this Period **19.23**

Memo Item

Full Name (Last, First, Middle Initial)
C. 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 ▼ **350.00**

Date of Receipt **04 / 08 / 2016**

Transaction ID : SA11AI.25052

Amount of Each Receipt this Period **50.00**

Memo Item

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 203 OF 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2016
Transaction ID : SA11AI.25309

Amount of Each Receipt this Period
 75.00

Memo Item

B. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : SA11AI.25793

Amount of Each Receipt this Period
 75.00

Memo Item

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 ▼ 575.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.26060

Amount of Each Receipt this Period
 75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	225.00
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 204 OF 258
<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. Elliott A. Shaw, Jr.
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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.26125

Amount of Each Receipt this Period
75.00

Memo Item

B. Elliott A. Shaw, Jr.
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 ▼
725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.26400

Amount of Each Receipt this Period
75.00

Memo Item

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

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

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

Name of Employer WellCare 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
06	/	03	/	2016

Transaction ID : SA11AI.26244

Amount of Each Receipt this Period
19.23

Memo Item

SUBTOTAL of Receipts This Page (optional).....	▶	169.23
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 205 OF 258
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare 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
 06 / 17 / 2016
Transaction ID : SA11AI.26517

Amount of Each Receipt this Period
 19.23

Memo Item

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 ▼ 211.53

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26288

Amount of Each Receipt this Period
 19.23

Memo Item

C. Lawrence R. Smart
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26562

Amount of Each Receipt this Period
 19.23

Memo Item

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 206 OF 258
(check only one)

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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 **673.05**

Date of Receipt **04 / 08 / 2016**
Transaction ID : SA11AI.25044
Amount of Each Receipt this Period **96.15**
 Memo Item

B. 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 **769.20**

Date of Receipt **04 / 22 / 2016**
Transaction ID : SA11AI.25301
Amount of Each Receipt this Period **96.15**
 Memo Item

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 **865.35**

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.25816
Amount of Each Receipt this Period **96.15**
 Memo Item

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 207 OF 258
(check only one)

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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 **961.50**

Date of Receipt **05 / 20 / 2016**
Transaction ID : SA11AI.26080
Amount of Each Receipt this Period **96.15**
 Memo Item

B. 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 **1057.65**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26118
Amount of Each Receipt this Period **96.15**
 Memo Item

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 **1153.80**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26392
Amount of Each Receipt this Period **96.15**
 Memo Item

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 208 OF 258
(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. Randall W. Smith

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
04 / 08 / 2016

Transaction ID : SA11AI.25092

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
04 / 22 / 2016

Transaction ID : SA11AI.25348

Amount of Each Receipt this Period
38.46

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
05 / 06 / 2016

Transaction ID : SA11AI.25764

Amount of Each Receipt this Period
38.46

Memo Item

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 209 OF 258
	<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. Randall W. 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 ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.26034

Amount of Each Receipt this Period
 38.46

Memo Item

B. Randall W. 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 ▼ 423.06

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26167

Amount of Each Receipt this Period
 38.46

Memo Item

C. Randall W. 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 ▼ 461.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : SA11AI.26440

Amount of Each Receipt this Period
 38.46

Memo Item

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 210 OF 258
	<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	

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. 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 ▼ **211.53**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : SA11AI.26217

Amount of Each Receipt this Period
19.23

Memo Item

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 ▼ **230.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : SA11AI.26491

Amount of Each Receipt this Period
19.23

Memo Item

C. 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 ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 08 / 2016

Transaction ID : SA11AI.25081

Amount of Each Receipt this Period
38.46

Memo Item

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 211 OF 258
(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. Carol H. Steckel
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 04 / 22 / 2016
Transaction ID : SA11AI.25337
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
B. Carol H. Steckel
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 05 / 06 / 2016
Transaction ID : SA11AI.25753
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
C. Carol H. Steckel
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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
 05 / 20 / 2016
Transaction ID : SA11AI.26023
 Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 212 OF 258
(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. Carol H. Steckel
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26156
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
B. Carol H. Steckel
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26429
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
C. Wesley K. Stiger
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26224
 Amount of Each Receipt this Period 19.23
 Memo Item

