

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="131970.74"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="131970.74"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="58573.72"/>	<input type="text" value="58573.72"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="190544.46"/>	<input type="text" value="190544.46"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="53500.00"/>	<input type="text" value="53500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="137044.46"/>	<input type="text" value="137044.46"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

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).....	25660.69	25660.69
(ii) Unitemized	32913.03	32913.03
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	58573.72	58573.72
(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)	58573.72	58573.72
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))..... ▶	58573.72	58573.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	58573.72	58573.72

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53500.00	53500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	53500.00	53500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53500.00	53500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	58573.72	58573.72
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	58573.72	58573.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : SA11AI.10325
 Amount of Each Receipt this Period
 96.15

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : SA11AI.10951
 Amount of Each Receipt this Period
 96.15

C. Nicholas Abid
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : SA11AI.10952
 Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.45
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Date of Receipt
 03 / 14 / 2014
Transaction ID : SA11AI.11399
 Amount of Each Receipt this Period
 96.15

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

Date of Receipt
 03 / 28 / 2014
Transaction ID : SA11AI.11400
 Amount of Each Receipt this Period
 96.15

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

Date of Receipt
 03 / 14 / 2014
Transaction ID : SA11AI.11401
 Amount of Each Receipt this Period
 38.46

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Harvey D. Anderson
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SA11AI.11402

Amount of Each Receipt this Period
38.46

B. Lawrence D. Anderson
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2014

Transaction ID : SA11AI.10330

Amount of Each Receipt this Period
192.30

C. Lawrence D. Anderson
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : SA11AI.10331

Amount of Each Receipt this Period
192.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : SA11AI.10955
 Amount of Each Receipt this Period
 192.30

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : SA11AI.10956
 Amount of Each Receipt this Period
 192.30

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.11403
 Amount of Each Receipt this Period
 192.30

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lawrence D. Anderson		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.11404
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Health Plans, Inc. Occupation health care		<input type="text" value="192.30"/>
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 (Last, First, Middle Initial) B. Bryan M. Baier		Date of Receipt
Mailing Address 8735 Henderson Blvd.		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.10343
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Health Plans, Inc. Occupation health care		<input type="text" value="96.15"/>
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 (Last, First, Middle Initial) C. Bryan M. Baier		Date of Receipt
Mailing Address 8735 Henderson Blvd.		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.10963
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Health Plans, Inc. Occupation health care		<input type="text" value="96.15"/>
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"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="384.60"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bryan M. Baier
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Blvd.

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.10964

Amount of Each Receipt this Period
96.15

B. Lucinda Baily
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.10346

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11AI.10965

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Lucinda Baily		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10966
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare Health Plans, Inc.	health care	<input type="text" value="192.30"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="576.90"/>	

Full Name (Last, First, Middle Initial) B. Lucinda Baily		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11411
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare Health Plans, Inc.	health care	<input type="text" value="192.30"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="769.20"/>	

Full Name (Last, First, Middle Initial) C. Lucinda Baily		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11412
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare Health Plans, Inc.	health care	<input type="text" value="192.30"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="961.50"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Richard O. Banner		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : SA11AI.10970
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 46.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.75	

Full Name (Last, First, Middle Initial) B. Richard O. Banner		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 Transaction ID : SA11AI.11415
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 46.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 276.90	

Full Name (Last, First, Middle Initial) C. Richard O. Banner		Date of Receipt MM / DD / YYYY 03 / 28 / 2014 Transaction ID : SA11AI.11416
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 46.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.05	

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

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

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

FOR LINE NUMBER: PAGE 14 OF 103
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SA11AI.11417

Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
B. Tanya Bartholomew

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SA11AI.11418

Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
C. Robert A. Beck

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : SA11AI.10359

Amount of Each Receipt this Period
96.15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Robert A. Beck
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2014

Transaction ID : SA11AI.10975

Amount of Each Receipt this Period

96.15

B. Robert A. Beck
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : SA11AI.10976

Amount of Each Receipt this Period

96.15

C. Robert A. Beck
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SA11AI.11421

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Robert A. Beck

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt
03 / 28 / 2014
Transaction ID : SA11AI.11422

Amount of Each Receipt this Period
96.15

Full Name (Last, First, Middle Initial)
B. Scott B. Black

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt
03 / 14 / 2014
Transaction ID : SA11AI.11429

Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
C. Scott B. Black

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt
03 / 28 / 2014
Transaction ID : SA11AI.11430

