

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Coventry Health Care Inc - First Health Group PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="134142.76"/>	<input type="text" value="134142.76"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="160700.90"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4354.02"/>	<input type="text" value="36412.16"/>
(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="165054.92"/>	<input type="text" value="170554.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1500.00"/>	<input type="text" value="7000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="163554.92"/>	<input type="text" value="163554.92"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Coventry Health Care Inc - First Health Group 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).....	4273.02	29448.30
(ii) Unitemized	81.00	6963.86
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4354.02	36412.16
(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)	4354.02	36412.16
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))..... ▶	4354.02	36412.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4354.02	36412.16

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.....	0.00	0.00
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	1500.00	7000.00
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)) ..	1500.00	7000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	7000.00

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)	4354.02	36412.16
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4354.02	36412.16
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:
Transaction ID:

**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 37
	<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)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial) A. Denis Ameye		Date of Receipt
Mailing Address 3606 Conrad Street		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City Philadelphia	State PA	Zip Code 19129
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2012-2370253
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="880.00"/>	

Full Name (Last, First, Middle Initial) B. Denis Ameye		Date of Receipt
Mailing Address 3606 Conrad Street		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City Philadelphia	State PA	Zip Code 19129
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2012-2370289
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="920.00"/>	

Full Name (Last, First, Middle Initial) C. Denis Ameye		Date of Receipt
Mailing Address 3606 Conrad Street		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City Philadelphia	State PA	Zip Code 19129
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2012-2370324
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		<input type="text" value="40.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="960.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="120.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 8 OF 37
(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)
Coventry Health Care Inc - First Health Group PAC

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

Mailing Address 4669 W. Vista Drive

City Highland	State UT	Zip Code 84003
------------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation Manager
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : A2012-2370236

Amount of Each Receipt this Period
75.00

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

Mailing Address 4669 W. Vista Drive

City Highland	State UT	Zip Code 84003
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FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc.	Occupation Manager
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1725.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : A2012-2370272

Amount of Each Receipt this Period
75.00

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

Mailing Address 4669 W. Vista Drive

City Highland	State UT	Zip Code 84003
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FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc.	Occupation Manager
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : A2012-2370308

Amount of Each Receipt this Period
75.00

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:	PAGE 9 OF 37
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial) A. Pamela Barnes		Date of Receipt
Mailing Address 4985 N. Circulo Buja		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City Tucson State AZ Zip Code 85718		Transaction ID : A2012-2370222
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) B. Pamela Barnes		Date of Receipt
Mailing Address 4985 N. Circulo Buja		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City Tucson State AZ Zip Code 85718		Transaction ID : A2012-2370258
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="230.00"/>	

Full Name (Last, First, Middle Initial) C. Pamela Barnes		Date of Receipt
Mailing Address 4985 N. Circulo Buja		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City Tucson State AZ Zip Code 85718		Transaction ID : A2012-2370294
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="240.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="30.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 37
<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)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial) A. Edward Borovatz		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2012 Transaction ID : A2012-2370224
Mailing Address 14742 Rolling Spring Drive		Amount of Each Receipt this Period 35.00
City Midlothian State VA Zip Code 23114	FEC ID number of contributing federal political committee. C	
Name of Employer Coventry Health Care Inc. Occupation Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 770.00

Full Name (Last, First, Middle Initial) B. Edward Borovatz		Date of Receipt M M / D D / Y Y Y Y Y 11 / 09 / 2012 Transaction ID : A2012-2370260
Mailing Address 14742 Rolling Spring Drive		Amount of Each Receipt this Period 35.00
City Midlothian State VA Zip Code 23114	FEC ID number of contributing federal political committee. C	
Name of Employer Coventry Health Care Inc. Occupation Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 805.00

Full Name (Last, First, Middle Initial) C. Edward Borovatz		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2012 Transaction ID : A2012-2370296
Mailing Address 14742 Rolling Spring Drive		Amount of Each Receipt this Period 35.00
City Midlothian State VA Zip Code 23114	FEC ID number of contributing federal political committee. C	
Name of Employer Coventry Health Care Inc. Occupation Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00