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 213 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26498
Amount of Each Receipt this Period 19.23
 Memo Item

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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 269.22

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25065
Amount of Each Receipt this Period 38.46
 Memo Item

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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 307.68

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25322
Amount of Each Receipt this Period 38.46
 Memo Item

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 214 OF 258
(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. Derek A. Stratman
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 **05 / 06 / 2016**
Transaction ID : SA11AI.25738
 Amount of Each Receipt this Period **38.46**
 Memo Item

Full Name (Last, First, Middle Initial)
B. Derek A. Stratman
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 **05 / 20 / 2016**
Transaction ID : SA11AI.26007
 Amount of Each Receipt this Period **38.46**
 Memo Item

Full Name (Last, First, Middle Initial)
C. Derek A. Stratman
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 **06 / 03 / 2016**
Transaction ID : SA11AI.26141
 Amount of Each Receipt this Period **38.46**
 Memo Item

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: PAGE 215 OF 258
(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. Derek A. Stratman
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26414
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
B. Charles N. Talbert
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26269
 Amount of Each Receipt this Period 19.23
 Memo Item

Full Name (Last, First, Middle Initial)
C. Charles N. Talbert
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 06 / 17 / 2016
Transaction ID : SA11AI.26543
 Amount of Each Receipt this Period 19.23
 Memo Item

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 216 OF 258
(check only one)

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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 ▼
38.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2016

Transaction ID : SA11AI.25083

Amount of Each Receipt this Period

38.46

 Memo Item

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
04	/	22	/	2016

Transaction ID : SA11AI.25339

Amount of Each Receipt this Period

38.46

 Memo Item

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2016

Transaction ID : SA11AI.25755

Amount of Each Receipt this Period

38.46

 Memo Item

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: PAGE 217 OF 258
(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. 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 ▼ 384.60

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.26025
 Amount of Each Receipt this Period 38.46
 Memo Item

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 ▼ 423.06

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26158
 Amount of Each Receipt this Period 38.46
 Memo Item

C. Cynthia Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26431
 Amount of Each Receipt this Period 38.46
 Memo Item

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 218 OF 258
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Elissa A. Toder
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **06 / 03 / 2016**
Transaction ID : SA11AI.26285
Amount of Each Receipt this Period **19.23**
 Memo Item

B. Elissa A. Toder
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **06 / 17 / 2016**
Transaction ID : SA11AI.26559
Amount of Each Receipt this Period **19.23**
 Memo Item

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 **1346.10**

Date of Receipt **04 / 08 / 2016**
Transaction ID : SA11AI.25021
Amount of Each Receipt this Period **192.30**
 Memo Item

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 219 OF 258
(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. Blair Todt

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1538.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2016
Transaction ID : SA11AI.25278

Amount of Each Receipt this Period
 192.30

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 05 / 06 / 2016
Transaction ID : SA11AI.25825

Amount of Each Receipt this Period
 192.30

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 05 / 20 / 2016
Transaction ID : SA11AI.26088

Amount of Each Receipt this Period
 192.30

Memo Item

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: PAGE 220 OF 258
(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. Blair Todt

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 06 / 03 / 2016
Transaction ID : SA11AI.26094

Amount of Each Receipt this Period
 192.30

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2307.60

Date of Receipt
 06 / 17 / 2016
Transaction ID : SA11AI.26368

Amount of Each Receipt this Period
 192.30

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
 06 / 03 / 2016
Transaction ID : SA11AI.26277

Amount of Each Receipt this Period
 19.23

Memo Item

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: PAGE 221 OF 258
(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. Miguel Torres

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
06 / 17 / 2016

Transaction ID : SA11AI.26551

Amount of Each Receipt this Period
19.23

Memo Item

Full Name (Last, First, Middle Initial)
B. Crysten C. Troutman

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
06 / 03 / 2016

Transaction ID : SA11AI.26209

Amount of Each Receipt this Period
19.23

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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
06 / 17 / 2016

Transaction ID : SA11AI.26483

Amount of Each Receipt this Period
19.23

Memo Item

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 222 OF 258
(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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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. Michelle Turano
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 249.99

