24038470614

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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) — USE FEC MAILING LABEL OR TYPE OR PRINT ▼ — Example: if typing, type over the lines

Wellcare Health Plans, Inc. Good Government Fund

ADDRESS (number and street) ▼ — 6800 N Dale Mabry Hwy

Suite 270

☐ Check if different than previously reported. (ACC)

Tampa — FL — 33614

CITY ▲ — STATE ▲ — ZIPCODE ▲

2. FEC IDENTIFICATION NUMBER ▼ — C00380575

3. IS THIS REPORT — [X] NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- [X] July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Quarterly Report (YE)
- ☐ July 31 Mid-Year Report (Non-Election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

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

- ☐ Primary (12P)
- ☐ Convention (12C)
- ☐ General (12G)
- ☐ Special (12S)
- ☐ Runoff (12R)

Election on ☐ ☐ ☐ in the State of ☐

(d) 30-Day Post-Election Report for the:

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

Election on ☐ ☐ ☐ in the State of ☐

5. Covering Period 04 01 2004 through 06 30 2004

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

Type or Print Name of Treasurer: David K Smith

Signature of Treasurer: Electronically Filed by [signature] Date 07 19 2004

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

Office Use Only

FEC FORM 3X (Rev. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
Welscare Health Plans, Inc. Good Government Fund

Report Covering the Period: From: 04 01 2004 To: 06 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. (a) Cash on Hand January 1 2004		0.00
(b) Cash on Hand at Begining of Reporting Period	10025.00	
(c) Total Receipts (from Line 19)	25338.00	35363.00
(d) Subtotal (add lines 5(b) and 5(c) for Column A and Lines 5(a) and 5(c) for Column B)	35363.00	35363.00
7. Total Disbursements (from Line 31)	8135.27	8135.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 5(d))	27227.73	27227.73
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D)	0.00	

[X] 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. 02/2003)

Write or Type Committee Name
Wellcare Health Plans, Inc. Good Government Fund

Report Covering the Period: From: 04 01 2004 To: 06 30 2004

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)	21625.00	
(ii) Unitemized	3713.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)	25338.00	35363.00
(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)	25338.00	35363.00
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 Transfer (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))	25338.00	35363.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	25338.00	35363.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	8000.00	8000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	135.27	135.27
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))	8135.27	8135.27
32. Total Federal Disbursements (subtract Line 21(b)(ii) from Line 30(a)(ii) from Line 31)	8135.27	8135.27

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	25338.00	35363.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25338.00	35363.00
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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 16
(check only one)
[X] 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. Good Government Fund

A. Full Name (Last, First, Middle Initial)
paul behrens
Mailing Address 9401 woodbey dr
City: tampa State: FL Zip Code: 33626
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1200.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.4261
Amount of Each Receipt this Period: 1200.00
payroll deduction

B. Full Name (Last, First, Middle Initial)
jay brown
Mailing Address 3065 fermanagh dr
City: tallahassee State: FL Zip Code: 32309
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 350.00
Date of Receipt: 06 06 2004
Transaction ID: SA11A1.4283
Amount of Each Receipt this Period: 350.00
check and payroll deduction

C. Full Name (Last, First, Middle Initial)
todd tebo
Mailing Address 945 bayshore blvd
City: tampa State: FL Zip Code: 33606
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3000.00
Date of Receipt: 06 30 2004
Transaction ID: SA11A1.4277
Amount of Each Receipt this Period: 3000.00
payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 4550.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 16

[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
david hart
Mailing Address 10606 rochester way
City: tampa State: FL Zip Code: 33626
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: SA11A1.4285
Amount of Each Receipt this Period: 250.00
payroll deduction

B. Full Name (Last, First, Middle Initial)
tanya hillary
Mailing Address 4109 emperdrado st
City: tampa State: FL Zip Code: 33629
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: SA11A1.4287
Amount of Each Receipt this Period: 250.00
payroll deduction

C. Full Name (Last, First, Middle Initial)
stephen jones
Mailing Address 9506 harpender way
City: tampa State: FL Zip Code: 33626
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: SA11A1.4291
Amount of Each Receipt this Period: 300.00
payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 16
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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