SUBTOTAL of Receipts This Page (optional).....▶	105.00
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 11 OF 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Coventry Health Care Inc - First Health Group PAC

A. Brian Britt
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 West Meadow Drive
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coventry Health Care Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : A2012-2370237
 Amount of Each Receipt this Period
 40.00

B. Brian Britt
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 West Meadow Drive
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coventry Health Care Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : A2012-2370273
 Amount of Each Receipt this Period
 40.00

C. Brian Britt
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 West Meadow Drive
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coventry Health Care Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : A2012-2370309
 Amount of Each Receipt this Period
 40.00

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: (check only one)	PAGE 12 OF 37
	<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)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial) A. Howard Cutler		Date of Receipt
Mailing Address 625 Wyndrise Drive		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City State Zip Code Blue Bell PA 19422		Transaction ID : A2012-2370245
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3300.00"/>	

Full Name (Last, First, Middle Initial) B. Howard Cutler		Date of Receipt
Mailing Address 625 Wyndrise Drive		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City State Zip Code Blue Bell PA 19422		Transaction ID : A2012-2370281
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3450.00"/>	

Full Name (Last, First, Middle Initial) C. Howard Cutler		Date of Receipt
Mailing Address 625 Wyndrise Drive		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City State Zip Code Blue Bell PA 19422		Transaction ID : A2012-2370316
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="150.00"/>
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3600.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 OF 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial)
A. Adrian Engels

Mailing Address 2523 Oak Grove Drive

City State Zip Code
Sandy UT 84092

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

Name of Employer Occupation
Coventry Health Care Inc. Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : A2012-2370220

Amount of Each Receipt this Period
10.00

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

Mailing Address 2523 Oak Grove Drive

City State Zip Code
Sandy UT 84092

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

Name of Employer Occupation
Coventry Health Care Inc. Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : A2012-2370256

Amount of Each Receipt this Period
10.00

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

Mailing Address 2523 Oak Grove Drive

City State Zip Code
Sandy UT 84092

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

Name of Employer Occupation
Coventry Health Care Inc. Supervisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : A2012-2370292

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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 14 OF 37
<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)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial) A. David Fields		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2012 Transaction ID : A2012-2370251
Mailing Address 465 Scaife Road		Amount of Each Receipt this Period 192.00
City Sewickley	State PA	Zip Code 15143
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4224.00	

Full Name (Last, First, Middle Initial) B. David Fields		Date of Receipt M M / D D / Y Y Y Y Y 11 / 09 / 2012 Transaction ID : A2012-2370287
Mailing Address 465 Scaife Road		Amount of Each Receipt this Period 192.00
City Sewickley	State PA	Zip Code 15143
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4416.00	

Full Name (Last, First, Middle Initial) C. David Fields		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2012 Transaction ID : A2012-2370322
Mailing Address 465 Scaife Road		Amount of Each Receipt this Period 192.00
City Sewickley	State PA	Zip Code 15143
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4608.00	

SUBTOTAL of Receipts This Page (optional).....▶	576.00
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 15 OF 37
	<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)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial) A. Nicholas Guarneschelli		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2012 Transaction ID : A2012-2370243
Mailing Address 5775 Nesbit Drive		Amount of Each Receipt this Period 15.00
City Harrisburg State PA Zip Code 17112	FEC ID number of contributing federal political committee. C	
Name of Employer Coventry Health Care Inc. Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00

Full Name (Last, First, Middle Initial) B. Nicholas Guarneschelli		Date of Receipt M M / D D / Y Y Y Y Y 11 / 09 / 2012 Transaction ID : A2012-2370279
Mailing Address 5775 Nesbit Drive		Amount of Each Receipt this Period 15.00
City Harrisburg State PA Zip Code 17112	FEC ID number of contributing federal political committee. C	
Name of Employer Coventry Health Care Inc. Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00