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.25812
Amount of Each Receipt this Period 96.15
 Memo Item

B. Michelle Turano
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 05 / 20 / 2016
Transaction ID : SA11AI.26076
Amount of Each Receipt this Period 96.15
 Memo Item

C. Michelle Turano
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 442.29

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26114
Amount of Each Receipt this Period 96.15
 Memo Item

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 223 OF 258
	<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	<input type="checkbox"/> 17

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

A. Michelle Turano
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **06 / 17 / 2016**

Transaction ID : SA11AI.26388

Amount of Each Receipt this Period **96.15**

Memo Item

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 Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.53**

Date of Receipt **06 / 03 / 2016**

Transaction ID : SA11AI.26246

Amount of Each Receipt this Period **19.23**

Memo Item

C. 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 Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt **06 / 17 / 2016**

Transaction ID : SA11AI.26521

Amount of Each Receipt this Period **19.23**

Memo Item

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 224 OF 258
(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. 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 ▼ 269.22

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25106
 Amount of Each Receipt this Period 38.46
 Memo Item

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

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25362
 Amount of Each Receipt this Period 38.46
 Memo Item

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 ▼ 346.14

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.25785
 Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 225 OF 258
(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. 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 ▼ 384.60

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.26053
 Amount of Each Receipt this Period 38.46
 Memo Item

B. Lisa VanSteelant
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26186
 Amount of Each Receipt this Period 38.46
 Memo Item

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 ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26458
 Amount of Each Receipt this Period 38.46
 Memo Item

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 226 OF 258
<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 ▼
211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.26287

Amount of Each Receipt this Period
19.23

Memo Item

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 ▼
230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : SA11AI.26561

Amount of Each Receipt this Period
19.23

Memo Item

C. Timothy R. Waggoner
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.53

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : SA11AI.26302

Amount of Each Receipt this Period
19.23

Memo Item

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 227 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

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

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26576
Amount of Each Receipt this Period **19.23**
 Memo Item

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 **211.53**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26273
Amount of Each Receipt this Period **19.23**
 Memo Item

C. 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 **230.76**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26547
Amount of Each Receipt this Period **19.23**
 Memo Item

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 228 OF 258
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Crystal W. Walker

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
06	/	03	/	2016

Transaction ID : SA11AI.26233

Amount of Each Receipt this Period
19.23

Memo Item

Full Name (Last, First, Middle Initial)
B. Crystal W. Walker

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
06	/	17	/	2016

Transaction ID : SA11AI.26507

Amount of Each Receipt this Period
19.23

Memo Item

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

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
04	/	08	/	2016

Transaction ID : SA11AI.25054

Amount of Each Receipt this Period
41.66

Memo Item

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 229 OF 258
<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. 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 ▼ 333.28

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25311
Amount of Each Receipt this Period 41.66
 Memo Item

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 ▼ 374.94

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.25791
Amount of Each Receipt this Period 41.66
 Memo Item

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 ▼ 416.60

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.26058
Amount of Each Receipt this Period 41.66
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 124.98
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 230 OF 258
(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. 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 ▼ 458.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26128
 Amount of Each Receipt this Period 41.66
 Memo Item

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 ▼ 499.92

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26402
 Amount of Each Receipt this Period 41.66
 Memo Item

C. 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 ▼ 211.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26289
 Amount of Each Receipt this Period 19.23
 Memo Item

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: PAGE 231 OF 258
(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. Kathy C. Warner

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **06 / 17 / 2016**

Transaction ID : SA11AI.26563

Amount of Each Receipt this Period **19.23**

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **04 / 08 / 2016**

Transaction ID : SA11AI.25088

Amount of Each Receipt this Period **38.46**

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 **04 / 22 / 2016**

Transaction ID : SA11AI.25344

Amount of Each Receipt this Period **38.46**

Memo Item

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 232 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. Dale Washington
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **05 / 06 / 2016**
Transaction ID : SA11AI.25760
Amount of Each Receipt this Period **38.46**
 Memo Item

B. Dale Washington
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **05 / 20 / 2016**
Transaction ID : SA11AI.26030
Amount of Each Receipt this Period **38.46**
 Memo Item

