

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 8735 Henderson Road  
Check if different than previously reported. (ACC) Tampa FL 33634

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00390575 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2016 through [MM] / [DD] / [YYYY] 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Jankovic, Goran, , ,  
Type or Print Name of Treasurer

Signature of Treasurer Jankovic, Goran, , , [Electronically Filed] Date [MM] / [DD] / [YYYY] 10 / 13 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		147436.88
(b) Cash on Hand at Beginning of Reporting Period.....	98786.50	
(c) Total Receipts (from Line 19) .....	62783.41	161383.03
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	161569.91	308819.91
7. Total Disbursements (from Line 31).....	44250.00	191500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	117319.91	117319.91
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**  
  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	56366.79	110749.30
(ii) Unitemized .....	6416.62	50633.73
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	62783.41	161383.03
(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) .....	62783.41	161383.03
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)).....▶	62783.41	161383.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	62783.41	161383.03

**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 .....	11000.00	11000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11000.00	11000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	123500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	28250.00	57000.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	44250.00	191500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44250.00	191500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	62783.41	161383.03
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	62783.41	161383.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	11000.00	11000.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11000.00	11000.00

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

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

FOR LINE NUMBER: PAGE 6 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A. Ahmed, Saleh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26741**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27019**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Ahmed, Saleh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27296**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 7 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27606**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Ahmed, Saleh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27889**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28201**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 8 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ahmed, Saleh, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28496**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Anderson, Harvey D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26817**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Anderson, Harvey D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27098**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.15
<b>TOTAL</b> This Period (last page this line 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 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27372**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Anderson, Harvey D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27691**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Anderson, Harvey D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27968**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 10 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Anderson, Harvey D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28281**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Anderson, Harvey D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28592**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Anderson, Margaret, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26890**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 173.07  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 11 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Anderson, Vanessa, Lea, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 201.95

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26952**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**B. Anderson, Vanessa, Lea, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.57

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27230**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**C. Anderson, Vanessa, Lea, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 221.19

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27533**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 28.86  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 12 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Anderson, Vanessa, Lea, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.81

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27817**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**B. Anderson, Vanessa, Lea, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.43

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28129**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**C. Anderson, Vanessa, Lea, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.05

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28417**  
 Amount of Each Receipt this Period 9.62  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 28.86  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 13 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Anselmo, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26796**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. Anselmo, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27078**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**C. Anselmo, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27351**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 62.49  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 14 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Anselmo, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27665**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. Anselmo, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 354.11

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27945**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**C. Anselmo, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28259**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.49  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Anselmo, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.77

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28563**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. Asencio, Norma I., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26790**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27071**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 59.29  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 16 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A. Asencio, Norma I., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27344**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27656**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Asencio, Norma I., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27939**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28249**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Asencio, Norma I., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28555**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Atkinson, Timothy W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26805**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.92
<b>TOTAL</b> This Period (last page this line 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 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Atkinson, Timothy W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27086**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27360**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Atkinson, Timothy W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27679**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 19 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Atkinson, Timothy W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27955**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Atkinson, Timothy W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28269**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Atkinson, Timothy W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28577**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.38  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 20 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27033**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27310**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Baker, Marie E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27622**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 21 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27907**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Baker, Marie E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28218**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28515**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 22 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ballew, Angel L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26757**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Ballew, Angel L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27089**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27363**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.38  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 23 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ballew, Angel L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27682**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Ballew, Angel L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27958**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Ballew, Angel L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28272**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 24 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Ballew, Angel L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28580**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Bartley, Lisa A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26687**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26967**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 25 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Bartley, Lisa A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27245**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27552**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Bartley, Lisa A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27838**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 26 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28150**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Bartley, Lisa A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28443**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Bertrand, Matthew J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26789**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 484
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27070**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Bertrand, Matthew J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27343**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27655**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Bertrand, Matthew J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27938**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28248**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Bertrand, Matthew J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28554**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bird, Sean L., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

**Transaction ID : SA11AI.26693**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Bird, Sean L., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

**Transaction ID : SA11AI.26973**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Bird, Sean L., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27253**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27558**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Bird, Sean L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27844**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28156**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Bird, Sean L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28449**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Bisesi, Phillip P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26766**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27042**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bisesi, Phillip P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27318**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27629**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Bisesi, Phillip P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27914**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28225**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Bisesi, Phillip P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28526**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28504**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bollent, Jason T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26761**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27037**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Bollent, Jason T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27313**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 35 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27625**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Bollent, Jason T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27910**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28221**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bollent, Jason T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28522**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Brogan, Edward J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26740**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27018**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Brogan, Edward J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27295**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27605**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Brogan, Edward J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27888**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28200**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Brogan, Edward J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28495**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Brown, Kimya M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26744**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 39 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27609**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Brown, Kimya M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27892**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28206**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 40 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Brown, Kimya M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28499**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

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

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28483**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Burdick, Kenneth A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26911**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.76  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Burdick, Kenneth A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.20

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27178**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Burdick, Kenneth A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27453**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Burdick, Kenneth A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3076.80

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27781**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Burdick, Kenneth A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3269.10

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28049**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Burdick, Kenneth A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28370**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Burdick, Kenneth A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28707**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Burke, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

**Transaction ID : SA11AI.26880**

Amount of Each Receipt this Period  
96.15

Memo Item

**B. Burke, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

**Transaction ID : SA11AI.27156**

Amount of Each Receipt this Period  
96.15

Memo Item

**C. Burke, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1442.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27432**

Amount of Each Receipt this Period  
96.15

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Burke, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

**Transaction ID : SA11AI.27754**

Amount of Each Receipt this Period  
96.15

Memo Item

**B. Burke, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1634.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

**Transaction ID : SA11AI.28026**

Amount of Each Receipt this Period  
96.15

Memo Item

**C. Burke, John, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1730.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

**Transaction ID : SA11AI.28343**

Amount of Each Receipt this Period  
96.15

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 45 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Burke, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28676**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26848**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27131**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 173.07  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 46 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27404**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Campbell, Eric W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27725**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Campbell, Eric W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27999**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28315**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Campbell, Eric W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28626**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Carr, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26777**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 48 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27055**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Carr, Amy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27331**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27643**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 49 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Cashen, Christine K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26726**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27004**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Cashen, Christine K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27283**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 50 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Cashen, Christine K., , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt **08 / 12 / 2016**

**Transaction ID : SA11AI.27591**

Amount of Each Receipt this Period **19.23**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Cashen, Christine K., , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt **08 / 26 / 2016**

**Transaction ID : SA11AI.27875**

Amount of Each Receipt this Period **19.23**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Cashen, Christine K., , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt **09 / 09 / 2016**

**Transaction ID : SA11AI.28187**

Amount of Each Receipt this Period **19.23**

Memo Item

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

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

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

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

FOR LINE NUMBER: PAGE 51 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Cashen, Christine K., , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28482**

Amount of Each Receipt this Period **19.23**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Champagne, Robert A., , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26829**

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Champagne, Robert A., , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **538.44**

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27108**

Amount of Each Receipt this Period **38.46**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>96.15</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 52 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27383**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Champagne, Robert A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27703**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Champagne, Robert A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27979**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Champagne, Robert A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28292**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Champagne, Robert A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28604**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Chapman, Donna M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26723**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.15
<b>TOTAL</b> This Period (last page this line 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 54 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27001**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Chapman, Donna M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27280**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27588**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 55 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Chapman, Donna M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27872**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28184**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Chapman, Donna M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28479**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 484
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28195**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28491**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26994**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27273**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Childs, Linda R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27581**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27864**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 58 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Childs, Linda R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28177**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28472**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Ciampa, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26701**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 59 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Ciampa, Patricia, , ,**

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2016

**Transaction ID : SA11AI.27196**

Amount of Each Receipt this Period  
 0.98

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Clegg, Thomas, , ,**

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016

**Transaction ID : SA11AI.26854**

Amount of Each Receipt this Period  
 38.46

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Clegg, Thomas, , ,**

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 538.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2016

**Transaction ID : SA11AI.27137**

Amount of Each Receipt this Period  
 38.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	77.90
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 60 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27410**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Clegg, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27732**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Clegg, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28005**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 61 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Clegg, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28321**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Clegg, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28642**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27093**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 62 OF 484  
(check only one)

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

**A. Clem, Erin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
38.46

Date of Receipt: 07 / 29 / 2016  
Transaction ID : SA11AI.27367

Amount of Each Receipt this Period: 38.46

Memo Item

**B. Clem, Erin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt: 08 / 12 / 2016  
Transaction ID : SA11AI.27686

Amount of Each Receipt this Period: 38.46

Memo Item

**C. Clem, Erin, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.14

Date of Receipt: 08 / 26 / 2016  
Transaction ID : SA11AI.27962

Amount of Each Receipt this Period: 38.46

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38

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

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

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

FOR LINE NUMBER: PAGE 63 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28276**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28585**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Cox, Ann, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26863**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 64 OF 484  
(check only one)  
 11a    11b    11c    12  
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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Cox, Ann, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27145**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27419**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Cox, Ann, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27740**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 65 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Cox, Ann, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28013**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Cox, Ann, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28330**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Cox, Ann, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28653**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Craig, Benjamin M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26705**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26984**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Craig, Benjamin M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27263**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 67 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27570**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Craig, Benjamin M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27854**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28167**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 68 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Craig, Benjamin M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28460**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Cramer, Justin R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26828**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Cramer, Justin R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27107**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 96.15  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27382**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Cramer, Justin R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27700**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Cramer, Justin R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27977**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 70 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Cramer, Justin R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28290**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Cramer, Justin R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28601**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Cubero, Christopher C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26825**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.38  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 71 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Cubero, Christopher C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27104**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27379**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Cubero, Christopher C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27697**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.38  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 484
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Cubero, Christopher C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27974**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Cubero, Christopher C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28287**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Cubero, Christopher C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28598**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Cup Choy, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 213.53

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26638**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

**B. Cup Choy, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 214.53

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26919**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

**C. Cup Choy, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 215.53

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27199**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 74 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Cup Choy, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.53

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27499**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

**B. Cup Choy, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 217.53

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27787**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

**C. Cup Choy, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 218.53

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28089**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 3.00  
**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 75 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Cup Choy, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 219.53

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28382**  
 Amount of Each Receipt this Period 1.00  
 Memo Item

**B. Cure, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26883**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27158**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	193.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Cure, David, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1442.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27434**

Amount of Each Receipt this Period  
96.15

Memo Item

**B. Cure, David, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

**Transaction ID : SA11AI.27756**

Amount of Each Receipt this Period  
96.15

Memo Item

**C. Cure, David, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1634.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

**Transaction ID : SA11AI.28028**

Amount of Each Receipt this Period  
96.15

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Cure, David, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

**Transaction ID : SA11AI.28345**

Amount of Each Receipt this Period  

96.15
-------

 Memo Item

**B. Cure, David, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1826.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

**Transaction ID : SA11AI.28678**

Amount of Each Receipt this Period  

96.15
-------

 Memo Item

**C. Curry-Mack, Lawanda N., D., ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

**Transaction ID : SA11AI.28018**

Amount of Each Receipt this Period  

50.00
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	242.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28335**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Curry-Mack, Lawanda N., D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28662**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Darley, Lisa R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26704**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	119.23
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 79 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26983**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Darley, Lisa R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27262**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27569**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 80 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Darley, Lisa R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27853**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28166**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Darley, Lisa R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28459**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 81 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Davies, William, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26902**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27172**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27448**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 288.45  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 484
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Davies, William, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27776**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Davies, William, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28044**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28365**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Davies, William, W., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28702**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Dawes, Christopher, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26815**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Dawes, Christopher, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27096**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	173.07
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 84 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27370**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Dawes, Christopher, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27689**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Dawes, Christopher, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27965**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.38  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 85 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Dawes, Christopher, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28279**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Dawes, Christopher, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28588**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. DeBoe, Valerie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 374.92

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26801**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 105.76  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. DeBoe, Valerie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.76

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27083**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**B. DeBoe, Valerie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 432.60

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27357**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**C. DeBoe, Valerie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.44

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27676**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	86.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. DeBoe, Valerie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 490.28

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27952**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**B. DeBoe, Valerie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 519.12

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28266**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**C. DeBoe, Valerie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 547.96