Full Name (Last, First, Middle Initial) C. Nicholas Guarneschelli		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2012 Transaction ID : A2012-2370315
Mailing Address 5775 Nesbit Drive		Amount of Each Receipt this Period 15.00
City Harrisburg State PA Zip Code 17112	FEC ID number of contributing federal political committee. C	
Name of Employer Coventry Health Care Inc. Occupation Manager	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

SUBTOTAL of Receipts This Page (optional).....▶	45.00
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 16 OF 37
	<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)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial) A. Greg Hale		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 26 / 2012 Transaction ID : A2012-2370219
Mailing Address 1615 William Penn Drive		Amount of Each Receipt this Period 14.04
City Naperville	State IL	Zip Code 60563
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.88	

Full Name (Last, First, Middle Initial) B. Greg Hale		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 09 / 2012 Transaction ID : A2012-2370255
Mailing Address 1615 William Penn Drive		Amount of Each Receipt this Period 14.04
City Naperville	State IL	Zip Code 60563
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.92	

Full Name (Last, First, Middle Initial) C. Greg Hale		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 23 / 2012 Transaction ID : A2012-2370291
Mailing Address 1615 William Penn Drive		Amount of Each Receipt this Period 14.04
City Naperville	State IL	Zip Code 60563
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.96	

SUBTOTAL of Receipts This Page (optional).....▶	42.12
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 17 OF 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Coventry Health Care Inc - First Health Group PAC

A. Janet Hamner
 Full Name (Last, First, Middle Initial)
 Mailing Address 10219 Pemcrest
 City San Antonio State TX Zip Code 78240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coventry Health Care Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 858.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : A2012-2370240
 Amount of Each Receipt this Period
 39.00

B. Janet Hamner
 Full Name (Last, First, Middle Initial)
 Mailing Address 10219 Pemcrest
 City San Antonio State TX Zip Code 78240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coventry Health Care Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 897.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : A2012-2370276
 Amount of Each Receipt this Period
 39.00

C. Janet Hamner
 Full Name (Last, First, Middle Initial)
 Mailing Address 10219 Pemcrest
 City San Antonio State TX Zip Code 78240
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coventry Health Care Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : A2012-2370312
 Amount of Each Receipt this Period
 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.00
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 18 OF 37
<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)
Coventry Health Care Inc - First Health Group PAC

A. Lovell Harmon
Full Name (Last, First, Middle Initial)
Mailing Address 123 Ithan Lane

City Collegeville	State PA	Zip Code 19426
----------------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation Manager
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : A2012-2370246

Amount of Each Receipt this Period
50.00

B. Lovell Harmon
Full Name (Last, First, Middle Initial)
Mailing Address 123 Ithan Lane

City Collegeville	State PA	Zip Code 19426
----------------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation Manager
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : A2012-2370282

Amount of Each Receipt this Period
50.00

C. Lovell Harmon
Full Name (Last, First, Middle Initial)
Mailing Address 123 Ithan Lane

City Collegeville	State PA	Zip Code 19426
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FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc.	Occupation Manager
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : A2012-2370317

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional).....▶	150.00
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 19 OF 37
<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)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial) A. Kim Isbell		Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2012 Transaction ID : A2012-2370223
Mailing Address 6140 Moss Rose Lane		Amount of Each Receipt this Period 20.00
City Aubrey	State TX	Zip Code 76227
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Kim Isbell		Date of Receipt M M / D D / Y Y Y Y Y 11 / 09 / 2012 Transaction ID : A2012-2370259
Mailing Address 6140 Moss Rose Lane		Amount of Each Receipt this Period 20.00
City Aubrey	State TX	Zip Code 76227
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) C. Kim Isbell		Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2012 Transaction ID : A2012-2370295
Mailing Address 6140 Moss Rose Lane		Amount of Each Receipt this Period 20.00
City Aubrey	State TX	Zip Code 76227
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
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 20 OF 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial)
A. Cherie Ivory
 Mailing Address 1326 Arrowood Drive
 City State Zip Code
 Pittsburgh PA 15243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Coventry Health Care Inc. Manager
 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
 10 / 26 / 2012
Transaction ID : A2012-2370248
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
B. Cherie Ivory
 Mailing Address 1326 Arrowood Drive
 City State Zip Code
 Pittsburgh PA 15243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Coventry Health Care Inc. Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : A2012-2370284
 Amount of Each Receipt this Period
 20.00