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **173.07**

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

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

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

FOR LINE NUMBER: PAGE 17 OF 103
(check only one)
 11a 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. Kenneth A. Burdick
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11441
 Amount of Each Receipt this Period
 192.30

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : SA11AI.10386
 Amount of Each Receipt this Period
 96.15

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : SA11AI.10993
 Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 384.60
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : SA11AI.10994

Amount of Each Receipt this Period

96.15

B. John Burke
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SA11AI.11442

Amount of Each Receipt this Period

96.15

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

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SA11AI.11443

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Cesar M. Castilleja
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : SA11AI.11000

Amount of Each Receipt this Period
 41.66

B. Cesar M. Castilleja
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.11448

Amount of Each Receipt this Period
 41.66

C. Cesar M. Castilleja
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 291.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11449

Amount of Each Receipt this Period
 41.66

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 20 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert A. Champagne		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11450
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare	health care	<input type="text" value="38.46"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.76"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Robert A. Champagne		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11451
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare	health care	<input type="text" value="38.46"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="269.22"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Bernard M. Cohen		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10413
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare Health Plans, Inc.	health care	<input type="text" value="96.15"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="288.45"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="173.07"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 103
	<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. Bernard M. Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : SA11AI.11011
 Amount of Each Receipt this Period
 96.15

B. Bernard M. Cohen
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : SA11AI.11012
 Amount of Each Receipt this Period
 96.15

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.11462
 Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.11467

Amount of Each Receipt this Period
38.46

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.11468

Amount of Each Receipt this Period
38.46

C. Justin R. Cramer
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.11470

Amount of Each Receipt this Period
38.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Justin R. Cramer
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11471

Amount of Each Receipt this Period
 38.46

B. David Cure
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : SA11AI.10425

Amount of Each Receipt this Period
 96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : SA11AI.11020

Amount of Each Receipt this Period
 96.15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David Cure
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : SA11AI.11021

Amount of Each Receipt this Period

96.15

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SA11AI.11472

Amount of Each Receipt this Period

96.15

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SA11AI.11473

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. William W. Davies
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.10431

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11AI.11024

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11025

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. William W. Davies
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt **03 / 14 / 2014**

Transaction ID : SA11AI.11476

Amount of Each Receipt this Period **96.15**

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt **03 / 28 / 2014**

Transaction ID : SA11AI.11477

Amount of Each Receipt this Period **96.15**

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt **03 / 14 / 2014**

Transaction ID : SA11AI.11480

Amount of Each Receipt this Period **38.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 103
	<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. Christopher C. Dawes
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11481
 Amount of Each Receipt this Period
 38.46

B. Valerie DeBoe
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 201.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11483
 Amount of Each Receipt this Period
 28.84

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.11492
 Amount of Each Receipt this Period
 38.46

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 28 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt 03 / 28 / 2014
Transaction ID : SA11AI.11493
Amount of Each Receipt this Period 38.46

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

Date of Receipt 03 / 14 / 2014
Transaction ID : SA11AI.11494
Amount of Each Receipt this Period 38.46

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

Date of Receipt 03 / 28 / 2014
Transaction ID : SA11AI.11495
Amount of Each Receipt this Period 38.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SA11AI.11506

Amount of Each Receipt this Period
38.46

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

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SA11AI.11507

Amount of Each Receipt this Period
38.46

C. David J. Gallitano
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SA11AI.11522

Amount of Each Receipt this Period
192.30

SUBTOTAL of Receipts This Page (optional).....▶	269.22
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David J. Gallitano		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11523
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="192.30"/>
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="576.90"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jennifer E. Gillespie		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11532
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.46"/>
Name of Employer	Occupation	
Wellcare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.76"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jennifer E. Gillespie		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11533
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.46"/>
Name of Employer	Occupation	
Wellcare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="269.22"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="269.22"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 31 OF 103
(check only one)

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.10506

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11AI.11077

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11078

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **288.45**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Elizabeth Goodman
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SA11AI.11534

Amount of Each Receipt this Period
96.15

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
673.05

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SA11AI.11535

Amount of Each Receipt this Period
96.15

C. Patricia B. Guay
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.76

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SA11AI.11538

Amount of Each Receipt this Period
38.46

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 103
	<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. Patricia B. Guay
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11539
 Amount of Each Receipt this Period
 38.46