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28573**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	86.52
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Demonbreun, Desiree, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

**Transaction ID : SA11AI.26688**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Demonbreun, Desiree, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

**Transaction ID : SA11AI.26968**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Demonbreun, Desiree, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27246**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 89 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Demonbreun, Desiree, , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt **08 / 12 / 2016**

**Transaction ID : SA11AI.27553**

Amount of Each Receipt this Period **19.23**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Demonbreun, Desiree, , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt **08 / 26 / 2016**

**Transaction ID : SA11AI.27839**

Amount of Each Receipt this Period **19.23**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Demonbreun, Desiree, , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt **09 / 09 / 2016**

**Transaction ID : SA11AI.28151**

Amount of Each Receipt this Period **19.23**

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Démonbreun, Desiree, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28444**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Dempsey, Francis, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26816**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Dempsey, Francis, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27097**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27371**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Dempsey, Francis, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27690**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Dempsey, Francis, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27966**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dempsey, Francis, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28280**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Dempsey, Francis, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28589**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Desai, Palak N., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26732**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.15
<b>TOTAL</b> This Period (last page this line 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 93 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27012**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Desai, Palak N., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27289**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27597**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 94 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Desai, Palak N., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27882**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28193**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Desai, Palak N., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28488**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 95 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Edmondson, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26845**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Edmondson, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27127**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27401**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.38  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 96 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Edmondson, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27720**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Edmondson, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27996**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Edmondson, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28312**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.38  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 97 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Edmondson, Michael, , ,**

Mailing Address 8735 Henderson Road

City Tampa    State FL    Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc.    Occupation (for Individual) health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.74**

Date of Receipt **09 / 23 / 2016**

**Transaction ID : SA11AI.28621**

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Enzinna, Carolyn M., , ,**

Mailing Address 8735 Henderson Road

City Tampa    State FL    Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc.    Occupation (for Individual) health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **07 / 01 / 2016**

**Transaction ID : SA11AI.26698**

Amount of Each Receipt this Period **19.23**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Enzinna, Carolyn M., , ,**

Mailing Address 8735 Henderson Road

City Tampa    State FL    Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc.    Occupation (for Individual) health care

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt **07 / 15 / 2016**

**Transaction ID : SA11AI.26978**

Amount of Each Receipt this Period **19.23**

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Enzinna, Carolyn M., , ,

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

**Transaction ID : SA11AI.27257**

Amount of Each Receipt this Period  
19.23

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Enzinna, Carolyn M., , ,

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2016

**Transaction ID : SA11AI.27564**

Amount of Each Receipt this Period  
19.23

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Enzinna, Carolyn M., , ,

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
326.91

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2016

**Transaction ID : SA11AI.27849**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 99 OF 484  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Enzinna, Carolyn M., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2016

**Transaction ID : SA11AI.28161**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Enzinna, Carolyn M., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2016

**Transaction ID : SA11AI.28454**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Everett, Thomas M., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

**Transaction ID : SA11AI.26823**

Amount of Each Receipt this Period  
38.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Everett, Thomas M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27102**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27377**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Everett, Thomas M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27695**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Everett, Thomas M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27972**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Everett, Thomas M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28285**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Everett, Thomas M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28596**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Faust, Lisa R., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

**Transaction ID : SA11AI.26751**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Faust, Lisa R., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

**Transaction ID : SA11AI.27027**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Faust, Lisa R., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27304**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 103 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27615**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Faust, Lisa R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27898**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28212**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Faust, Lisa R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28505**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Featherston, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26767**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27043**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 105 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Featherston, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27319**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27630**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Featherston, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27915**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28226**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Featherston, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28527**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Ferguson, Traci L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26877**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27153**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27429**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Ferguson, Traci L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27751**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Ferguson, Traci L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28023**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28340**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Ferguson, Traci L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28673**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Flohr, Robert L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : SA11AI.26745**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2016  
**Transaction ID : SA11AI.27022**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Flohr, Robert L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2016  
**Transaction ID : SA11AI.27299**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 110 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27610**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Flohr, Robert L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27893**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28207**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 111 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Flohr, Robert L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28500**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26797**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**C. Fogarty, Ryan B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27079**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.89  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Fogarty, Ryan B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27352**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. Fogarty, Ryan B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27666**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**C. Fogarty, Ryan B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 312.45

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27946**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.49
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Fogarty, Ryan B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28260**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. Fogarty, Ryan B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 354.11

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28565**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**C. Ford, Dalvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26800**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.49
<b>TOTAL</b> This Period (last page this line 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 114 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ford, Dalvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27082**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. Ford, Dalvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27356**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**C. Ford, Dalvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27671**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.49  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 115 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ford, Dalvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 354.11

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27949**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. Ford, Dalvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28263**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**C. Ford, Dalvin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 395.77

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28568**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 62.49  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Forgang, Marjorie P., , ,

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

**Transaction ID : SA11AI.26832**

Amount of Each Receipt this Period  
38.46

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Forgang, Marjorie P., , ,

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

**Transaction ID : SA11AI.27113**

Amount of Each Receipt this Period  
38.46

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Forgang, Marjorie P., , ,

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
576.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27386**

Amount of Each Receipt this Period  
38.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 117 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Forgang, Marjorie P., , ,**

Mailing Address 8735 Henderson Road

City Tampa    State FL    Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc.    Occupation (for Individual) health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 615.36

Date of Receipt  
 08 / 12 / 2016  
**Transaction ID : SA11AI.27706**

Amount of Each Receipt this Period  
 38.46

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Forgang, Marjorie P., , ,**

Mailing Address 8735 Henderson Road

City Tampa    State FL    Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc.    Occupation (for Individual) health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 653.82

Date of Receipt  
 08 / 26 / 2016  
**Transaction ID : SA11AI.27982**

Amount of Each Receipt this Period  
 38.46

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Forgang, Marjorie P., , ,**

Mailing Address 8735 Henderson Road

City Tampa    State FL    Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc.    Occupation (for Individual) health care

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 692.28

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : SA11AI.28295**

Amount of Each Receipt this Period  
 38.46

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Forgang, Marjorie P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28607**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Frakes, Vincent L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26821**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Frakes, Vincent L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27101**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 119 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27375**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Frakes, Vincent L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27694**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Frakes, Vincent L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27971**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Frakes, Vincent L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28284**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Frakes, Vincent L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28595**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Frank, Paul H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26721**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.15
<b>TOTAL</b> This Period (last page this line 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 121 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Frank, Paul H., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

**Transaction ID : SA11AI.26999**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Frank, Paul H., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27278**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Frank, Paul H., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

**Transaction ID : SA11AI.27586**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Frank, Paul H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27870**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28182**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Frank, Paul H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28477**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Frasca, Lucy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26760**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27036**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. French, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Avenue  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26804**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.92
<b>TOTAL</b> This Period (last page this line 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 124 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. French, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Avenue  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27085**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27359**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. French, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Avenue  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27678**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<b>TOTAL</b> This Period (last page this line 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 125 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. French, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Avenue  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27954**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. French, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Avenue  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28268**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. French, Dana, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Avenue  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28576**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 126 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Genco, Leonard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

**Transaction ID : SA11AI.26689**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Genco, Leonard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

**Transaction ID : SA11AI.26969**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Genco, Leonard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) director
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27247**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 127 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27554**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Genco, Leonard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27840**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Genco, Leonard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28152**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 128 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Genco, Leonard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28445**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Gerasimovich, Michael, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26696**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26976**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 129 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Gerasimovich, Michael, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27255**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27562**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Gerasimovich, Michael, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27847**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28159**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Gerasimovich, Michael, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28452**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Gerlach, Roger T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26711**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 131 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26989**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Gerlach, Roger T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27268**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27576**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 57.69  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 132 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Gerlach, Roger T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27859**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28172**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Gerlach, Roger T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28465**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ghanayem, Darren, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

**Transaction ID : SA11AI.26907**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Ghanayem, Darren, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

**Transaction ID : SA11AI.27177**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. Ghanayem, Darren, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27452**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 134 OF 484
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Ghanayem, Darren, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

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
08	/	12	/	2016

**Transaction ID : SA11AI.27780**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Ghanayem, Darren, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2016

**Transaction ID : SA11AI.28048**

Amount of Each Receipt this Period  
150.00

Memo Item

**C. Ghanayem, Darren, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2016

**Transaction ID : SA11AI.28369**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line 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 135 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ghanayem, Darren, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

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
09	/	23	/	2016

**Transaction ID : SA11AI.28706**

Amount of Each Receipt this Period  
150.00

Memo Item

**B. Gianini, Elizabeth A., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

**Transaction ID : SA11AI.26836**

Amount of Each Receipt this Period  
38.46

Memo Item

**C. Gianini, Elizabeth A., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
538.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

**Transaction ID : SA11AI.27117**

Amount of Each Receipt this Period  
38.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	226.92
<b>TOTAL</b> This Period (last page this line 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 136 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Gianini, Elizabeth A., , ,**

Mailing Address **8735 Henderson Road**

City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33634</b>
----------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>WellCare Health Plans, Inc.</b>	Occupation (for Individual) <b>health care</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**576.90**

Date of Receipt  
**07 / 29 / 2016**

**Transaction ID : SA11AI.27390**

Amount of Each Receipt this Period  
**38.46**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Gianini, Elizabeth A., , ,**

Mailing Address **8735 Henderson Road**

City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33634</b>
----------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>WellCare Health Plans, Inc.</b>	Occupation (for Individual) <b>health care</b>
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**615.36**

Date of Receipt  
**08 / 12 / 2016**

**Transaction ID : SA11AI.27710**

Amount of Each Receipt this Period  
**38.46**

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Gianini, Elizabeth A., , ,**

Mailing Address **8735 Henderson Road**

City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33634</b>
----------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>WellCare Health Plans, Inc.</b>	Occupation (for Individual) <b>health care</b>
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Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
**653.82**

Date of Receipt  
**08 / 26 / 2016**

**Transaction ID : SA11AI.27986**

Amount of Each Receipt this Period  
**38.46**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>115.38</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 137 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Gianini, Elizabeth A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28299**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Gianini, Elizabeth A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28611**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Gianquinto, Jr., Louis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26878**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 173.07  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Gianquinto, Jr., Louis, , ,

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

**Transaction ID : SA11AI.27154**

Amount of Each Receipt this Period  
96.15

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Gianquinto, Jr., Louis, , ,

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1442.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27430**

Amount of Each Receipt this Period  
96.15

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Gianquinto, Jr., Louis, , ,

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1538.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

**Transaction ID : SA11AI.27752**

Amount of Each Receipt this Period  
96.15

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Gianquinto, Jr., Louis, , ,**

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1634.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

**Transaction ID : SA11AI.28024**

Amount of Each Receipt this Period  
96.15

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Gianquinto, Jr., Louis, , ,**

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1730.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

**Transaction ID : SA11AI.28341**

Amount of Each Receipt this Period  
96.15

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Gianquinto, Jr., Louis, , ,**

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1826.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

**Transaction ID : SA11AI.28674**

Amount of Each Receipt this Period  
96.15

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gibson, Sabrina H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26860**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Gibson, Sabrina H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27142**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27416**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 141 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Gibson, Sabrina H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27737**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Gibson, Sabrina H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28010**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Gibson, Sabrina H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28327**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 142 OF 484
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Gibson, Sabrina H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016  
**Transaction ID : SA11AI.28648**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

**B. Gordon, Lori A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : SA11AI.26826**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

**C. Gordon, Lori A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2016  
**Transaction ID : SA11AI.27105**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 143 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27380**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Gordon, Lori A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27698**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Gordon, Lori A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27975**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gordon, Lori A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016  
**Transaction ID : SA11AI.28288**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

**B. Gordon, Lori A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016  
**Transaction ID : SA11AI.28599**  
 Amount of Each Receipt this Period  
 38.46  
 Memo Item

**C. Greeley, John D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 374.92

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : SA11AI.26802**  
 Amount of Each Receipt this Period  
 28.84  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	105.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 145 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Greeley, John D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.76

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27084**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**B. Greeley, John D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 432.60

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27358**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**C. Greeley, John D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.44

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27677**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 86.52  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 146 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Greeley, John D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 490.28

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27953**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**B. Greeley, John D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 519.12

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28267**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**C. Greeley, John D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 547.96