Full Name (Last, First, Middle Initial)
C. Cherie Ivory
 Mailing Address 1326 Arrowood Drive
 City State Zip Code
 Pittsburgh PA 15243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Coventry Health Care Inc. Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : A2012-2370319
 Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
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 21 OF 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Coventry Health Care Inc - First Health Group PAC

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

Mailing Address 3931 Trials Way West

City State Zip Code
 Doylestown PA 18902

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

Name of Employer Occupation
 Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 858.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : A2012-2370252

Amount of Each Receipt this Period
 39.00

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

Mailing Address 3931 Trials Way West

City State Zip Code
 Doylestown PA 18902

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

Name of Employer Occupation
 Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 897.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : A2012-2370288

Amount of Each Receipt this Period
 39.00

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

Mailing Address 3931 Trials Way West

City State Zip Code
 Doylestown PA 18902

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

Name of Employer Occupation
 Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 936.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : A2012-2370323

Amount of Each Receipt this Period
 39.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 117.00

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 22 OF 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Coventry Health Care Inc - First Health Group PAC

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

Mailing Address 622 Brookhaven Court

City State Zip Code
 St. Louis MO 63122

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

Name of Employer Occupation
 Coventry Health Care Inc. Manager

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
 10 / 26 / 2012
Transaction ID : A2012-2370241

Amount of Each Receipt this Period
 20.00

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

Mailing Address 622 Brookhaven Court

City State Zip Code
 St. Louis MO 63122

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

Name of Employer Occupation
 Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 460.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : A2012-2370277

Amount of Each Receipt this Period
 20.00

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

Mailing Address 622 Brookhaven Court

City State Zip Code
 St. Louis MO 63122

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

Name of Employer Occupation
 Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : A2012-2370313

Amount of Each Receipt this Period
 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00

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 23 OF 37
	<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)
Coventry Health Care Inc - First Health Group PAC

A. Kenneth Kurzendoerfer

Full Name (Last, First, Middle Initial)
Mailing Address 510 Remington Road

City San Diego State CA Zip Code 92115

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
10 / 26 / 2012

Transaction ID : A2012-2370227

Amount of Each Receipt this Period
25.00

B. Kenneth Kurzendoerfer

Full Name (Last, First, Middle Initial)
Mailing Address 510 Remington Road

City San Diego State CA Zip Code 92115

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
11 / 09 / 2012

Transaction ID : A2012-2370263

Amount of Each Receipt this Period
25.00

C. Kenneth Kurzendoerfer

Full Name (Last, First, Middle Initial)
Mailing Address 510 Remington Road

City San Diego State CA Zip Code 92115

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
11 / 23 / 2012

Transaction ID : A2012-2370299

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 24 OF 37
	<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)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial)
A. Joan Liberatore

Mailing Address 1549 Virginia Avenue

City Monaca State PA Zip Code 15061

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
10 / 26 / 2012
Transaction ID : A2012-2370225

Amount of Each Receipt this Period
25.00

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

Mailing Address 1549 Virginia Avenue

City Monaca State PA Zip Code 15061

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
11 / 09 / 2012
Transaction ID : A2012-2370261

Amount of Each Receipt this Period
25.00

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

Mailing Address 1549 Virginia Avenue

City Monaca State PA Zip Code 15061

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
11 / 23 / 2012
Transaction ID : A2012-2370297