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : SA11AI.10518
 Amount of Each Receipt this Period
 96.15

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : SA11AI.11084
 Amount of Each Receipt this Period
 96.15

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11085

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.11540

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.11541

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt
01 / 31 / 2014
Transaction ID : SA11AI.10521

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
02 / 14 / 2014
Transaction ID : SA11AI.11086

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt
02 / 28 / 2014
Transaction ID : SA11AI.11087

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **288.45**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Gregg Haddad
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.11542

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.11543

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.11548

Amount of Each Receipt this Period
38.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Robin Hamel		Date of Receipt M M / D D / Y Y Y Y Y 03 / 28 / 2014 Transaction ID : SA11AI.11549
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 38.46
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C		
Name of Employer WellCare	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	

Full Name (Last, First, Middle Initial) B. Richard M. Hanks		Date of Receipt M M / D D / Y Y Y Y Y 01 / 17 / 2014 Transaction ID : SA11AI.10541
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 104.16
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C		
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.32	

Full Name (Last, First, Middle Initial) C. Richard M. Hanks		Date of Receipt M M / D D / Y Y Y Y Y 01 / 31 / 2014 Transaction ID : SA11AI.10542
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 104.16
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C		
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.48	

SUBTOTAL of Receipts This Page (optional).....▶	246.78
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Richard M. Hanks
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11AI.11100

Amount of Each Receipt this Period
104.16

B. Richard M. Hanks
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **455.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11101

Amount of Each Receipt this Period
38.46

C. Richard M. Hanks
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **493.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.11556

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional)..... ▶ **181.08**

TOTAL This Period (last page this line number 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 103
(check only one)
 11a 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. Richard M. Hanks
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 532.02

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11557
 Amount of Each Receipt this Period
 38.46

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.11558
 Amount of Each Receipt this Period
 38.46

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11559
 Amount of Each Receipt this Period
 38.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rosemary Hauser
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2014

Transaction ID : SA11AI.11848

Amount of Each Receipt this Period
500.00

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : SA11AI.10551

Amount of Each Receipt this Period
96.15

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2014

Transaction ID : SA11AI.11106

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	692.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11107

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.11562

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.11563

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **288.45**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Lisa Hershiser
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderon Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.11564

Amount of Each Receipt this Period
 38.46

B. Lisa Hershiser
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderon Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11565

Amount of Each Receipt this Period
 38.46

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.11566

Amount of Each Receipt this Period
 38.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 103
	<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. Troy Hildreth
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 03 / 28 / 2014
Transaction ID : SA11AI.11567
 Amount of Each Receipt this Period
 38.46

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

Date of Receipt
 03 / 28 / 2014
Transaction ID : SA11AI.11571
 Amount of Each Receipt this Period
 96.15

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

Date of Receipt
 03 / 14 / 2014
Transaction ID : SA11AI.11574
 Amount of Each Receipt this Period
 38.46

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

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

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

FOR LINE NUMBER: PAGE 44 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt
03 / 28 / 2014
Transaction ID : SA11AI.11575

Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
B. Marla P. Holcomb

Mailing Address 8735 Henderon Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt
01 / 31 / 2014
Transaction ID : SA11AI.10569

Amount of Each Receipt this Period
96.15

Full Name (Last, First, Middle Initial)
C. Marla P. Holcomb

Mailing Address 8735 Henderon Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
02 / 14 / 2014
Transaction ID : SA11AI.11120

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **230.76**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Marla P. Holcomb
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderon Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : SA11AI.11121

Amount of Each Receipt this Period

96.15

B. Marla P. Holcomb
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderon Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SA11AI.11578

Amount of Each Receipt this Period

96.15

C. Marla P. Holcomb
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderon Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SA11AI.11579

Amount of Each Receipt this Period

96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 103
	<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. Laura Hungiville
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : SA11AI.10575
 Amount of Each Receipt this Period
 96.15

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : SA11AI.11124
 Amount of Each Receipt this Period
 96.15

C. Laura Hungiville
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : SA11AI.11125
 Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Laura Hungiville		Date of Receipt 03 / 14 / 2014 Transaction ID : SA11AI.11582
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

Full Name (Last, First, Middle Initial) B. Laura Hungiville		Date of Receipt 03 / 28 / 2014 Transaction ID : SA11AI.11583
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 673.05	

Full Name (Last, First, Middle Initial) C. Lisa G. Iglesias		Date of Receipt 01 / 17 / 2014 Transaction ID : SA11AI.10580
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 192.30
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