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28574**  
 Amount of Each Receipt this Period 28.84  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 86.52  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Gregory, Lori-Don M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 599.95

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26867**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**B. Gregory, Lori-Don M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 646.10

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27148**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**C. Gregory, Lori-Don M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.25

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27422**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	138.45
<b>TOTAL</b> This Period (last page this line 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 148 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Gregory, Lori-Don M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 738.40

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27745**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**B. Gregory, Lori-Don M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 784.55

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28017**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**C. Gregory, Lori-Don M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 830.70

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28334**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	138.45
<b>TOTAL</b> This Period (last page this line 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 149 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gregory, Lori-Don M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 876.85

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28657**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**B. Griffin, Dauda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26754**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27030**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	84.61
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 150 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Griffin, Dauda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27307**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27618**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Griffin, Dauda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27901**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 151 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28215**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Griffin, Dauda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28510**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Guay, Patricia B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26820**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 152 OF 484  
(check only one)

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

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

**A. Guay, Patricia B., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

**Transaction ID : SA11AI.27100**

Amount of Each Receipt this Period  
38.46

Memo Item

**B. Guay, Patricia B., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

**Transaction ID : SA11AI.27374**

Amount of Each Receipt this Period  
38.46

Memo Item

**C. Guay, Patricia B., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
615.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2016

**Transaction ID : SA11AI.27693**

Amount of Each Receipt this Period  
38.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 153 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Guay, Patricia B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27970**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Guay, Patricia B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28283**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Guay, Patricia B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28594**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.38  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Gutierrez, Alexander, , ,</b>			Date of Receipt
Mailing Address 8735 Henderson Road			<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2016"/>
City Tampa	State FL	Zip Code 33634	<b>Transaction ID : SA11AI.26807</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="38.46"/>
Name of Employer (for Individual) WellCare Health Plans, Inc.		Occupation (for Individual) health care	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="307.68"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Gutierrez, Alexander, , ,</b>			Date of Receipt
Mailing Address 8735 Henderson Road			<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2016"/>
City Tampa	State FL	Zip Code 33634	<b>Transaction ID : SA11AI.27088</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="38.46"/>
Name of Employer (for Individual) WellCare Health Plans, Inc.		Occupation (for Individual) health care	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="346.14"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gutierrez, Alexander, , ,</b>			Date of Receipt
Mailing Address 8735 Henderson Road			<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2016"/>
City Tampa	State FL	Zip Code 33634	<b>Transaction ID : SA11AI.27362</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="38.46"/>
Name of Employer (for Individual) WellCare Health Plans, Inc.		Occupation (for Individual) health care	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="384.60"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.38"/>
<b>TOTAL</b> 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 155 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Gutierrez, Alexander, , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt **08 / 12 / 2016**

**Transaction ID : SA11AI.27681**

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Gutierrez, Alexander, , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt **08 / 26 / 2016**

**Transaction ID : SA11AI.27957**

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Gutierrez, Alexander, , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt **09 / 09 / 2016**

**Transaction ID : SA11AI.28271**

Amount of Each Receipt this Period **38.46**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **115.38**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Gutierrez, Alexander, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28579**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Haber, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26899**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27169**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.76
<b>TOTAL</b> This Period (last page this line 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 157 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

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

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27445**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Haber, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27772**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Haber, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28040**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 288.45  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28360**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Haber, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28698**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Hagan, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26847**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 159 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Hagan, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27130**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27402**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Hagan, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27724**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.38  
**TOTAL** This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 160 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Hagan, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27998**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Hagan, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28314**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Hagan, Colleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28625**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.38  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Hall, Nicole, , ,</b>			Date of Receipt
Mailing Address 8735 Henderson Road			<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2016"/>
City Tampa	State FL	Zip Code 33634	<b>Transaction ID : SA11AI.26685</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="19.23"/>
Name of Employer (for Individual) WellCare Health Plans, Inc.		Occupation (for Individual) health care	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="249.99"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Hall, Nicole, , ,</b>			Date of Receipt
Mailing Address 8735 Henderson Road			<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2016"/>
City Tampa	State FL	Zip Code 33634	<b>Transaction ID : SA11AI.27243</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="19.23"/>
Name of Employer (for Individual) WellCare Health Plans, Inc.		Occupation (for Individual) health care	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="269.22"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Hall, Nicole, , ,</b>			Date of Receipt
Mailing Address 8735 Henderson Road			<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2016"/>
City Tampa	State FL	Zip Code 33634	<b>Transaction ID : SA11AI.27550</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="19.23"/>
Name of Employer (for Individual) WellCare Health Plans, Inc.		Occupation (for Individual) health care	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="288.45"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
<b>TOTAL</b> 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 162 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hall, Nicole, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

**Transaction ID : SA11AI.27834**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Hall, Nicole, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
326.91

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

**Transaction ID : SA11AI.28147**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Hall, Nicole, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

**Transaction ID : SA11AI.28441**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 484
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Hamilton, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26806**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Hamilton, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27087**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27361**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 164 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Hamilton, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27680**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Hamilton, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27956**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Hamilton, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28270**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 165 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hamilton, Jason, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28578**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Hansen, Craig M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26891**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27165**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.76
<b>TOTAL</b> This Period (last page this line 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 166 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27441**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Hansen, Craig M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27764**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Hansen, Craig M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28035**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line 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 167 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28352**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Hansen, Craig M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28685**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26849**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.76
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 168 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Harrison, Dan M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27132**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Harrison, Dan M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27405**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27726**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Harrison, Dan M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28000**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Harrison, Dan M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28316**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Harrison, Dan M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28627**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Hausenfluck, Merrill, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26858**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Hausenfluck, Merrill, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27140**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27414**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 171 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Hausenfluck, Merrill, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27735**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Hausenfluck, Merrill, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28008**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Hausenfluck, Merrill, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28325**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 172 OF 484  
(check only one)

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

**A. Hausenfluck, Merrill, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.74

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2016

**Transaction ID : SA11AI.28645**

Amount of Each Receipt this Period  
38.46

Memo Item

**B. Hayes, Christine M., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

**Transaction ID : SA11AI.26694**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Hayes, Christine M., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

**Transaction ID : SA11AI.26974**

Amount of Each Receipt this Period  
19.23

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Hayes, Christine M., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27254**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Hayes, Christine M., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

**Transaction ID : SA11AI.27559**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Hayes, Christine M., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
326.91

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

**Transaction ID : SA11AI.27845**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28157**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Hayes, Christine M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28450**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Henderson, Quinn A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26835**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.92
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 175 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Henderson, Quinn A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27116**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27389**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Henderson, Quinn A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27709**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Henderson, Quinn A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27985**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Henderson, Quinn A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28298**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Henderson, Quinn A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28610**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 177 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26758**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27034**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Henderson, Scott E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27311**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 178 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27623**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Henderson, Scott E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27908**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28219**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Henderson, Scott E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28516**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Herrmann, Johanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26753**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27029**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 180 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Herrmann, Johanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27306**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27617**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Herrmann, Johanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27900**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 181 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28214**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Herrmann, Johanna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28509**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Hildreth, Troy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26853**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 182 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Hildreth, Troy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27136**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27409**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Hildreth, Troy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27731**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 183 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Hildreth, Troy, , ,

Mailing Address 8735 Henderson Road

City Tampa    State FL    Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc.    Occupation (for Individual) health care

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt **08 / 26 / 2016**

**Transaction ID : SA11AI.28004**

Amount of Each Receipt this Period **38.46**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Hildreth, Troy, , ,

Mailing Address 8735 Henderson Road

City Tampa    State FL    Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc.    Occupation (for Individual) health care

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt **09 / 09 / 2016**

**Transaction ID : SA11AI.28320**

Amount of Each Receipt this Period **38.46**

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Hildreth, Troy, , ,

Mailing Address 8735 Henderson Road

City Tampa    State FL    Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc.    Occupation (for Individual) health care

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **730.74**

Date of Receipt **09 / 23 / 2016**

**Transaction ID : SA11AI.28641**

Amount of Each Receipt this Period **38.46**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **115.38**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 484
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Hilliard, Robert L., , ,

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

**Transaction ID : SA11AI.26887**

Amount of Each Receipt this Period  
96.15

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Hilliard, Robert L., , ,

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

**Transaction ID : SA11AI.27162**

Amount of Each Receipt this Period  
96.15

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Hilliard, Robert L., , ,

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1442.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27438**

Amount of Each Receipt this Period  
96.15

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.45
<b>TOTAL</b> This Period (last page this line 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 185 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Hilliard, Robert L., , ,

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27761**

Amount of Each Receipt this Period 96.15

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Hilliard, Robert L., , ,

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1634.55

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28032**

Amount of Each Receipt this Period 96.15

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Hilliard, Robert L., , ,

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28349**

Amount of Each Receipt this Period 96.15

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line 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 186 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Hilliard, Robert L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28682**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Hinsdale, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26856**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Hinsdale, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27139**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	173.07
<b>TOTAL</b> This Period (last page this line 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 187 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27412**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Hinsdale, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27734**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Hinsdale, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28007**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 188 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A. Hinsdale, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28324**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Hinsdale, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28644**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Hofstetter, John, J., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26764**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.15
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 189 OF 484  
(check only one)

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

**A. Hofstetter, John, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

**Transaction ID : SA11AI.27040**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Hofstetter, John, J., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

**Transaction ID : SA11AI.27316**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Horan, Christopher H., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

**Transaction ID : SA11AI.26728**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27008**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Horan, Christopher H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27285**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27593**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 191 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Horan, Christopher H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27877**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28189**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Horan, Christopher H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28484**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 192 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Horner, Jacob S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 213.25

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27611**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Horner, Jacob S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 232.48

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27894**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Horner, Jacob S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 251.71

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28208**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 193 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Horner, Jacob S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.94

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28501**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Hungiville, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26895**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27167**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	211.53
<b>TOTAL</b> This Period (last page this line 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 194 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27443**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Hungiville, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27770**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Hungiville, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28038**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line 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 195 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28358**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Hungiville, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28696**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Hyman, Marlene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26718**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 211.53  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.26996**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Hyman, Marlene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27275**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27583**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 197 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Hyman, Marlene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27866**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

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

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28179**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Hyman, Marlene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28474**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 198 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Idowu, Olumide, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
201.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27242**

Amount of Each Receipt this Period  

13.46
-------

 Memo Item

**B. Idowu, Olumide, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
215.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

**Transaction ID : SA11AI.27547**

Amount of Each Receipt this Period  

13.46
-------

 Memo Item

**C. Idowu, Olumide, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
228.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

**Transaction ID : SA11AI.27832**

Amount of Each Receipt this Period  

13.46
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	40.38
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 199 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Idowu, Olumide, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 242.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28145**  
 Amount of Each Receipt this Period 13.46  
 Memo Item

**B. Idowu, Olumide, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28437**  
 Amount of Each Receipt this Period 13.46  
 Memo Item

**C. Jankovic, Goran, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26862**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 65.38  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 200 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Jankovic, Goran, , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **538.44**

Date of Receipt **07 / 15 / 2016**

**Transaction ID : SA11AI.27144**

Amount of Each Receipt this Period **38.46**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Jankovic, Goran, , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt **07 / 29 / 2016**

**Transaction ID : SA11AI.27418**

Amount of Each Receipt this Period **38.46**

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Jankovic, Goran, , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt **08 / 12 / 2016**

**Transaction ID : SA11AI.27739**

Amount of Each Receipt this Period **38.46**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **115.38**

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

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

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

FOR LINE NUMBER: PAGE 201 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Jankovic, Goran, , ,**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 653.82

Date of Receipt  
 08 / 26 / 2016  
**Transaction ID : SA11AI.28012**

Amount of Each Receipt this Period  
 38.46

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Jankovic, Goran, , ,**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 692.28

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : SA11AI.28329**

Amount of Each Receipt this Period  
 38.46

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Jankovic, Goran, , ,**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 730.74

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : SA11AI.28652**

Amount of Each Receipt this Period  
 38.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 202 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Jazmines, Hermilo, O., ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

**Transaction ID : SA11AI.26905**

Amount of Each Receipt this Period  
96.15

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Jazmines, Hermilo, O., ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1346.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

**Transaction ID : SA11AI.27175**

Amount of Each Receipt this Period  
96.15

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Jazmines, Hermilo, O., ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1442.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