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... **75.00**

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 25 OF 37
	<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)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial) A. Dawn Milstead			Date of Receipt
Mailing Address 1611 Baldwin Lane			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	Transaction ID : A2012-2370249
Harrisburg	PA	17110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="75.00"/>
Name of Employer	Occupation		
Coventry Health Care Inc.	Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1650.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dawn Milstead			Date of Receipt
Mailing Address 1611 Baldwin Lane			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	Transaction ID : A2012-2370285
Harrisburg	PA	17110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="75.00"/>
Name of Employer	Occupation		
Coventry Health Care Inc.	Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1725.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dawn Milstead			Date of Receipt
Mailing Address 1611 Baldwin Lane			<input type="text" value="M M M"/> / <input type="text" value="D D D"/> / <input type="text" value="Y Y Y Y Y Y"/>
City	State	Zip Code	Transaction ID : A2012-2370320
Harrisburg	PA	17110	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="75.00"/>
Name of Employer	Occupation		
Coventry Health Care Inc.	Manager		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1800.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 37
<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)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial) A. Timothy Nolan		Date of Receipt
Mailing Address 17 Greenbriar Circle		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City State Zip Code Newtown PA 18940		Transaction ID : A2012-2370242
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="192.30"/>
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4230.60"/>	

Full Name (Last, First, Middle Initial) B. Timothy Nolan		Date of Receipt
Mailing Address 17 Greenbriar Circle		<input type="text" value="11"/> / <input type="text" value="09"/> / <input type="text" value="2012"/>
City State Zip Code Newtown PA 18940		Transaction ID : A2012-2370278
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="192.30"/>
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4422.90"/>	

Full Name (Last, First, Middle Initial) C. Timothy Nolan		Date of Receipt
Mailing Address 17 Greenbriar Circle		<input type="text" value="11"/> / <input type="text" value="23"/> / <input type="text" value="2012"/>
City State Zip Code Newtown PA 18940		Transaction ID : A2012-2370314
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="192.30"/>
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="4615.20"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="576.90"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 37
<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)
Coventry Health Care Inc - First Health Group PAC

A. Mary Louise Osborne
Full Name (Last, First, Middle Initial)
Mailing Address 234 Overbrook Road

City Valencia	State PA	Zip Code 16059
------------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation Manager
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1760.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : A2012-2370238

Amount of Each Receipt this Period

80.00

B. Mary Louise Osborne
Full Name (Last, First, Middle Initial)
Mailing Address 234 Overbrook Road

City Valencia	State PA	Zip Code 16059
------------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation Manager
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1840.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : A2012-2370274

Amount of Each Receipt this Period

80.00

C. Mary Louise Osborne
Full Name (Last, First, Middle Initial)
Mailing Address 234 Overbrook Road

City Valencia	State PA	Zip Code 16059
------------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation Manager
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1920.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : A2012-2370310

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional).....▶	240.00
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 28 OF 37
(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)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial)
A. Douglas Porter

Mailing Address 5 Goff Road

City Annville	State PA	Zip Code 17003
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FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc.	Occupation Manager
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : A2012-2370247

Amount of Each Receipt this Period
100.00

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

Mailing Address 5 Goff Road

City Annville	State PA	Zip Code 17003
------------------	-------------	-------------------

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

Name of Employer Coventry Health Care Inc.	Occupation Manager
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : A2012-2370283

Amount of Each Receipt this Period
100.00

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

Mailing Address 5 Goff Road

City Annville	State PA	Zip Code 17003
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FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc.	Occupation Manager
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2012

Transaction ID : A2012-2370318

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 29 OF 37
	<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)
Coventry Health Care Inc - First Health Group PAC