SUBTOTAL of Receipts This Page (optional).....▶	384.60
TOTAL This Period (last page this line number 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 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Lisa G. Iglesias			Date of Receipt
Mailing Address 8735 Henderson Road			<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.10581
Tampa	FL	33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="192.30"/>
Name of Employer	Occupation		
WellCare Health Plans, Inc.	health care		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="576.90"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Lisa G. Iglesias			Date of Receipt
Mailing Address 8735 Henderson Road			<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.11128
Tampa	FL	33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="192.30"/>
Name of Employer	Occupation		
WellCare Health Plans, Inc.	health care		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="769.20"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Lisa G. Iglesias			Date of Receipt
Mailing Address 8735 Henderson Road			<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code	Transaction ID : SA11AI.11129
Tampa	FL	33634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="192.30"/>
Name of Employer	Occupation		
WellCare Health Plans, Inc.	health care		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="961.50"/>		
<input type="checkbox"/> Other (specify) ▼			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Lisa G. Iglesias		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.11588
Name of Employer WellCare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="192.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="1153.80"/>		

Full Name (Last, First, Middle Initial) B. Lisa G. Iglesias		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.11589
Name of Employer WellCare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="192.30"/>
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 (Last, First, Middle Initial) C. Meghan A. Izzo		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.11592
Name of Employer WellCare		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="38.46"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
<input type="text" value="230.76"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="423.06"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Meghan A. Izzo		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11593
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.46"/>
Name of Employer	Occupation	
WellCare	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="269.22"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Goran Jankovic		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11594
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.46"/>
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.76"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Goran Jankovic		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.11595
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="38.46"/>
Name of Employer	Occupation	
WellCare Health Plans, Inc.	health care	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="269.22"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="115.38"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Hermilo O. Jazmines		Date of Receipt MM / DD / YYYY 01 / 31 / 2014 Transaction ID : SA11AI.10593
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45	

Full Name (Last, First, Middle Initial) B. Hermilo O. Jazmines		Date of Receipt MM / DD / YYYY 02 / 14 / 2014 Transaction ID : SA11AI.11136
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

Full Name (Last, First, Middle Initial) C. Hermilo O. Jazmines		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : SA11AI.11137
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.75	

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 52 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.11596
 Amount of Each Receipt this Period
 96.15

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11597
 Amount of Each Receipt this Period
 96.15

C. Walter C. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8734 Hernderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.11598
 Amount of Each Receipt this Period
 38.46

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

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

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

FOR LINE NUMBER: PAGE 53 OF 103
(check only one)
 11a 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. Walter C. Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 8734 Hernderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 28 / 2014
Transaction ID : SA11AI.11599
 Amount of Each Receipt this Period 38.46

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

Date of Receipt 03 / 14 / 2014
Transaction ID : SA11AI.11604
 Amount of Each Receipt this Period 38.46

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

Date of Receipt 03 / 28 / 2014
Transaction ID : SA11AI.11605
 Amount of Each Receipt this Period 38.46

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

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

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

FOR LINE NUMBER: PAGE 54 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : SA11AI.10608

Amount of Each Receipt this Period
 96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : SA11AI.11146

Amount of Each Receipt this Period
 96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : SA11AI.11147

Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.45

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 103
	<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)

Full Name (Last, First, Middle Initial) A. Stephen Jones		Date of Receipt
Mailing Address 8735 Henderson Road		M M M / D D D / Y Y Y Y Y Y 03 / 14 / 2014
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.11606
Name of Employer WellCare		Amount of Each Receipt this Period
Occupation health care		96.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	576.90	

Full Name (Last, First, Middle Initial) B. Stephen Jones		Date of Receipt
Mailing Address 8735 Henderson Road		M M M / D D D / Y Y Y Y Y Y 03 / 28 / 2014
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.11607
Name of Employer WellCare		Amount of Each Receipt this Period
Occupation health care		96.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	673.05	

Full Name (Last, First, Middle Initial) C. Paul Kensicki		Date of Receipt
Mailing Address 8735 Henderson Road		M M M / D D D / Y Y Y Y Y Y 01 / 31 / 2014
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee. C		Transaction ID : SA11AI.10614
Name of Employer Wellcare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		96.15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	288.45	

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 56 OF 103
(check only one)
 11a 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. Paul Kensicki
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : SA11AI.11150
 Amount of Each Receipt this Period
 96.15