C. Dale Washington
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing 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 **06 / 03 / 2016**
Transaction ID : SA11AI.26163
Amount of Each Receipt this Period **38.46**
 Memo Item

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 233 OF 258
	<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	<input type="checkbox"/> 17

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

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

A. Dale Washington
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **461.52**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26436
Amount of Each Receipt this Period **38.46**
 Memo Item

B. William K. Watson
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **280.00**

Date of Receipt **04 / 08 / 2016**
Transaction ID : SA11AI.25055
Amount of Each Receipt this Period **40.00**
 Memo Item

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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **320.00**

Date of Receipt **04 / 22 / 2016**
Transaction ID : SA11AI.25312
Amount of Each Receipt this Period **40.00**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **118.46**
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 234 OF 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. 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 Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : SA11AI.25790

Amount of Each Receipt this Period
 40.00

Memo Item

B. William K. Watson
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.26057

Amount of Each Receipt this Period
 40.00

Memo Item

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 Health Plans, Inc. Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26129

Amount of Each Receipt this Period
 40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 235 OF 258
(check only one)

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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 Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26403

Amount of Each Receipt this Period
 40.00

Memo Item

B. Marcia L. Welch
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26252

Amount of Each Receipt this Period
 19.23

Memo Item

C. Richard A. Wellons
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26234

Amount of Each Receipt this Period
 19.23

Memo Item

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 236 OF 258
	<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	<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 ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26508

Amount of Each Receipt this Period 19.23

Memo Item

B. Michael A. Whitaker
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 06 / 03 / 2016
Transaction ID : SA11AI.26293

Amount of Each Receipt this Period 19.23

Memo Item

C. Michael A. Whitaker
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing 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 06 / 17 / 2016
Transaction ID : SA11AI.26567

Amount of Each Receipt this Period 19.23

Memo Item

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 237 OF 258
(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. Jessica White
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25064
 Amount of Each Receipt this Period 38.46
 Memo Item

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

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25321
 Amount of Each Receipt this Period 38.46
 Memo Item

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

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.25737
 Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 238 OF 258
(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. Jessica White
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.26005
 Amount of Each Receipt this Period
 38.46
 Memo Item

B. Jessica White
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26139
 Amount of Each Receipt this Period
 38.46
 Memo Item

C. Jessica White
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26413
 Amount of Each Receipt this Period
 38.46
 Memo Item

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: PAGE 239 OF 258
(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. Marketa Wills

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
04	/	08	/	2016

Transaction ID : SA11AI.25093

Amount of Each Receipt this Period

38.46

 Memo Item

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

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
04	/	22	/	2016

Transaction ID : SA11AI.25349

Amount of Each Receipt this Period

38.46

 Memo Item

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

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
05	/	06	/	2016

Transaction ID : SA11AI.25767

Amount of Each Receipt this Period

38.46

 Memo Item

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: PAGE 240 OF 258
(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. Marketa Wills
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : SA11AI.26036
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
B. Marketa Wills
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing 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 / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26169
 Amount of Each Receipt this Period 38.46
 Memo Item

Full Name (Last, First, Middle Initial)
C. Marketa Wills
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26442
 Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 241 OF 258
(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. 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 ▼ 211.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26301
 Amount of Each Receipt this Period 19.23
 Memo Item

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 ▼ 230.76

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : SA11AI.26575
 Amount of Each Receipt this Period 19.23
 Memo Item

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 Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : SA11AI.26248
 Amount of Each Receipt this Period 19.23
 Memo Item

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 242 OF 258
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. 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 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
 06 / 17 / 2016
Transaction ID : SA11AI.26523

Amount of Each Receipt this Period
 19.23

Memo Item

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 ▼ 673.05

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2016
Transaction ID : SA11AI.25045

Amount of Each Receipt this Period
 96.15

Memo Item

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 ▼ 769.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 22 / 2016
Transaction ID : SA11AI.25302

Amount of Each Receipt this Period
 96.15

Memo Item

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 243 OF 258
	<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. 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 ▼
865.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016

Transaction ID : SA11AI.25817

Amount of Each Receipt this Period
 96.15

Memo Item

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 ▼
961.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016