A. Sabrina Rajendran
Full Name (Last, First, Middle Initial)

Mailing Address 111 Patrick Avenue

City Willow Springs State IL Zip Code 60480

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : A2012-2370235

Amount of Each Receipt this Period
25.00

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

Mailing Address 111 Patrick Avenue

City Willow Springs State IL Zip Code 60480

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : A2012-2370271

Amount of Each Receipt this Period
25.00

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

Mailing Address 111 Patrick Avenue

City Willow Springs State IL Zip Code 60480

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : A2012-2370307

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 30 OF 37 (check only one)
<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)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial) A. Steven Robino		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2012 Transaction ID : A2012-2370231
Mailing Address 12915 Grant Street		Amount of Each Receipt this Period 30.00
City Overland Park	State KS	Zip Code 66213
FEC ID number of contributing federal political committee. C		
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 660.00	

Full Name (Last, First, Middle Initial) B. Steven Robino		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 09 / 2012 Transaction ID : A2012-2370267
Mailing Address 12915 Grant Street		Amount of Each Receipt this Period 30.00
City Overland Park	State KS	Zip Code 66213
FEC ID number of contributing federal political committee. C		
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	

Full Name (Last, First, Middle Initial) C. Steven Robino		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 23 / 2012 Transaction ID : A2012-2370303
Mailing Address 12915 Grant Street		Amount of Each Receipt this Period 30.00
City Overland Park	State KS	Zip Code 66213
FEC ID number of contributing federal political committee. C		
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 31 OF 37
(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)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial)
A. Rebecca Sanborn

Mailing Address P. O. Box 644

City Saint Albans	State MO	Zip Code 63073-0644
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FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc.	Occupation Manager
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : A2012-2370234

Amount of Each Receipt this Period

25.00

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

Mailing Address P. O. Box 644

City Saint Albans	State MO	Zip Code 63073-0644
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FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc.	Occupation Manager
---	-----------------------

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
11	/	09	/	2012

Transaction ID : A2012-2370270

Amount of Each Receipt this Period

25.00

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

Mailing Address P. O. Box 644

City Saint Albans	State MO	Zip Code 63073-0644
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FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc.	Occupation Manager
---	-----------------------

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
11	/	23	/	2012

Transaction ID : A2012-2370306

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional).....▶	75.00
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 32 OF 37 (check only one)
<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)
Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial) A. Daniel Scherr			Date of Receipt M M / D D / Y Y Y Y Y 10 / 26 / 2012 Transaction ID : A2012-2370218		
Mailing Address 4679 Shelley Lane			Amount of Each Receipt this Period 10.00		
City Ellicott City	State MD	Zip Code 21043			
FEC ID number of contributing federal political committee. C					
Name of Employer Coventry Health Care Inc.		Occupation Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00			

Full Name (Last, First, Middle Initial) B. Daniel Scherr			Date of Receipt M M / D D / Y Y Y Y Y 11 / 09 / 2012 Transaction ID : A2012-2370254		
Mailing Address 4679 Shelley Lane			Amount of Each Receipt this Period 10.00		
City Ellicott City	State MD	Zip Code 21043			
FEC ID number of contributing federal political committee. C					
Name of Employer Coventry Health Care Inc.		Occupation Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00			

Full Name (Last, First, Middle Initial) C. Daniel Scherr			Date of Receipt M M / D D / Y Y Y Y Y 11 / 23 / 2012 Transaction ID : A2012-2370290		
Mailing Address 4679 Shelley Lane			Amount of Each Receipt this Period 10.00		
City Ellicott City	State MD	Zip Code 21043			
FEC ID number of contributing federal political committee. C					
Name of Employer Coventry Health Care Inc.		Occupation Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00			

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 33 OF 37
	<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)
Coventry Health Care Inc - First Health Group PAC

A. Ann Stoepfelwerth
 Full Name (Last, First, Middle Initial)
 Mailing Address 4360 S. Victor Avenue
 City State Zip Code
 Tulsa OK 74105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Coventry Health Care Inc. Occupation: Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **836.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : A2012-2370239
 Amount of Each Receipt this Period
38.00

B. Ann Stoepfelwerth
 Full Name (Last, First, Middle Initial)
 Mailing Address 4360 S. Victor Avenue
 City State Zip Code
 Tulsa OK 74105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Coventry Health Care Inc. Occupation: Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **874.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : A2012-2370275
 Amount of Each Receipt this Period
38.00