B. Paul Kensicki
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : SA11AI.11151
 Amount of Each Receipt this Period
 96.15

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.11610
 Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.45
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 OF 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Paul Kensicki
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.11611

Amount of Each Receipt this Period
96.15

B. John J. Kirchner
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.10626

Amount of Each Receipt this Period
96.15

C. John J. Kirchner
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11AI.11158

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John J. Kirchner		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : SA11AI.11159
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.75	

Full Name (Last, First, Middle Initial) B. John J. Kirchner		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 Transaction ID : SA11AI.11620
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

Full Name (Last, First, Middle Initial) C. John J. Kirchner		Date of Receipt MM / DD / YYYY 03 / 28 / 2014 Transaction ID : SA11AI.11621
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 96.15
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 673.05	

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 59 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 288.45

Date of Receipt
 01 / 31 / 2014
Transaction ID : SA11AI.10632

Amount of Each Receipt this Period
 96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 384.60

Date of Receipt
 02 / 14 / 2014
Transaction ID : SA11AI.11162

Amount of Each Receipt this Period
 96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 480.75

Date of Receipt
 02 / 28 / 2014
Transaction ID : SA11AI.11163

Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.45

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Date of Receipt **03 / 14 / 2014**
Transaction ID : SA11AI.11625
Amount of Each Receipt this Period **96.15**

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

Date of Receipt **03 / 28 / 2014**
Transaction ID : SA11AI.11626
Amount of Each Receipt this Period **96.15**

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

Date of Receipt **03 / 14 / 2014**
Transaction ID : SA11AI.11629
Amount of Each Receipt this Period **38.46**

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

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

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

FOR LINE NUMBER: PAGE 61 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Gregory A. LaManna

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt
03 / 28 / 2014
Transaction ID : SA11AI.11630

Amount of Each Receipt this Period
38.46

Full Name (Last, First, Middle Initial)
B. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt
01 / 31 / 2014
Transaction ID : SA11AI.10641

Amount of Each Receipt this Period
96.15

Full Name (Last, First, Middle Initial)
C. Jeffry P. Lannigan

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
02 / 14 / 2014
Transaction ID : SA11AI.11168

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **230.76**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jeffry P. Lannigan
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11169

Amount of Each Receipt this Period
96.15

B. Jeffry P. Lannigan
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.11631

Amount of Each Receipt this Period
96.15

C. Jeffry P. Lannigan
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.11632

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 103
	<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. Tana Le Roux
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Occupation health care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.76**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.11633
 Amount of Each Receipt this Period
38.46

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.11641
 Amount of Each Receipt this Period
38.46

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11642
 Amount of Each Receipt this Period
38.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Brian W. Luidhardt		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.11847
Name of Employer Wellcare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Pam A. Lyons-Taylor		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.10665
Name of Employer Wellcare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="96.15"/>
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 (Last, First, Middle Initial) C. Pam A. Lyons-Taylor		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.11184
Name of Employer Wellcare Health Plans, Inc.		Amount of Each Receipt this Period
Occupation health care		<input type="text" value="96.15"/>
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="692.30"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 65 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt
02 / 28 / 2014
Transaction ID : SA11AI.11185

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
03 / 14 / 2014
Transaction ID : SA11AI.11647

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt
03 / 28 / 2014
Transaction ID : SA11AI.11648

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **288.45**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Barbara E. Mason
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.11653

Amount of Each Receipt this Period
38.46

B. Barbara E. Mason
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.11654

Amount of Each Receipt this Period
38.46

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.10683

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **173.07**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11AI.11195

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11196

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.11657

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Carole A. Matyas		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.11658
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Wellcare Health Plans, Inc. Occupation health care		<input type="text" value="96.15"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="673.05"/>	

Full Name (Last, First, Middle Initial) B. David J. McNichols		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.10695
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Health Plans, Inc. Occupation health care		<input type="text" value="96.15"/>
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 (Last, First, Middle Initial) C. David J. McNichols		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		Transaction ID : SA11AI.11203
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Health Plans, Inc. Occupation health care		<input type="text" value="96.15"/>
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"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="288.45"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 OF 103
(check only one)

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

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

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

A. David J. McNichols
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Health Plans, Inc. Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.75

Date of Receipt
MM / DD / YYYY
02 / 28 / 2014
Transaction ID : SA11AI.11204
Amount of Each Receipt this Period
96.15