A.
Full Name (Last, First, Middle Initial)
vincent kung
Mailing Address 690 monte cristo blvd
City: tierra verde
State: FL
Zip Code: 33715
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 06 30 2004
Transaction ID: SA11A1.4295
Amount of Each Receipt this Period: 500.00
payroll deduction

B.
Full Name (Last, First, Middle Initial)
gesham mitchum
Mailing Address 10206 tarpon dr
City: treasure island
State: FL
Zip Code: 33706
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 01 2004
Transaction ID: SA11A1.4170
Amount of Each Receipt this Period: 500.00
check

C.
Full Name (Last, First, Middle Initial)
sharon nisbet
Mailing Address 2635 cedar view ct
City: clearwater
State: FL
Zip Code: 33761
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 250.00

Date of Receipt: 04 10 2004
Transaction ID: SA11A1.4176
Amount of Each Receipt this Period: 250.00
check

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

24038470622

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 16
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (in Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
steve ogilvie
Mailing Address 12039 tuscany bay dr
City tampa State FL Zip Code 33626
FEC ID number of contributing federal political committee. C
Name of Employer wellcare
Occupation manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 300.00

Date of Receipt 06 / 30 / 2004
Transaction ID: SA11A1.4308
Amount of Each Receipt this Period 300.00
payroll deduction

B. Full Name (Last, First, Middle Initial)
daniel parisi
Mailing Address 499 broadway apt 8d
City white plains State NY Zip Code 10603
FEC ID number of contributing federal political committee. C
Name of Employer wellcare
Occupation manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt 04 / 05 / 2004
Transaction ID: SA11A1.4178
Amount of Each Receipt this Period 500.00
check

C. Full Name (Last, First, Middle Initial)
jeffrey porter
Mailing Address 401 harbour pl dr 1127
City tampa State FL Zip Code 33602
FEC ID number of contributing federal political committee. C
Name of Employer wellcare
Occupation manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date 500.00

Date of Receipt 04 / 05 / 2004
Transaction ID: SA11A1.4236
Amount of Each Receipt this Period 500.00
check

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

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

24038470623

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) | PAGE 10 / 15

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (in Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
scott pheek

Mailing Address 12271 lexington park
103

City: tampa | State: FL | Zip Code: 33626

FEC ID number of contributing federal political committee: C

Name of Employer: wellcare

Occupation: manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 250.00

Date of Receipt: 04 05 2004

Transaction ID: SA11A1.4298

Amount of Each Receipt this Period: 250.00

check

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

Mailing Address 5416 avenue simone

City: lutz | State: FL | Zip Code: 33558

FEC ID number of contributing federal political committee: C

Name of Employer: wellcare

Occupation: manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 3000.00

Date of Receipt: 06 30 2004

Transaction ID: SA11A1.4318

Amount of Each Receipt this Period: 3000.00

payroll deduction

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

Mailing Address 2508 lake ellen dr

City: tampa | State: FL | Zip Code: 33618

FEC ID number of contributing federal political committee: C

Name of Employer: wellcare

Occupation: manager

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date: 2000.00

Date of Receipt: 06 30 2004

Transaction ID: SA11A1.4324

Amount of Each Receipt this Period: 2000.00

payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 5250.00

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

24038470624

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 / 16

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

A.
Full Name (Last, First, Middle Initial): jack sheemaker
Mailing Address: 14 lavelwind ct
City: greensboro
State: FL
Zip Code: 27455
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 02 / 2004
Transaction ID: SA11A1.4186
Amount of Each Receipt this Period: 500.00
check

B.
Full Name (Last, First, Middle Initial): john siegel
Mailing Address: 12203 rebeccas run drive
City: winter garden
State: FL
Zip Code: 34787
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3000.00
Date of Receipt: 04 / 01 / 2004
Transaction ID: SA11A1.4190
Amount of Each Receipt this Period: 3000.00
check

C.
Full Name (Last, First, Middle Initial): robert steele
Mailing Address: 2402 w azeele st 417
City: tampa
State: FL
Zip Code: 33609
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 04 / 02 / 2004
Transaction ID: SA11A1.4229
Amount of Each Receipt this Period: 500.00
check