C. Ann Stoepfelwerth
 Full Name (Last, First, Middle Initial)
 Mailing Address 4360 S. Victor Avenue
 City State Zip Code
 Tulsa OK 74105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Coventry Health Care Inc. Occupation: Manager
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **912.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : A2012-2370311
 Amount of Each Receipt this Period
38.00

SUBTOTAL of Receipts This Page (optional).....	114.00
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 34 OF 37
	<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)
Coventry Health Care Inc - First Health Group PAC

A. Jerome Wall
Full Name (Last, First, Middle Initial)

Mailing Address 8511 Breezewood Drive

City Pittsburgh State PA Zip Code 15237

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2012
Transaction ID : A2012-2370232

Amount of Each Receipt this Period
 10.00

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

Mailing Address 8511 Breezewood Drive

City Pittsburgh State PA Zip Code 15237

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 09 / 2012
Transaction ID : A2012-2370268

Amount of Each Receipt this Period
 10.00

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

Mailing Address 8511 Breezewood Drive

City Pittsburgh State PA Zip Code 15237

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 23 / 2012
Transaction ID : A2012-2370304

Amount of Each Receipt this Period
 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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 35 OF 37
	<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)
Coventry Health Care Inc - First Health Group PAC

A. Lisa Williams
Full Name (Last, First, Middle Initial)
Mailing Address 209 New Salem Drive

City	State	Zip Code
St. Louis	MO	63141

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

Name of Employer	Occupation
Coventry Health Care Inc.	Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : A2012-2370244

Amount of Each Receipt this Period

15.00

B. Lisa Williams
Full Name (Last, First, Middle Initial)
Mailing Address 209 New Salem Drive

City	State	Zip Code
St. Louis	MO	63141

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

Name of Employer	Occupation
Coventry Health Care Inc.	Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	09	/	2012

Transaction ID : A2012-2370280

Amount of Each Receipt this Period

15.00

C. Rachel Zektser
Full Name (Last, First, Middle Initial)
Mailing Address 2002 William Franklin Drive

City	State	Zip Code
Frederick MD 21702	MD	21702

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

Name of Employer	Occupation
Coventry Health Care Inc.	Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	26	/	2012

Transaction ID : A2012-2370233

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional).....▶	40.00
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 36 OF 37
	<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)
Coventry Health Care Inc - First Health Group PAC

A. Rachel Zektser
Full Name (Last, First, Middle Initial)

Mailing Address 2002 William Franklin Drive

City State Zip Code
Frederick MD 21702

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

Name of Employer Occupation
Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 09 / 2012
Transaction ID : A2012-2370269

Amount of Each Receipt this Period
10.00

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

Mailing Address 2002 William Franklin Drive

City State Zip Code
Frederick MD 21702

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

Name of Employer Occupation
Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 23 / 2012
Transaction ID : A2012-2370305

Amount of Each Receipt this Period
10.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	4273.02

**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)

Coventry Health Care Inc - First Health Group PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect Jim Brochin

Mailing Address 1010 Hull Street

City Baltimore State MD Zip Code 21230

Purpose of Disbursement
P-2014 State Senate 42 MD

011

Category/
Type

Candidate Name
Jim Brochin

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2012			

Transaction ID : B444380

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. The Cmte to Elect Eric Bromwell

Mailing Address 1 Minte Drive

City Baltimore State MD Zip Code 21236

Purpose of Disbursement
P-2014 State House 08 MD

011

Category/
Type

Candidate Name
Eric M. Bromwell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2012			

Transaction ID : B444381

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Friends of Dominic Pileggi

Mailing Address 323 W. Front Street

City Media State PA Zip Code 19063

Purpose of Disbursement
G-2012 State Senate 09 PA

011

Category/
Type

Candidate Name
Dominic F Pileggi

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2012			

Transaction ID : B444379

Amount of Each Disbursement this Period

1000.00

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

1500.00

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

1500.00