**Transaction ID : SA11AI.27451**

Amount of Each Receipt this Period  
96.15

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Jazmines, Hermilo, O., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27779**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Jazmines, Hermilo, O., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28047**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Jazmines, Hermilo, O., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28368**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line 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 204 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Jazmines, Hermilo, O., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28705**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Jimenez, Manuel C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26742**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Jimenez, Manuel C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27020**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.61
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Jimenez, Manuel C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27297**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Jimenez, Manuel C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27607**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Jimenez, Manuel C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27890**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 206 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Jimenez, Manuel C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28202**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Jimenez, Manuel C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28497**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Johnson, Fred T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27032**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 207 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Johnson, Fred T., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27309**

Amount of Each Receipt this Period  
19.23

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Johnson, Fred T., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

**Transaction ID : SA11AI.27620**

Amount of Each Receipt this Period  
19.23

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Johnson, Fred T., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

**Transaction ID : SA11AI.27906**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 208 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Johnson, Fred T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28217**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Johnson, Fred T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28514**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Johnson, Karen, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28664**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.46  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 484
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Johnson, Walter C., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

**Transaction ID : SA11AI.26809**

Amount of Each Receipt this Period  
38.46

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Johnson, Walter C., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

**Transaction ID : SA11AI.27090**

Amount of Each Receipt this Period  
38.46

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Johnson, Walter C., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
576.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27364**

Amount of Each Receipt this Period  
38.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 210 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Johnson, Walter C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27683**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Johnson, Walter C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27959**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Johnson, Walter C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28273**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Johnson, Walter C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28582**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Jones, Jacqueline M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26791**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Jones, Jacqueline M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27072**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.92
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 212 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Jones, Jacqueline M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27346**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Jones, Jacqueline M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27657**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Jones, Jacqueline M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27940**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 213 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Jones, Jacqueline M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28556**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Jones, Laura, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26859**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Jones, Laura, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27141**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 96.15  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 214 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Jones, Laura, A., ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27415**

Amount of Each Receipt this Period **38.46**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Jones, Laura, A., ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27736**

Amount of Each Receipt this Period **38.46**

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Jones, Laura, A., ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28009**

Amount of Each Receipt this Period **38.46**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **115.38**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Jones, Laura, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28326**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Jones, Laura, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28646**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Jones, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27016**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.15
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 216 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Jones, Rachel, , ,

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27293**

Amount of Each Receipt this Period 19.23

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Jones, Rachel, , ,

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27602**

Amount of Each Receipt this Period 19.23

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Jones, Rachel, , ,

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27886**

Amount of Each Receipt this Period 19.23

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 217 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Jones, Rachel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28198**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Jones, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27135**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Jones, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27408**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 96.15  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 218 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Jones, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27730**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Jones, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28003**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Jones, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28319**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.38  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 219 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Jones, Stephen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28640**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Kensicki, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26884**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Kensicki, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27159**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.76  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Kensicki, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27435**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Kensicki, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27757**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Kensicki, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28029**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.45
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 221 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Kensicki, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28346**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Kensicki, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28679**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Kimbrough, Janet H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26725**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 211.53  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 222 OF 484  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Kimbrough, Janet H., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

**Transaction ID : SA11AI.27003**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Kimbrough, Janet H., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

**Transaction ID : SA11AI.27282**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Kimbrough, Janet H., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2016

**Transaction ID : SA11AI.27590**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 223 OF 484
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Kimbrough, Janet H., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
326.91

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2016

**Transaction ID : SA11AI.27874**

Amount of Each Receipt this Period  
19.23

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Kimbrough, Janet H., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2016

**Transaction ID : SA11AI.28186**

Amount of Each Receipt this Period  
19.23

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Kimbrough, Janet H., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
365.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2016

**Transaction ID : SA11AI.28481**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 224 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Kincaid, Thomas M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26799**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. Kincaid, Thomas M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.62

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27081**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**C. Kincaid, Thomas M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 312.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27355**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.49
<b>TOTAL</b> This Period (last page this line 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 225 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Kincaid, Thomas M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.28

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27670**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. Kincaid, Thomas M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 354.11

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27948**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**C. Kincaid, Thomas M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28262**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.49
<b>TOTAL</b> This Period (last page this line 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 226 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Kincaid, Thomas M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 395.77

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28567**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. King, Sharon, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26765**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. King, Sharon, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27041**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 59.29  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 227 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. King, Sharon, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27317**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. King, Sharon, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27628**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. King, Sharon, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27913**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 228 OF 484
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**King, Sharon, L., ,**

Mailing Address **8735 Henderson Road**

City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33634</b>
----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>WellCare Health Plans, Inc.</b>	Occupation (for Individual) <b>health care</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2016

**Transaction ID : SA11AI.28224**

Amount of Each Receipt this Period  

19.23
-------

 Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**King, Sharon, L., ,**

Mailing Address **8735 Henderson Road**

City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33634</b>
----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>WellCare Health Plans, Inc.</b>	Occupation (for Individual) <b>health care</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2016

**Transaction ID : SA11AI.28525**

Amount of Each Receipt this Period  

19.23
-------

 Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Kirchner, John J., , ,**

Mailing Address **8735 Henderson Road**

City <b>Tampa</b>	State <b>FL</b>	Zip Code <b>33634</b>
----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) <b>WellCare Health Plans, Inc.</b>	Occupation (for Individual) <b>health care</b>
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼ **1249.95**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

**Transaction ID : SA11AI.26885**

Amount of Each Receipt this Period  

96.15
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>134.61</b>
<b>TOTAL</b> This Period (last page this line 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 229 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Kirchner, John J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27160**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Kirchner, John J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27436**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Kirchner, John J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27758**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 230 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Kirchner, John J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28030**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Kirchner, John J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28347**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Kirchner, John J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28680**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.45
<b>TOTAL</b> This Period (last page this line 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 231 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Knowles-Spruell, Lisa L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26834**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Knowles-Spruell, Lisa L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27115**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Knowles-Spruell, Lisa L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27388**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 232 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Knowles-Spruell, Lisa L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27708**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Knowles-Spruell, Lisa L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27984**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Knowles-Spruell, Lisa L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28297**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Knowles-Spruell, Lisa L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28609**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Korda, Stephan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26785**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Korda, Stephan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27066**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.92
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Korda, Stephan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27339**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Korda, Stephan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27651**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Korda, Stephan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27934**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 235 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Korda, Stephan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016  
**Transaction ID : SA11AI.28244**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Korda, Stephan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016  
**Transaction ID : SA11AI.28550**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Kulich, Roman T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : SA11AI.26886**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.61
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Kulich, Roman T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27161**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Kulich, Roman T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27437**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Kulich, Roman T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27760**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line 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 237 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Kulich, Roman T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28031**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Kulich, Roman T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28348**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Kulich, Roman T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28681**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line 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 238 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Lannigan, Jeffry, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26906**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Lannigan, Jeffry, P., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27176**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Latney-Battle, Ladonna Y., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26699**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	211.53
<b>TOTAL</b> This Period (last page this line 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 239 OF 484
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Latney-Battle, Ladonna Y., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.26979**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Latney-Battle, Ladonna Y., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27258**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Latney-Battle, Ladonna Y., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27565**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 240 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Latney-Battle, Ladonna Y., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27850**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Latney-Battle, Ladonna Y., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28162**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Latney-Battle, Ladonna Y., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28455**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 241 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Lim-Greene, Annabelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1260 N Lake Shore Drive, Apt 1914  
 City Chicago State IL Zip Code 60610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28363**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Lim-Greene, Annabelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1260 N Lake Shore Drive, Apt 1914  
 City Chicago State IL Zip Code 60610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28700**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Lincoln, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26747**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 211.53  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 242 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Lincoln, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27024**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Lincoln, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27301**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Lincoln, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27612**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 243 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Lincoln, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27895**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Lincoln, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28209**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Lincoln, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28502**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 484
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Long, Crawford, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27124**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Long, Crawford, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27398**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Long, Crawford, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27717**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 245 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Long, Crawford, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27993**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Long, Crawford, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28309**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Long, Crawford, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28618**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 246 OF 484
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Lovgren, Luke C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26690**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Lovgren, Luke C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.26970**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Lovgren, Luke C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27248**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 247 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Lovgren, Luke C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27555**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Lovgren, Luke C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27841**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Lovgren, Luke C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28153**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 248 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Lovgren, Luke C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28446**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Lyons-Taylor, Pam A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26904**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Lyons-Taylor, Pam A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27174**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 211.53  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 249 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Lyons-Taylor, Pam A., , ,**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1442.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2016

**Transaction ID : SA11AI.27450**

Amount of Each Receipt this Period  
 96.15

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Lyons-Taylor, Pam A., , ,**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1538.40

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2016

**Transaction ID : SA11AI.27778**

Amount of Each Receipt this Period  
 96.15

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Lyons-Taylor, Pam A., , ,**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 1634.55

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2016

**Transaction ID : SA11AI.28046**

Amount of Each Receipt this Period  
 96.15

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 OF 484
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Lyons-Taylor, Pam A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28367**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Lyons-Taylor, Pam A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28704**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. MacDonald, Gregg, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7909 Foxcatcher Court  
 City Odessa State FL Zip Code 33556  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 07 / 2016  
**Transaction ID : SA11AI.28376**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2692.30
<b>TOTAL</b> This Period (last page this line 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 251 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Maslanka, Joanna M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26771**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Maslanka, Joanna M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27047**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Maslanka, Joanna M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27323**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 252 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Maslanka, Joanna M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27634**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Maslanka, Joanna M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27919**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Maslanka, Joanna M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28230**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 253 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Maslanka, Joanna M., , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt **09 / 23 / 2016**

**Transaction ID : SA11AI.28533**

Amount of Each Receipt this Period **19.23**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Matyas, Carole A., , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1249.95**

Date of Receipt **07 / 01 / 2016**

**Transaction ID : SA11AI.26882**

Amount of Each Receipt this Period **96.15**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Matyas, Carole A., , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1346.10**

Date of Receipt **07 / 15 / 2016**

**Transaction ID : SA11AI.27157**

Amount of Each Receipt this Period **96.15**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **211.53**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 254 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Matyas, Carole A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27433**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Matyas, Carole A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27755**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Matyas, Carole A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28027**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 288.45  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 255 OF 484
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Matyas, Carole A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28344**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Matyas, Carole A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28677**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Mayo, Faustino, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26792**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	211.53
<b>TOTAL</b> This Period (last page this line 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 256 OF 484
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Mayo, Faustino, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27074**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Mayo, Faustino, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27347**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Mayo, Faustino, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27661**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 257 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Mayo, Faustino, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27941**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Mayo, Faustino, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28251**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Mayo, Faustino, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28559**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 258 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. McCabe, Angeline C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26749**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. McCabe, Angeline C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27025**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. McCabe, Angeline C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27302**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 259 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. McCabe, Angeline C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27613**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. McCabe, Angeline C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27896**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. McCabe, Angeline C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28210**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 260 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. McCabe, Angeline C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28503**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. McComb, Ray, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26811**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. McComb, Ray, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27092**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 96.15  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 261 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. McComb, Ray, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27366**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. McComb, Ray, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27685**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. McComb, Ray, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27961**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 262 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. McComb, Ray, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28275**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. McComb, Ray, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28584**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. McKenzie, Leslie D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 270.79

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26798**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 97.75  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 263 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. McKenzie, Leslie D., , ,**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 291.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2016

**Transaction ID : SA11AI.27080**

Amount of Each Receipt this Period  
 20.83

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. McKenzie, Leslie D., , ,**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 312.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2016

**Transaction ID : SA11AI.27354**

Amount of Each Receipt this Period  
 20.83

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. McKenzie, Leslie D., , ,**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
 333.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2016

**Transaction ID : SA11AI.27669**

Amount of Each Receipt this Period  
 20.83

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	62.49
<b>TOTAL</b> This Period (last page this line 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 264 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. McKenzie, Leslie D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 354.11

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27947**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**B. McKenzie, Leslie D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 374.94

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28261**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**C. McKenzie, Leslie D., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 395.77