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

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

24038470625

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 12 / 16
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
david smith
Mailing Address 12603 clendenning dr
City: tampa State: FL Zip Code: 33615
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 600.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: SA11A1.4326
Amount of Each Receipt this Period: 600.00
payroll deduction

B. Full Name (Last, First, Middle Initial)
william white
Mailing Address 1943 floresta view dr
City: tampa State: FL Zip Code: 33615
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 04 / 13 / 2004
Transaction ID: SA11A1.4137
Amount of Each Receipt this Period: 500.00
check

C. Full Name (Last, First, Middle Initial)
diane wilcox
Mailing Address 2065 iowa ave ne
City: st petersburg State: FL Zip Code: 33703
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 375.00

Date of Receipt: 06 / 30 / 2004
Transaction ID: SA11A1.4330
Amount of Each Receipt this Period: 375.00
payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ 1475.00

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

24038470626

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 16
(check only one)
X 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
randal zomermeerd

Mailing Address 105 s bermuda ave

City: tampa
State: FL
Zip Code: 33606

FEC ID number of contributing federal political committee: C

Name of Employer: wellcare
Occupation: manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 3000.00

Date of Receipt: 04 06 2004

Transaction ID: SA11A1.4227

Amount of Each Receipt this Period: 3000.00

check

SUBTOTAL of Receipts This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶ 21625.00

24038470627

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) PAGE 14 / 18

[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
BEV KILMER FOR CONGRESS

Mailing Address P. O. Box 10278

City Tallahassee State FL Zip Code 32302

Purpose of Disbursement
check
Candidate Name

011 Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 02

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB23.4216
Date of Disbursement 04 / 15 / 2004
Amount of Each Disbursement this Period 500.00

B. Full Name (Last, First, Middle Initial)
CAROLE GREEN FOR CONGRESS

Mailing Address 9131 COLLEGE PARKWAY 1S-2 #217

City FORT MYERS State FL Zip Code 33919

Purpose of Disbursement
check
Candidate Name

011 Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 14

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB23.4222
Date of Disbursement 04 / 15 / 2004
Amount of Each Disbursement this Period 2000.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHNNIE BYRD

Mailing Address PO BOX 666

City PLANT CITY State FL Zip Code 33564

Purpose of Disbursement
check
Candidate Name

011 Category/Type

Office Sought: [ ] House [X] Senate [ ] President
State: FL District: 00

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB23.4220
Date of Disbursement 04 / 15 / 2004
Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

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)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
FRIENDS OF KATHERINE HARRIS

Mailing Address P. O. Box 25187

City Sarasota State FL Zip Code 34277

Purpose of Disbursement
check

Candidate Name

Category/Type 011

Office Sought: [X] House [ ] Senate [ ] President
State FL District 13

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB23.421B
Date of Disbursement 04 / 15 / 2004
Amount of Each Disbursement this Period 2000.00

B. Full Name (Last, First, Middle Initial)
TOM FEENEY FOR CONGRESS

Mailing Address 1420 Alafaya Trail #103

City Oviedo State FL Zip Code 32765

Purpose of Disbursement
check

Candidate Name

Category/Type 011

Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 24

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB23.4214
Date of Disbursement 04 / 15 / 2004
Amount of Each Disbursement this Period 500.00

C. Full Name (Last, First, Middle Initial)
PATRICK JOSEPH TOOMEY

Mailing Address 5250 WHEATLAND DRIVE

City ZIONSVILLE State PA Zip Code 18092

Purpose of Disbursement

Candidate Name
PATRICK JOSEPH TOOMEY

Category/Type 011

Office Sought: [ ] House [X] Senate [ ] President
State: PA District: 00

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Transaction ID: SB23.4255
Date of Disbursement 04 / 26 / 2004
Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶ 8000.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
wachovia bank

Mailing Address po box 563986

City charlotte State NC Zip Code 28262

Purpose of Disbursement
service charges

Candidate Name

001 Category/Type

Transaction ID: SB28.4211

Date of Disbursement
06 / 30 / 2004

Amount of Each Disbursement this Period
135.27

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶ 135.27

TOTAL This Period (last page this line number only) ▶ 135.27

24038470630

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
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☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
PREPARER	7-20-04 DATE PREPARED

(5/2004)