Transaction ID : SA11AI.26081

Amount of Each Receipt this Period
 96.15

Memo Item

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 ▼
1057.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : SA11AI.26119

Amount of Each Receipt this Period
 96.15

Memo Item

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 244 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 **1153.80**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26393
Amount of Each Receipt this Period **96.15**
 Memo Item

B. 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 **211.53**

Date of Receipt **06 / 03 / 2016**
Transaction ID : SA11AI.26291
Amount of Each Receipt this Period **19.23**
 Memo Item

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 **230.76**

Date of Receipt **06 / 17 / 2016**
Transaction ID : SA11AI.26565
Amount of Each Receipt this Period **19.23**
 Memo Item

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 245 OF 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. 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 ▼ 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26216
Amount of Each Receipt this Period 19.23
 Memo Item

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 ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26490
Amount of Each Receipt this Period 19.23
 Memo Item

C. 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 Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26200
Amount of Each Receipt this Period 19.23
 Memo Item

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 246 OF 258
	<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. 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 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
06	/	17	/	2016

Transaction ID : SA11AI.26473

Amount of Each Receipt this Period
19.23

Memo Item

B. JoJo M. 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 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
06	/	03	/	2016

Transaction ID : SA11AI.26282

Amount of Each Receipt this Period
19.23

Memo Item

C. JoJo M. 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 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
06	/	17	/	2016

Transaction ID : SA11AI.26556

Amount of Each Receipt this Period
19.23

Memo Item

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 247 OF 258
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 **673.05**

Date of Receipt **04 / 08 / 2016**
Transaction ID : SA11AI.25029
Amount of Each Receipt this Period **96.15**
 Memo Item

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

Date of Receipt **04 / 22 / 2016**
Transaction ID : SA11AI.25286
Amount of Each Receipt this Period **96.15**
 Memo Item

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 **865.35**

Date of Receipt **05 / 06 / 2016**
Transaction ID : SA11AI.25800
Amount of Each Receipt this Period **96.15**
 Memo Item

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 248 OF 258
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **961.50**

Date of Receipt
05 / 20 / 2016
Transaction ID : SA11AI.26064

Amount of Each Receipt this Period
96.15

Memo Item

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1057.65**

Date of Receipt
06 / 03 / 2016
Transaction ID : SA11AI.26102

Amount of Each Receipt this Period
96.15

Memo Item

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 ▼ **1153.80**

Date of Receipt
06 / 17 / 2016
Transaction ID : SA11AI.26376

Amount of Each Receipt this Period
96.15

Memo Item

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 249 OF 258
(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. Annette L. Zerbe

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
06	/	03	/	2016

Transaction ID : SA11AI.26205

Amount of Each Receipt this Period
19.23

Memo Item

Full Name (Last, First, Middle Initial)
B. Annette L. Zerbe

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
06	/	17	/	2016

Transaction ID : SA11AI.26479

Amount of Each Receipt this Period
19.23

Memo Item

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

Mailing Address 8735 Henderson Road

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

FEC ID number of contributing 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
06	/	03	/	2016

Transaction ID : SA11AI.26226

Amount of Each Receipt this Period
19.23

Memo Item

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 250 OF 258
<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. Le Zheng
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26500
Amount of Each Receipt this Period 19.23
 Memo Item

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 ▼ 269.22

Date of Receipt 04 / 08 / 2016
Transaction ID : SA11AI.25062
Amount of Each Receipt this Period 38.46
 Memo Item

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

Date of Receipt 04 / 22 / 2016
Transaction ID : SA11AI.25319
Amount of Each Receipt this Period 38.46
 Memo Item

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 251 OF 258
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

A. 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 ▼ 346.14

Date of Receipt 05 / 06 / 2016
Transaction ID : SA11AI.25733
Amount of Each Receipt this Period 38.46
 Memo Item

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 ▼ 384.60

Date of Receipt 05 / 20 / 2016
Transaction ID : SA11AI.26002
Amount of Each Receipt this Period 38.46
 Memo Item

C. Carlene C. Zincke
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 423.06

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26136
Amount of Each Receipt this Period 38.46
 Memo Item