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28566**  
 Amount of Each Receipt this Period 20.83  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 62.49  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. McKinnie, Sarah Helene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26709**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. McKinnie, Sarah Helene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.26987**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. McKinnie, Sarah Helene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27266**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 266 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. McKinnie, Sarah Helene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27573**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. McKinnie, Sarah Helene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27857**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. McKinnie, Sarah Helene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28170**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 267 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. McKinnie, Sarah Helene, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28463**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. McNally, Tanya M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26715**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. McNally, Tanya M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26993**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 268 OF 484  
(check only one)  
 11a     11b     11c     12  
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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. McNally, Tanya M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27272**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. McNally, Tanya M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27580**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. McNally, Tanya M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27863**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 269 OF 484
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. McNally, Tanya M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28176**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. McNally, Tanya M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28471**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Mellor, June, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26692**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 270 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Mellor, June, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26972**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Mellor, June, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27250**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Mellor, June, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27557**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 OF 484
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Mellor, June, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 26 / 2016 <b>Transaction ID : SA11AI.27843</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mellor, June, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 09 / 2016 <b>Transaction ID : SA11AI.28155</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.14	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mellor, June, , ,</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2016 <b>Transaction ID : SA11AI.28448</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 365.37	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 272 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Miller, Elizabeth M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26713**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Miller, Elizabeth M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26991**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Miller, Elizabeth M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27270**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 273 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Miller, Elizabeth M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27578**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Miller, Elizabeth M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27861**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Miller, Elizabeth M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28174**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Miller, Elizabeth M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28469**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Mitchell, Eufemia E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26775**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Mitchell, Eufemia E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27053**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 275 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Mitchell, Eufemia E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27329**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Mitchell, Eufemia E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27638**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Mitchell, Eufemia E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27923**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 276 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Mitchell, Eufemia E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28234**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Mitchell, Eufemia E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28537**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Moorhead, Debbie Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Wellcare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28562**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.46
<b>TOTAL</b> This Period (last page this line 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 277 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Morris, Heather S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26850**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Morris, Heather S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27133**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Morris, Heather S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27406**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 278 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Morris, Heather S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27727**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Morris, Heather S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28001**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Morris, Heather S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28317**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 279 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Morris, Heather S., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.52

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28632**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Mullen, Timothy M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26779**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Mullen, Timothy M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27057**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.92  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 280 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Mullen, Timothy M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27333**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Mullen, Timothy M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27645**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Mullen, Timothy M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27928**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 281 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Mullen, Timothy M., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

**Transaction ID : SA11AI.28238**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Mullen, Timothy M., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

**Transaction ID : SA11AI.28544**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Mulqueen, Kathleen, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

**Transaction ID : SA11AI.26788**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 282 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Mulqueen, Kathleen, , ,</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2016"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.27069</b>
Name of Employer (for Individual) WellCare Health Plans, Inc.		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Occupation (for Individual) health care		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="269.22"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mulqueen, Kathleen, , ,</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2016"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.27342</b>
Name of Employer (for Individual) WellCare Health Plans, Inc.		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Occupation (for Individual) health care		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="288.45"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mulqueen, Kathleen, , ,</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="08"/> / <input type="text" value="12"/> / <input type="text" value="2016"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.27654</b>
Name of Employer (for Individual) WellCare Health Plans, Inc.		Amount of Each Receipt this Period <input type="text" value="19.23"/>
Occupation (for Individual) health care		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="307.68"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="57.69"/>
<b>TOTAL</b> 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 283 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Mulqueen, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27937**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Mulqueen, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28247**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Mulqueen, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28553**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 284 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Munson, Kelly A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26780**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Munson, Kelly A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27058**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Munson, Kelly A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27334**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 285 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Munson, Kelly A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27646**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Munson, Kelly A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27929**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Munson, Kelly A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28239**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 286 OF 484
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Munson, Kelly A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28545**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Murray, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26784**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Murray, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27065**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 287 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Murray, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27338**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Murray, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27650**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Murray, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27933**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 288 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Murray, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28243**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Murray, Raymond, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28549**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Nibert, Dawna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26752**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 57.69  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 289 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Nibert, Dawna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27028**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Nibert, Dawna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27305**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Nibert, Dawna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27616**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 290 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Nibert, Dawna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27899**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Nibert, Dawna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28213**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Nibert, Dawna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28508**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 291 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Nisbet, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016  
**Transaction ID : SA11AI.26876**  
 Amount of Each Receipt this Period  
 96.15  
 Memo Item

**B. Nisbet, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2016  
**Transaction ID : SA11AI.27152**  
 Amount of Each Receipt this Period  
 96.15  
 Memo Item

**C. Nisbet, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2016  
**Transaction ID : SA11AI.27428**  
 Amount of Each Receipt this Period  
 96.15  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 288.45  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 292 OF 484
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Nisbet, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27750**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Nisbet, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28022**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Nisbet, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28339**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.45
<b>TOTAL</b> This Period (last page this line 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 293 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Nisbet, Sharon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28672**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Norton, Shunae E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26730**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Norton, Shunae E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27010**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.61
<b>TOTAL</b> This Period (last page this line 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 294 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Norton, Shunae E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27287**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Norton, Shunae E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27595**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Norton, Shunae E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27879**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 295 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Norton, Shunae E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28191**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Norton, Shunae E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28486**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Orlosky, Michael J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26830**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.92
<b>TOTAL</b> This Period (last page this line 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 296 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Orlosky, Michael J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27109**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Orlosky, Michael J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27384**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Orlosky, Michael J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27704**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 297 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Orlosky, Michael J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27980**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Orlosky, Michael J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28293**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Orlosky, Michael J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28605**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 298 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Orris, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26769**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Orris, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27045**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Orris, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27321**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 299 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Orris, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27632**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Orris, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27917**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Orris, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28228**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 300 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Orris, Benjamin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28531**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Palermo, Nino A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26782**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Palermo, Nino A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27060**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Palermo, Nino A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27336**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Palermo, Nino A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27648**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Palermo, Nino A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27931**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 302 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Palermo, Nino A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28241**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Palermo, Nino A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28547**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Papoulis, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 213.73

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28560**  
 Amount of Each Receipt this Period 19.43  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.89  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 303 OF 484  
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Peal, Margaret E., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

**Transaction ID : SA11AI.26839**

Amount of Each Receipt this Period  
38.46

Memo Item

**B. Peal, Margaret E., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

**Transaction ID : SA11AI.27120**

Amount of Each Receipt this Period  
38.46

Memo Item

**C. Peal, Margaret E., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
576.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

**Transaction ID : SA11AI.27394**

Amount of Each Receipt this Period  
38.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<b>TOTAL</b> This Period (last page this line 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 304 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Peal, Margaret E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27713**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Peal, Margaret E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27989**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Peal, Margaret E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28305**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 305 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Peal, Margaret E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28614**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Phin, Laura, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26697**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Phin, Laura, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26977**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.92  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Phin, Laura, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27256**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Phin, Laura, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27563**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Phin, Laura, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27848**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 307 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Phin, Laura, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28160**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Phin, Laura, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28453**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Piagentini, Anthony B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26841**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.92
<b>TOTAL</b> This Period (last page this line 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 308 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Piagentini, Anthony B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27122**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Piagentini, Anthony B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27396**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Piagentini, Anthony B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27715**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 309 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Piagentini, Anthony B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27991**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Piagentini, Anthony B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28307**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Piagentini, Anthony B., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28616**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 310 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Pinckney, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26794**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Pinckney, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27076**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Pinckney, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27349**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line 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 311 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Pinckney, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27663**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Pinckney, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27943**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**C. Pinckney, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28255**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**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 312 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Pinckney, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28561**  
 Amount of Each Receipt this Period 20.00  
 Memo Item

**B. Piskutz, Cheryl L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26714**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Piskutz, Cheryl L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.26992**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	58.46
<b>TOTAL</b> This Period (last page this line 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 313 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Piskutz, Cheryl L., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27271**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Piskutz, Cheryl L., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

**Transaction ID : SA11AI.27579**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Piskutz, Cheryl L., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
326.91

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

**Transaction ID : SA11AI.27862**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 314 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Piskutz, Cheryl L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28175**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Piskutz, Cheryl L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28470**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Podbielski, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26837**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.92
<b>TOTAL</b> This Period (last page this line 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 315 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Podbielski, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27118**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Podbielski, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27392**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Podbielski, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27711**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<b>TOTAL</b> This Period (last page this line 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 316 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Podbielski, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27987**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Podbielski, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28301**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Podbielski, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28612**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.38  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 317 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Poland, Patrick, , ,</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2016"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.26888</b>
Name of Employer (for Individual) WellCare Health Plans, Inc.		Amount of Each Receipt this Period <input type="text" value="96.15"/>
Occupation (for Individual) health care		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1249.95"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Poland, Patrick, , ,</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="15"/> / <input type="text" value="2016"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.27163</b>
Name of Employer (for Individual) WellCare Health Plans, Inc.		Amount of Each Receipt this Period <input type="text" value="96.15"/>
Occupation (for Individual) health care		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1346.10"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Poland, Patrick, , ,</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2016"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.27439</b>
Name of Employer (for Individual) WellCare Health Plans, Inc.		Amount of Each Receipt this Period <input type="text" value="96.15"/>
Occupation (for Individual) health care		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="1442.25"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<input type="text" value="288.45"/>
<b>TOTAL</b> 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 318 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Poland, Patrick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1538.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

**Transaction ID : SA11AI.27762**

Amount of Each Receipt this Period  
96.15

Memo Item

**B. Poland, Patrick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1634.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

**Transaction ID : SA11AI.28033**

Amount of Each Receipt this Period  
96.15

Memo Item

**C. Poland, Patrick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1730.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

**Transaction ID : SA11AI.28350**

Amount of Each Receipt this Period  
96.15

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line 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 319 OF 484
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Poland, Patrick, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1826.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2016

**Transaction ID : SA11AI.28683**

Amount of Each Receipt this Period  
96.15

Memo Item

**B. Polen, Michael, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

**Transaction ID : SA11AI.26913**

Amount of Each Receipt this Period  
192.30

Memo Item

**C. Polen, Michael, R., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2692.20

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

**Transaction ID : SA11AI.27180**

Amount of Each Receipt this Period  
192.30

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	480.75
<b>TOTAL</b> This Period (last page this line 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 320 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Polen, Michael, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2884.50

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27455**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Polen, Michael, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3076.80

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27783**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Polen, Michael, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3269.10

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28052**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> This Period (last page this line 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 321 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Polen, Michael, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3461.40

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28372**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Polen, Michael, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28712**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Powell, Traci, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27748**  
 Amount of Each Receipt this Period 57.70  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	442.30
<b>TOTAL</b> This Period (last page this line 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 322 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Powell, Traci, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28020**  
 Amount of Each Receipt this Period 57.70  
 Memo Item

**B. Powell, Traci, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.20

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28337**  
 Amount of Each Receipt this Period 57.70  
 Memo Item

**C. Powell, Traci, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.90

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28667**  
 Amount of Each Receipt this Period 57.70  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 173.10  
**TOTAL** This Period (last page this line 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 323 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Price, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26851**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Price, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27134**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Price, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27407**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 324 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Price, Christopher, , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt **08 / 12 / 2016**

**Transaction ID : SA11AI.27729**

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Price, Christopher, , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt **08 / 26 / 2016**

**Transaction ID : SA11AI.28002**

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Price, Christopher, , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt **09 / 09 / 2016**

**Transaction ID : SA11AI.28318**

Amount of Each Receipt this Period **38.46**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **115.38**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 325 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Price, Christopher, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28639**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Purvis, Marla P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26896**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Purvis, Marla P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27168**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.76
<b>TOTAL</b> This Period (last page this line 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 326 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Purvis, Marla P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27444**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Purvis, Marla P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27771**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Purvis, Marla P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28039**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 288.45  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 327 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Purvis, Marla P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28359**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Purvis, Marla P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28697**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Radu, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1461.48

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26912**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	384.60
<b>TOTAL</b> This Period (last page this line 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 328 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Radu, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1653.78

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27179**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Radu, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1846.08

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27454**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Radu, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2038.38

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27782**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> This Period (last page this line 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 329 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Radu, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2230.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

**Transaction ID : SA11AI.28050**

Amount of Each Receipt this Period  
192.30

Memo Item

**B. Radu, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2422.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

**Transaction ID : SA11AI.28371**

Amount of Each Receipt this Period  
192.30

Memo Item

**C. Radu, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2615.28

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

**Transaction ID : SA11AI.28709**

Amount of Each Receipt this Period  
192.30

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.90
<b>TOTAL</b> This Period (last page this line 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 330 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Randall, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28051**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Randall, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28357**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Randall, Ryan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28693**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	384.60
<b>TOTAL</b> This Period (last page this line 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 331 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Ray-Alexander, Joiel Yvette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26889**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Ray-Alexander, Joiel Yvette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27164**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Ray-Alexander, Joiel Yvette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27440**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line 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 332 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Ray-Alexander, Joiel Yvette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27763**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Ray-Alexander, Joiel Yvette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28034**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Ray-Alexander, Joiel Yvette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28351**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line 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 333 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Ray-Alexander, Joiel Yvette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28684**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Read, Anne, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26783**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Read, Anne, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27061**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.61
<b>TOTAL</b> This Period (last page this line 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 334 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Read, Anne, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

**Transaction ID : SA11AI.27337**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Read, Anne, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2016

**Transaction ID : SA11AI.27649**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Read, Anne, E., ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
326.91

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2016

**Transaction ID : SA11AI.27932**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 335 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Read, Anne, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28242**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Read, Anne, E., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28548**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Reynolds, David T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26722**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 336 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Reynolds, David T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27000**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Reynolds, David T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27279**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Reynolds, David T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27587**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 337 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Reynolds, David T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27871**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Reynolds, David T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28183**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Reynolds, David T., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28478**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 338 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Ridenour, Michael L., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

**Transaction ID : SA11AI.26819**

Amount of Each Receipt this Period  
38.46

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Ridenour, Michael L., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

**Transaction ID : SA11AI.27099**

Amount of Each Receipt this Period  
38.46

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Ridenour, Michael L., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
576.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27373**

Amount of Each Receipt this Period  
38.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<b>TOTAL</b> This Period (last page this line 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 339 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Ridenour, Michael L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27692**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Ridenour, Michael L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27969**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Ridenour, Michael L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28282**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 340 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Ridenour, Michael L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28593**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Rodriguez, Remedios, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26717**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Rodriguez, Remedios, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26995**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.92  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 341 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Rodriguez, Remedios, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27274**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Rodriguez, Remedios, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27582**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Rodriguez, Remedios, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27865**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 342 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Rodriguez, Remedios, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28178**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Rodriguez, Remedios, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28473**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Rosado, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27073**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 343 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Rubel, Lauralie, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26903**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Rubel, Lauralie, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27173**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Rubel, Lauralie, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27449**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line 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 344 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Rubel, Lauralie, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27777**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Rubel, Lauralie, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28045**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Rubel, Lauralie, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28366**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line 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 345 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Rubel, Lauralie, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28703**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Rudd, Rachael R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26827**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Rudd, Rachael R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27106**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	173.07
<b>TOTAL</b> This Period (last page this line 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 346 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Rudd, Rachael R., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27381**

Amount of Each Receipt this Period  
38.46

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Rudd, Rachael R., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
615.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

**Transaction ID : SA11AI.27699**

Amount of Each Receipt this Period  
38.46

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Rudd, Rachael R., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
653.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

**Transaction ID : SA11AI.27976**

Amount of Each Receipt this Period  
38.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 347 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Rudd, Rachael R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28289**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Rudd, Rachael R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28600**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Ruediger, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26855**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 348 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Ruediger, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27138**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Ruediger, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27411**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Ruediger, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27733**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 349 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Ruediger, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28006**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Ruediger, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28322**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Ruediger, Christine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28643**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.38  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 350 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Ruska, Phyllis J., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

**Transaction ID : SA11AI.26724**

Amount of Each Receipt this Period  
19.23

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Ruska, Phyllis J., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

**Transaction ID : SA11AI.27002**

Amount of Each Receipt this Period  
19.23

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Ruska, Phyllis J., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27281**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 351 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Ruska, Phyllis J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27589**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Ruska, Phyllis J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27873**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Ruska, Phyllis J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28185**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 352 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Ruska, Phyllis J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28480**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Russell, Patricia A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26707**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Russell, Patricia A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26985**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 353 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Russell, Patricia A., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27264**

Amount of Each Receipt this Period  
19.23

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Russell, Patricia A., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

**Transaction ID : SA11AI.27571**

Amount of Each Receipt this Period  
19.23

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Russell, Patricia A., , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
326.91

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

**Transaction ID : SA11AI.27855**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 354 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Russell, Patricia A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28168**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Russell, Patricia A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28461**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Salzer, Abby Dritz, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26824**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.92
<b>TOTAL</b> This Period (last page this line 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 355 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Salzer, Abby Dritz, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27103**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Salzer, Abby Dritz, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27378**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Salzer, Abby Dritz, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27696**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.38  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 356 OF 484
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Salzer, Abby Dritz, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27973**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Salzer, Abby Dritz, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28286**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Salzer, Abby Dritz, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28597**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 357 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Samerson, Marie E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26840**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Samerson, Marie E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27121**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Samerson, Marie E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27395**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 358 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Samerson, Marie E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27714**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Samerson, Marie E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27990**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Samerson, Marie E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28306**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<b>TOTAL</b> This Period (last page this line 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 359 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Samerson, Marie E., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28615**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Schmidt, Tracy, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26700**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Schmidt, Tracy, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.26980**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.92
<b>TOTAL</b> This Period (last page this line 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 360 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Schmidt, Tracy, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27259**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Schmidt, Tracy, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27566**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Schmidt, Tracy, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28163**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 361 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Schmidt, Tracy, M., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28456**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Schwartz, Hania, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26739**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Schwartz, Hania, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27017**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 362 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Schwartz, Hania, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27294**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Schwartz, Hania, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27603**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Schwartz, Hania, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27887**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 363 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Schwartz, Hania, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28199**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Schwartz, Hania, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28494**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Scott, Jeffrey P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26708**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 364 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Scott, Jeffrey P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.26986**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Scott, Jeffrey P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27265**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Scott, Jeffrey P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27572**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 365 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Scott, Jeffrey P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27856**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Scott, Jeffrey P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28169**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Scott, Jeffrey P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28462**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 366 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Shaps, Howard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

**Transaction ID : SA11AI.26736**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Shaps, Howard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

**Transaction ID : SA11AI.27015**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Shaps, Howard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27292**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 367 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Shaps, Howard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		12		2016

**Transaction ID : SA11AI.27600**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Shaps, Howard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
326.91

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

**Transaction ID : SA11AI.27885**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Shaps, Howard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

**Transaction ID : SA11AI.28196**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 368 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Shaps, Howard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28492**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Shaw, Jr., Elliott A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26875**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Shaw, Jr., Elliott A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.00

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27151**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	169.23
<b>TOTAL</b> This Period (last page this line 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 369 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Shaw, Jr., Elliott A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 950.00

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27427**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Shaw, Jr., Elliott A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27749**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Shaw, Jr., Elliott A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28021**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line 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 370 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Shaw, Jr., Elliott A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1175.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28338**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Shaw, Jr., Elliott A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28670**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**C. Simmons, Randall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26729**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	169.23
<b>TOTAL</b> This Period (last page this line 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 371 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Simmons, Randall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27009**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Simmons, Randall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27286**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Simmons, Randall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27594**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 372 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Simmons, Randall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27878**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Simmons, Randall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28190**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Simmons, Randall, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28485**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 373 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Sivik, Scott, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28356**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Sivik, Scott, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28692**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Smart, Lawrence, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26773**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	211.53
<b>TOTAL</b> This Period (last page this line 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 374 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Smart, Lawrence, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27049**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Smart, Lawrence, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27326**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Smart, Lawrence, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27636**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 375 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Smart, Lawrence, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27921**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Smart, Lawrence, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28232**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Smart, Lawrence, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28535**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 376 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Smith, Alan, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26900**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Smith, Alan, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27170**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Smith, Alan, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27446**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.45
<b>TOTAL</b> This Period (last page this line 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 377 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Smith, Alan, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27773**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Smith, Alan, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28041**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Smith, Alan, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28362**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 288.45  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 378 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Smith, Alan, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28699**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Smith, Randall W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26842**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Smith, Randall W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27123**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	173.07
<b>TOTAL</b> This Period (last page this line 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 379 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Smith, Randall W., , ,

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27397**

Amount of Each Receipt this Period 38.46

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Smith, Randall W., , ,

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27716**

Amount of Each Receipt this Period 38.46

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Smith, Randall W., , ,

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27992**

Amount of Each Receipt this Period 38.46

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 380 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Smith, Randall W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28308**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Smith, Randall W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28617**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Solomon, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27126**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 381 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Solomon, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27400**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Solomon, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27719**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Solomon, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27995**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 382 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Solomon, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28311**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Solomon, Donna, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28620**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Stalas, Philip G., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26703**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.15
<b>TOTAL</b> This Period (last page this line 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 383 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Stalas, Philip G., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26982**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Stalas, Philip G., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27261**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Stalas, Philip G., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27568**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 384 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Stalas, Philip G., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27852**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Stalas, Philip G., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28165**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Stalas, Philip G., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28458**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 385 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Steckel, Carol H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26831**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Steckel, Carol H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27112**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Steckel, Carol H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27385**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 386 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Steckel, Carol H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27705**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Steckel, Carol H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27981**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Steckel, Carol H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28294**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<b>TOTAL</b> This Period (last page this line 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 387 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Steckel, Carol H., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28606**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Stiger, Wesley K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26710**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Stiger, Wesley K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.26988**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.92
<b>TOTAL</b> This Period (last page this line 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 388 OF 484
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Stiger, Wesley K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27267**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Stiger, Wesley K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27575**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Stiger, Wesley K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27858**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 389 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Stiger, Wesley K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28171**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Stiger, Wesley K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28464**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Stratman, Derek A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26814**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.92
<b>TOTAL</b> This Period (last page this line 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 390 OF 484  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Stratman, Derek A., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	15	/	2016

**Transaction ID : SA11AI.27095**

Amount of Each Receipt this Period  
38.46

Memo Item

**B. Stratman, Derek A., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

**Transaction ID : SA11AI.27369**

Amount of Each Receipt this Period  
38.46

Memo Item

**C. Stratman, Derek A., , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
615.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2016

**Transaction ID : SA11AI.27688**

Amount of Each Receipt this Period  
38.46

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<b>TOTAL</b> This Period (last page this line 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 391 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Stratman, Derek A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27964**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Stratman, Derek A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28278**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Stratman, Derek A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28587**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 392 OF 484
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Talbert, Charles N., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26755**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Talbert, Charles N., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27031**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Talbert, Charles N., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27308**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 393 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Talbert, Charles N., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27619**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Talbert, Charles N., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27905**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Talbert, Charles N., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28216**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 394 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Talbert, Charles N., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28513**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Thompson, Cynthia, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26833**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Thompson, Cynthia, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27114**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.15
<b>TOTAL</b> This Period (last page this line 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 395 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Thompson, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27387**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Thompson, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27707**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Thompson, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27983**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 396 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Thompson, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28296**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Thompson, Cynthia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28608**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Toder, Elissa A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26770**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.15
<b>TOTAL</b> This Period (last page this line 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 397 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Toder, Elissa A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27046**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Toder, Elissa A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27322**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Toder, Elissa A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27633**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 398 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Toder, Elissa A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27918**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Toder, Elissa A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28229**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Toder, Elissa A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28532**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 399 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Todt, Blair, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

**Transaction ID : SA11AI.26910**

Amount of Each Receipt this Period  
192.30

Memo Item

**B. Toomey, Mary Jane, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
207.54

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

**Transaction ID : SA11AI.28143**

Amount of Each Receipt this Period  
11.53

Memo Item

**C. Toomey, Mary Jane, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
219.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

**Transaction ID : SA11AI.28435**

Amount of Each Receipt this Period  
11.53

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	215.36
<b>TOTAL</b> This Period (last page this line 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 400 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Torres, Miguel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26763**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Torres, Miguel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27039**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Torres, Miguel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27315**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 401 OF 484  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Torres, Miguel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2016

**Transaction ID : SA11AI.27627**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Torres, Miguel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
326.91

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2016

**Transaction ID : SA11AI.27912**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Torres, Miguel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2016