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: PAGE 252 OF 258
(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. 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 ▼ 461.52

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26410
 Amount of Each Receipt this Period 38.46
 Memo Item

B. 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 ▼ 211.53

Date of Receipt 06 / 03 / 2016
Transaction ID : SA11AI.26296
 Amount of Each Receipt this Period 19.23
 Memo Item

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 ▼ 230.76

Date of Receipt 06 / 17 / 2016
Transaction ID : SA11AI.26570
 Amount of Each Receipt this Period 19.23
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	76.92
TOTAL This Period (last page this line number only).....▶	38029.07

**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. Boozman for Arkansas

Mailing Address P. O. Box 671

City State Zip Code
Rogers AR 72757

Purpose of Disbursement contribution

Candidate Name

John Boozman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AR District:

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2016

Transaction ID : SB23.25540

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Georgians for Isakson

Mailing Address P. O. Box 250116

City State Zip Code
Atlanta GA 30325

Purpose of Disbursement contribution

Candidate Name

John Hardy Isakson

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 00

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2016

Transaction ID : SB23.25536

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Guthrie for Congress

Mailing Address 504 Derek Avenue

City State Zip Code
Elizabethtown KY 42701

Purpose of Disbursement contribution

Candidate Name

S. Brett Guthrie

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2016

Transaction ID : SB23.25539

Amount of Each Disbursement this Period

2500.00

Memo Item

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Hoyer's Majority Fund

Mailing Address 700 13th Stret, N.W.
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement contribution

Candidate Name

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 06 / 2016

Transaction ID : SB23.25543

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Rand Paul Victory Kentucky

Mailing Address P. O. Box 190

City Newport State KY Zip Code 41072

Purpose of Disbursement contribution

Candidate Name

Rand Paul

Office Sought: House
 Senate
 President
State: KY District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 17 / 2016

Transaction ID : SB23.26367

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Roskam for Congress

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement contribution

Candidate Name

Peter Roskam

Office Sought: House
 Senate
 President
State: IL District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 18 / 2016

Transaction ID : SB23.25546

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

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 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. Texans for Senator John Cornyn

Mailing Address P. O. Box 13026

City Austin State TX Zip Code 78711

Purpose of Disbursement contribution

Candidate Name

John Cornyn

Office Sought: House Senate President
State: TX District: 00

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2016

Transaction ID : SB23.25535

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Scott for Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407

Purpose of Disbursement contribution

Candidate Name

Timothy E. Scott

Office Sought: House Senate President
State: SC District: 00

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2016

Transaction ID : SB23.25537

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

10000.00

26000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Tim Moore

Mailing Address 305 E. King Street

City Kings Mountain State NC Zip Code 28086

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2016

Transaction ID : SB29.25276

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Kentucky Democratic Party

Mailing Address P. O. Box 694

City Frankfort State KY Zip Code 40602

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 19 / 2016

Transaction ID : SB29.25547

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Kentucky House Democratic Caucus Committee

Mailing Address P. O. Box 4204

City Frankfort State KY Zip Code 40604

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2016

Transaction ID : SB29.25713

Amount of Each Disbursement this Period

2500.00

Memo Item

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Loveless for Senate 2016

Mailing Address 4701 S.W. 127th

City Oklahoma City State OK Zip Code 73173

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2016

Transaction ID : SB29.26361

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Phil Berger Committee

Mailing Address P. O. Box 1309

City Eden State NC Zip Code 27289

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2016

Transaction ID : SB29.25277

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Phil Berger Committee

Mailing Address P. O. Box 1309

City Eden State NC Zip Code 27289

Purpose of Disbursement Void check dated 1/11/16

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 22 / 2016

Transaction ID : SB29.26357

Amount of Each Disbursement this Period

-2000.00

Memo Item

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

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

500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Texans for Joe Straus

Mailing Address P. O. Box 90388

City San Antonio State TX Zip Code 78209

Purpose of Disbursement
non-federal contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : SB29.25545

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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 Y Y

Amount of Each Disbursement this Period

Memo Item

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

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

2000.00

9500.00