**Transaction ID : SA11AI.28223**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 402 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Torres, Miguel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28524**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Torres-Cabrera, Emmalou, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.53

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27891**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Torres-Cabrera, Emmalou, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28205**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 403 OF 484
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Torres-Cabrera, Emmalou, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28498**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Troutman, Crysten C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26695**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Troutman, Crysten C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26975**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 404 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Troutman, Crysten C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27561**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Troutman, Crysten C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27846**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Troutman, Crysten C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28158**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 405 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Troutman, Crysten C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28451**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Turano, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 634.59

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26892**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Turano, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27166**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	211.53
<b>TOTAL</b> This Period (last page this line 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 406 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Turano, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 826.89

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27442**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Turano, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.04

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27765**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Turano, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1019.19

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28036**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.45
<b>TOTAL</b> This Period (last page this line 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 407 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Turano, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1115.34

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28355**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Turano, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1211.49

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28688**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Valdes, Anthony J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26731**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	211.53
<b>TOTAL</b> This Period (last page this line 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 408 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Valdes, Anthony J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27011**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Valdes, Anthony J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27288**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Valdes, Anthony J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27596**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 409 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Valdes, Anthony J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27880**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Valdes, Anthony J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28192**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Valdes, Anthony J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28487**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 410 OF 484
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. VanSteelant, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26861**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. VanSteelant, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27143**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. VanSteelant, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27417**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 411 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. VanSteelant, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27738**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. VanSteelant, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28011**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. VanSteelant, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28328**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 412 OF 484
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. VanSteelant, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28651**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Viel, Leonel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26772**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Viel, Leonel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27048**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.92
<b>TOTAL</b> This Period (last page this line 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 413 OF 484
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Viel, Leonel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27324**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Viel, Leonel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27635**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Viel, Leonel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27920**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 414 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Viel, Leonel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28231**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Viel, Leonel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28534**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Waggoner, Timothy, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26787**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 415 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Waggoner, Timothy, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27068**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Waggoner, Timothy, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27341**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Waggoner, Timothy, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27653**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 416 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Waggoner, Timothy, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27936**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Waggoner, Timothy, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28246**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Waggoner, Timothy, R., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28552**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 417 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Walden, Ballard P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26759**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Walden, Ballard P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27035**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Walden, Ballard P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27312**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 418 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Walden, Ballard P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27624**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Walden, Ballard P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27909**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Walden, Ballard P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28220**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 419 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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**A. Walden, Ballard P., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28521**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Walker, Crystal W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26719**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Walker, Crystal W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.26997**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 420 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Walker, Crystal W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27276**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Walker, Crystal W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27584**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Walker, Crystal W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27867**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 421 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Walker, Crystal W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28180**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Walker, Crystal W., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28475**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Wang, Ed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26865**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.12
<b>TOTAL</b> This Period (last page this line 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 422 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Wang, Ed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.24

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27147**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Wang, Ed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.90

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27421**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Wang, Ed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.56

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27744**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 124.98  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 423 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Wang, Ed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 708.22

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28016**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**B. Wang, Ed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 749.88

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28333**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

**C. Wang, Ed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 791.54

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28656**  
 Amount of Each Receipt this Period 41.66  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	124.98
<b>TOTAL</b> This Period (last page this line 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 424 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Warner, Kathy, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26774**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Warner, Kathy, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27052**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Warner, Kathy, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27327**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 425 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Warner, Kathy, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27637**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Warner, Kathy, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27922**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Warner, Kathy, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28233**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 426 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Warner, Kathy, C., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28536**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Washington, Dale, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26838**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Washington, Dale, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27119**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.15
<b>TOTAL</b> This Period (last page this line 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 427 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Washington, Dale, , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt **07 / 29 / 2016**

**Transaction ID : SA11AI.27393**

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Washington, Dale, , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **615.36**

Date of Receipt **08 / 12 / 2016**

**Transaction ID : SA11AI.27712**

Amount of Each Receipt this Period **38.46**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Washington, Dale, , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **653.82**

Date of Receipt **08 / 26 / 2016**

**Transaction ID : SA11AI.27988**

Amount of Each Receipt this Period **38.46**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>115.38</b>
<b>TOTAL</b> This Period (last page this line 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 428 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Washington, Dale, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28304**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Washington, Dale, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28613**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Watson, William K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26864**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	116.92
<b>TOTAL</b> This Period (last page this line 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 429 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Watson, William K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27146**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Watson, William K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27420**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Watson, William K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27742**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	120.00
<b>TOTAL</b> This Period (last page this line 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 430 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Watson, William K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28014**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**B. Watson, William K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28331**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**C. Watson, William K., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28654**  
 Amount of Each Receipt this Period 40.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 120.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 431 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Wellons, Richard A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26720**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Wellons, Richard A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26998**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Wellons, Richard A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27277**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 432 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Wellons, Richard A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27585**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Wellons, Richard A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27868**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Wellons, Richard A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28181**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 433 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Wellons, Richard A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28476**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Whitaker, Michael A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26778**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Whitaker, Michael A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27056**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 434 OF 484
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Whitaker, Michael A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27332**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Whitaker, Michael A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27644**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Whitaker, Michael A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27927**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 435 OF 484
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Whitaker, Michael A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28237**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Whitaker, Michael A., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28542**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. White, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26813**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.92
<b>TOTAL</b> This Period (last page this line 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 436 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. White, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27094**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. White, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27368**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. White, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27687**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.38  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 437 OF 484
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. White, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27963**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. White, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28277**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. White, Jessica, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28586**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.38
<b>TOTAL</b> This Period (last page this line 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 438 OF 484
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Wills, Marketa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **07 / 01 / 2016**  
**Transaction ID : SA11AI.26844**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Wills, Marketa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27125**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Wills, Marketa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27399**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<b>TOTAL</b> This Period (last page this line 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 439 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Wills, Marketa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27718**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Wills, Marketa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27994**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Wills, Marketa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28310**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 115.38  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 440 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Wills, Marketa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28619**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Xie, Chang, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26786**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Xie, Chang, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27067**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.92  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 441 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Xie, Chang, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27340**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Xie, Chang, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27598**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Xie, Chang, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27652**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 442 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Xie, Chang, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		26		2016

**Transaction ID : SA11AI.27935**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Xie, Chang, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		09		2016

**Transaction ID : SA11AI.28245**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Xie, Chang, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
384.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		23		2016

**Transaction ID : SA11AI.28551**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 443 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Xie, Shaojuan, , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 01 / 2016

**Transaction ID : SA11AI.26733**

Amount of Each Receipt this Period  
19.23

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Xie, Shaojuan, , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2016

**Transaction ID : SA11AI.27013**

Amount of Each Receipt this Period  
19.23

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Xie, Shaojuan, , ,

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 29 / 2016

**Transaction ID : SA11AI.27290**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 444 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Xie, Shaojuan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27883**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Xie, Shaojuan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28194**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Xie, Shaojuan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28489**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 445 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Xiong, Yan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26901**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Xiong, Yan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27171**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Xiong, Yan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27447**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line 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 446 OF 484
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Xiong, Yan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27775**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Xiong, Yan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.28043**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Xiong, Yan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28364**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line 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 447 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Xiong, Yan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28701**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Yates, Mary Virginia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26776**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Yates, Mary Virginia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27054**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.61
<b>TOTAL</b> This Period (last page this line 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 448 OF 484
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Yates, Mary Virginia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27330**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Yates, Mary Virginia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27642**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Yates, Mary Virginia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27924**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 449 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Yates, Mary Virginia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28235**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Yates, Mary Virginia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28538**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Yiu, Yin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26702**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 450 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Yiu, Yin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26981**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Yiu, Yin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27260**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Yiu, Yin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27567**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 451 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Yiu, Yin, , ,

Mailing Address 8735 Henderson Road

City Tampa    State FL    Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.    Occupation (for Individual) health care

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **326.91**

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27851**

Amount of Each Receipt this Period **19.23**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Yiu, Yin, , ,

Mailing Address 8735 Henderson Road

City Tampa    State FL    Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.    Occupation (for Individual) health care

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28164**

Amount of Each Receipt this Period **19.23**

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Yiu, Yin, , ,

Mailing Address 8735 Henderson Road

City Tampa    State FL    Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.    Occupation (for Individual) health care

Receipt For:  Primary     General     Other (specify)

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28457**

Amount of Each Receipt this Period **19.23**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **57.69**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 452 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Young, Belinda, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.99

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		01		2016

**Transaction ID : SA11AI.26686**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Young, Belinda, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		15		2016

**Transaction ID : SA11AI.26966**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Young, Belinda, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		29		2016

**Transaction ID : SA11AI.27244**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 453 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Young, Belinda, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2016

**Transaction ID : SA11AI.27551**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Young, Belinda, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
326.91

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2016

**Transaction ID : SA11AI.27837**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Young, Belinda, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2016

**Transaction ID : SA11AI.28148**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 454 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Young, Belinda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28442**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Young, JoJo M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26768**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Young, JoJo M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.27044**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 455 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Young, JoJo M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27320**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Young, JoJo M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27631**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Young, JoJo M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.27916**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 456 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Young, JoJo M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28227**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Young, JoJo M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28528**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Yount, Michael, Carl, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26879**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.61
<b>TOTAL</b> This Period (last page this line 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 457 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Yount, Michael, Carl, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27155**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Yount, Michael, Carl, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1442.25

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27431**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Yount, Michael, Carl, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27753**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.45
<b>TOTAL</b> This Period (last page this line 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 458 OF 484
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	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Yount, Michael, Carl, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1634.55

Date of Receipt **08 / 26 / 2016**  
**Transaction ID : SA11AI.28025**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Yount, Michael, Carl, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.70

Date of Receipt **09 / 09 / 2016**  
**Transaction ID : SA11AI.28342**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Yount, Michael, Carl, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt **09 / 23 / 2016**  
**Transaction ID : SA11AI.28675**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<b>TOTAL</b> This Period (last page this line 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 459 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Zerbe, Annette, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26691**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Zerbe, Annette, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26971**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Zerbe, Annette, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 07 / 29 / 2016  
**Transaction ID : SA11AI.27249**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 460 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Zerbe, Annette, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27556**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Zerbe, Annette, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27842**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Zerbe, Annette, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28154**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 461 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Zerbe, Annette, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28447**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Zheng, Le, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26712**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Zheng, Le, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 07 / 15 / 2016  
**Transaction ID : SA11AI.26990**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 462 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Zheng, Le, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2016

**Transaction ID : SA11AI.27269**

Amount of Each Receipt this Period  
19.23

Memo Item

**B. Zheng, Le, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	12	/	2016

**Transaction ID : SA11AI.27577**

Amount of Each Receipt this Period  
19.23

Memo Item

**C. Zheng, Le, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
326.91

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2016

**Transaction ID : SA11AI.27860**

Amount of Each Receipt this Period  
19.23

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.69
<b>TOTAL</b> This Period (last page this line 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 463 OF 484
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Zheng, Le, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28173**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Zheng, Le, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 23 / 2016  
**Transaction ID : SA11AI.28468**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Zincke, Carlene C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 07 / 01 / 2016  
**Transaction ID : SA11AI.26810**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.92
<b>TOTAL</b> This Period (last page this line 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 464 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Zincke, Carlene C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt **07 / 15 / 2016**  
**Transaction ID : SA11AI.27091**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Zincke, Carlene C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt **07 / 29 / 2016**  
**Transaction ID : SA11AI.27365**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Zincke, Carlene C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.36

Date of Receipt **08 / 12 / 2016**  
**Transaction ID : SA11AI.27684**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<b>TOTAL</b> This Period (last page this line 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 465 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Zincke, Carlene C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 653.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 26 / 2016  
**Transaction ID : SA11AI.27960**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**B. Zincke, Carlene C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.28

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016  
**Transaction ID : SA11AI.28274**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**C. Zincke, Carlene C., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 730.74

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016  
**Transaction ID : SA11AI.28583**  
 Amount of Each Receipt this Period 38.46  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 466 OF 484  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Zinna, Scott R., , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt **07 / 01 / 2016**

**Transaction ID : SA11AI.26781**

Amount of Each Receipt this Period **19.23**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Zinna, Scott R., , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt **07 / 15 / 2016**

**Transaction ID : SA11AI.27059**

Amount of Each Receipt this Period **19.23**

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Zinna, Scott R., , ,**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt **07 / 29 / 2016**

**Transaction ID : SA11AI.27335**

Amount of Each Receipt this Period **19.23**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **57.69**

**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 467 OF 484
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Zinna, Scott R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt 08 / 12 / 2016  
**Transaction ID : SA11AI.27647**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**B. Zinna, Scott R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 326.91

Date of Receipt 08 / 26 / 2016  
**Transaction ID : SA11AI.27930**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

**C. Zinna, Scott R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 09 / 09 / 2016  
**Transaction ID : SA11AI.28240**  
 Amount of Each Receipt this Period 19.23  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<b>TOTAL</b> This Period (last page this line 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 468 OF 484  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Zinna, Scott R., , ,**

Mailing Address **8735 Henderson Road**

City **Tampa**    State **FL**    Zip Code **33634**

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) **WellCare Health Plans, Inc.**    Occupation (for Individual) **health care**

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt  
**09 / 23 / 2016**

**Transaction ID : SA11AI.28546**

Amount of Each Receipt this Period  
**19.23**

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City    State    Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)    Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>19.23</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>56366.79</b>

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Patrick Murphy**

Mailing Address 4521 PGA Blvd., #412

City  
Palm Beach Gardens

State  
FL

Zip Code  
33418

Purpose of Disbursement  
contribution

Candidate Name

**Murphy, Patrick, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 00

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	6			2	0	1	6	

FEC Identification Number

**C** C00493825

**Transaction ID : SB21B.28377**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Gene Green Congressional Campaign**

Mailing Address P. O. Box 16128

City  
Houston

State  
TX

Zip Code  
77222

Purpose of Disbursement  
contribution

Candidate Name

**Green, Raymond E. 'Gene', , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: TX District: 29

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	6	

FEC Identification Number

**C** C00254185

**Transaction ID : SB21B.28078**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Making America Prosperous PAC**

Mailing Address P. O. Box 2485

City  
Springfield

State  
VA

Zip Code  
22152

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	2			2	0	1	6	

FEC Identification Number

**C** C00445379

**Transaction ID : SB21B.28077**

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11000.00

**TOTAL** This Period (last page this line number only)..... ▶

11000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

### A. Friends of Patrick Murphy

Mailing Address 4521 PGA Blvd., #412

City: Palm Beach Gardens  
State: FL  
Zip Code: 33418

Purpose of Disbursement: contribution

Candidate Name: **Murphy, Patrick, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: FL District: 00

Date of Disbursement

MM / DD / YYYY  
08 / 16 / 2016

FEC Identification Number

**C** C00493825

Transaction ID : SB23.27496

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. McConnell Senate Committee

Mailing Address P. O. Box 1496

City: Louisville  
State: KY  
Zip Code: 40201

Purpose of Disbursement: contribution

Candidate Name: **McConnell, Mitch, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼  
State: KY District:

Date of Disbursement

MM / DD / YYYY  
08 / 03 / 2016

FEC Identification Number

**C** C00193342

Transaction ID : SB23.27492

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  
 Primary  General  
 Other (specify) ▼  
State: District:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5000.00

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Advancing Oklahoma PAC**

Mailing Address 713 N.W. 17 Street

City Oklahoma City State OK Zip Code 73103

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 07 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB29.28085

Amount of Each Disbursement this Period

[ ] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Caldwell for State House 2016**

Mailing Address 2010 Ramona Drive

City Enid State OK Zip Code 73703

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB29.27459

Amount of Each Disbursement this Period

[ ] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Calvey for State House 2016**

Mailing Address 4244 Cherry Hill Lane

City Oklahoma City State OK Zip Code 73120

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2016

FEC Identification Number

C [ ]

Transaction ID : SB29.27465

Amount of Each Disbursement this Period

[ ] 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 1500.00

**TOTAL** This Period (last page this line number only)..... ▶

[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial) <b>A. Dunnington for House 2016</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2016	
Mailing Address P. O. Box 1240		FEC Identification Number C [ ] <b>Transaction ID : SB29.27461</b> Amount of Each Disbursement this Period [ ] 250.00	
City Oklahoma City	State OK	Zip Code 73101	Category/ Type [ ]
Purpose of Disbursement non-federal contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Four Price Campaign</b>		Date of Disbursement MM / DD / YYYY 07 / 06 / 2016	
Mailing Address P. O. Box 1749		FEC Identification Number C [ ] <b>Transaction ID : SB29.27192</b> Amount of Each Disbursement this Period [ ] 500.00	
City Amarillo	State TX	Zip Code 79105	Category/ Type [ ]
Purpose of Disbursement non-federal contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Friends of AJ Griffin</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2016	
Mailing Address P. O. Box 1233		FEC Identification Number C [ ] <b>Transaction ID : SB29.27467</b> Amount of Each Disbursement this Period [ ] 500.00	
City Guthrie	State OK	Zip Code 73044	Category/ Type [ ]
Purpose of Disbursement non-federal contribution		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Friends of Glen Mulready**

Full Name (Last, First, Middle Initial)  
Mailing Address 660 W. 77th Place

City Tulsa State OK Zip Code 74132

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 02 / 2016

FEC Identification Number: C  
Transaction ID : SB29.27472  
Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Friends of Kay Floyd**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 60221

City Oklahoma State OK Zip Code 73146

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 02 / 2016

FEC Identification Number: C  
Transaction ID : SB29.27474  
Amount of Each Disbursement this Period: 500.00

Memo Item

**C. Friends of Kim David 2018**

Full Name (Last, First, Middle Initial)  
Mailing Address 9597 N. 50th Street W.

City Porter State OK Zip Code 74454

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 02 / 2016

FEC Identification Number: C  
Transaction ID : SB29.27479  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Larry Taylor**

Mailing Address P. O. Box 1208

City Friendswood

State TX

Zip Code 77549

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2016

FEC Identification Number

C  
Transaction ID : SB29.27188  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Friends of Randy McDaniel 2016**

Mailing Address 15513 Blue Mesa Drive

City Edmond

State OK

Zip Code 73013

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 02 / 2016

FEC Identification Number

C  
Transaction ID : SB29.27483  
Amount of Each Disbursement this Period  
500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Senator Jane Nelson**

Mailing Address P. O. Box 608

City Grapevine

State TX

Zip Code 76099

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2016

FEC Identification Number

C  
Transaction ID : SB29.27456  
Amount of Each Disbursement this Period  
1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

2000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Tom Newell 2016**

Mailing Address 905 William Blvd.

City  
Seminole

State  
OK

Zip Code  
74868

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	02	/	2016

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.27475**  
Amount of Each Disbursement this Period  
[ ] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. House Democratic Caucus PAC**

Mailing Address 1825 Missile Base Road

City  
Judsonia

State  
AR

Zip Code  
72081

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	25	/	2016

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.28055**  
Amount of Each Disbursement this Period  
[ ] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. House Leadership PAC**

Mailing Address P. O. Box 2458

City  
Little Rock

State  
AR

Zip Code  
72203

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	25	/	2016

FEC Identification Number

**C** [ ]  
**Transaction ID : SB29.28062**  
Amount of Each Disbursement this Period  
[ ] 1500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

**TOTAL** This Period (last page this line number only).....▶

[ ] 2500.00
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[ ]
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Keep Representative Jeff Greer**

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 1007

City: **Brandenburg** State: **KY** Zip Code: **40108**

Purpose of Disbursement: **non-federal contribution**

Candidate Name

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **08 / 03 / 2016**

FEC Identification Number: **C**

Transaction ID : **SB29.27487**

Amount of Each Disbursement this Period: **1000.00**

Memo Item

**B. Oklahoma House PAC**

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 12923

City: **Oklahoma City** State: **OK** Zip Code: **73157**

Purpose of Disbursement: **non-federal contribution**

Candidate Name

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **09 / 07 / 2016**

FEC Identification Number: **C**

Transaction ID : **SB29.28083**

Amount of Each Disbursement this Period: **500.00**

Memo Item

**C. Oklahoma State Republican Senatorial Committee**

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 76023

City: **Oklahoma City** State: **OK** Zip Code: **73147**

Purpose of Disbursement: **non-federal contribution**

Candidate Name

Office Sought:  House  Senate  President  
State: \_\_\_\_\_ District: \_\_\_\_\_

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: **08 / 02 / 2016**

FEC Identification Number: **C**

Transaction ID : **SB29.27481**

Amount of Each Disbursement this Period: **1000.00**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ **2500.00**

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial) <b>A. Reelect Greg Treat 2016</b>		Date of Disbursement MM / DD / YYYY 08 / 02 / 2016
Mailing Address 6101 N.W. 162nd Street		FEC Identification Number C <b>Transaction ID : SB29.27485</b> Amount of Each Disbursement this Period 500.00
City Oklahoma City	State OK	
Zip Code 73013	Purpose of Disbursement non-federal contribution	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Representative Charles S. Collins Campaign Fund</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2016
Mailing Address 3225 E. Piper Glen		FEC Identification Number C <b>Transaction ID : SB29.28058</b> Amount of Each Disbursement this Period 500.00
City Fayetteville	State AR	
Zip Code 72703	Purpose of Disbursement non-federal contribution	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Representative Eddie Lee Armstrong, III Campaign Fund</b>		Date of Disbursement MM / DD / YYYY 08 / 25 / 2016
Mailing Address P. O. Box 5323		FEC Identification Number C <b>Transaction ID : SB29.28064</b> Amount of Each Disbursement this Period 250.00
City North Little Rock	State AR	
Zip Code 72219	Purpose of Disbursement non-federal contribution	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Senator David Sanders Campaign Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	25	/	2016

Mailing Address 52 Chatel Drive

City Little Rock State AR Zip Code 72212

FEC Identification Number

**C**

**Transaction ID : SB29.28060**

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement non-federal contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. Senator James P. Hendren Campaign Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	25	/	2016

Mailing Address 1607 Highway 72, S.E.

City Gravette State AR Zip Code 72736

FEC Identification Number

**C**

**Transaction ID : SB29.28066**

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement non-federal contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. Senator Jason Rapert Campaign Fund**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	25	/	2016

Mailing Address P. O. Box 10388

City Conway State AR Zip Code 72034

FEC Identification Number

**C**

**Transaction ID : SB29.28068**

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement non-federal contribution

Category/Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Senator Jeremy Hutchinson Campaign Fund**

Mailing Address 331 Chenal Wood Drive

City  
Little Rock

State  
AR

Zip Code  
72223

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	6

FEC Identification Number

C [ ]

**Transaction ID : SB29.28072**

Amount of Each Disbursement this Period

[ ] 250.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Senator Judith Zaffirini Campaign**

Mailing Address P. O. Box 627

City  
Laredo

State  
TX

Zip Code  
78042

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	6		2	0	1	6

FEC Identification Number

C [ ]

**Transaction ID : SB29.27187**

Amount of Each Disbursement this Period

[ ] 500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Senator Larry Teague Campaign Fund**

Mailing Address P. O. Box 903

City  
Nashville

State  
AR

Zip Code  
71852

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	1	6

FEC Identification Number

C [ ]

**Transaction ID : SB29.28070**

Amount of Each Disbursement this Period

[ ] 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

[ ] 1250.00

**TOTAL** This Period (last page this line number only)..... ▶

[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

### A. Speaker Jeremy Gillam Campaign Fund

Mailing Address 1825 Missile Base Road

City Judsonia State AR Zip Code 72081

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.28074

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Texans for Charles Schwertner

Mailing Address P. O. Box 2448

City Georgetown State TX Zip Code 78627

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.27185

Amount of Each Disbursement this Period

[REDACTED] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Texans for Dan Patrick

Mailing Address P. O. Box 685085

City Austin State TX Zip Code 78768

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 06 / 2016

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.27190

Amount of Each Disbursement this Period

[REDACTED] 2000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 4000.00

[REDACTED]

# 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Texans for Greg Abbott**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 308

City Austin State TX Zip Code 78767

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 06 / 2016

FEC Identification Number: C  
Transaction ID : SB29.27186  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. Van Taylor Campaign**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 261676

City Plano State TX Zip Code 75026

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 07 / 06 / 2016

FEC Identification Number: C  
Transaction ID : SB29.27183  
Amount of Each Disbursement this Period: 500.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C  
Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	28750.00