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

Date of Receipt
MM / DD / YYYY
03 / 14 / 2014
Transaction ID : SA11AI.11667
Amount of Each Receipt this Period
96.15

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

Date of Receipt
MM / DD / YYYY
03 / 28 / 2014
Transaction ID : SA11AI.11668
Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 288.45
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 70 OF 103
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)
A. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.10713

Amount of Each Receipt this Period
96.15

Full Name (Last, First, Middle Initial)
B. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11AI.11215

Amount of Each Receipt this Period
96.15

Full Name (Last, First, Middle Initial)
C. Wendy A. Morriarty

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11216

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **288.45**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wendy A. Morriarty
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.11676

Amount of Each Receipt this Period
96.15

B. Wendy A. Morriarty
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.11677

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.11686

Amount of Each Receipt this Period
38.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gina Newberry
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11687

Amount of Each Receipt this Period
 38.46

B. Sharon Nisbet
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : SA11AI.10731

Amount of Each Receipt this Period
 96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : SA11AI.11227

Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sharon Nisbet		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11228
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="96.15"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.75"/>	

Full Name (Last, First, Middle Initial) B. Sharon Nisbet		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11688
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="96.15"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="576.90"/>	

Full Name (Last, First, Middle Initial) C. Sharon Nisbet		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="03"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11689
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="96.15"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="673.05"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="288.45"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.76

Date of Receipt
03 / 14 / 2014
Transaction ID : SA11AI.11692

Amount of Each Receipt this Period
38.46

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

Date of Receipt
03 / 28 / 2014
Transaction ID : SA11AI.11693

Amount of Each Receipt this Period
38.46

c. Christopher T. Parrillo
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.45

Date of Receipt
01 / 31 / 2014
Transaction ID : SA11AI.10745

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 173.07

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt 02 / 14 / 2014
Transaction ID : SA11AI.11237
 Amount of Each Receipt this Period 96.15

B. Christopher T. Parrillo
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt 02 / 28 / 2014
Transaction ID : SA11AI.11238
 Amount of Each Receipt this Period 96.15

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

Date of Receipt 03 / 14 / 2014
Transaction ID : SA11AI.11698
 Amount of Each Receipt this Period 96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11699
 Amount of Each Receipt this Period
 96.15

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 17 / 2014
Transaction ID : SA11AI.10747
 Amount of Each Receipt this Period
 192.30

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : SA11AI.10748
 Amount of Each Receipt this Period
 192.30

SUBTOTAL of Receipts This Page (optional).....▶	480.75
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 103
	<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. Michael R. Polen
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt
 02 / 14 / 2014
Transaction ID : SA11AI.11239
 Amount of Each Receipt this Period
 192.30

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

Date of Receipt
 02 / 28 / 2014
Transaction ID : SA11AI.11240
 Amount of Each Receipt this Period
 192.30

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

Date of Receipt
 03 / 14 / 2014
Transaction ID : SA11AI.11701
 Amount of Each Receipt this Period
 192.30

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 103
	<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. Michael R. Polen
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1346.10**

Date of Receipt **03 / 28 / 2014**
Transaction ID : SA11AI.11702
 Amount of Each Receipt this Period **192.30**

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

Date of Receipt **03 / 14 / 2014**
Transaction ID : SA11AI.11709
 Amount of Each Receipt this Period **38.46**

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

Date of Receipt **03 / 28 / 2014**
Transaction ID : SA11AI.11710
 Amount of Each Receipt this Period **38.46**

SUBTOTAL of Receipts This Page (optional).....	269.22
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11248

Amount of Each Receipt this Period
41.66

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.96**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.11711

Amount of Each Receipt this Period
41.66

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.62**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.11712

Amount of Each Receipt this Period
41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ **124.98**

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

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

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

FOR LINE NUMBER: PAGE 80 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Date of Receipt 03 / 14 / 2014
Transaction ID : SA11AI.11724
 Amount of Each Receipt this Period 38.46

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

Date of Receipt 03 / 28 / 2014
Transaction ID : SA11AI.11725
 Amount of Each Receipt this Period 38.46

C. James Rodgers
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 03 / 14 / 2014
Transaction ID : SA11AI.11726
 Amount of Each Receipt this Period 38.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James Rodgers
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33636

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

Name of Employer Wellcare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.11727

Amount of Each Receipt this Period
38.46

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.10785

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014

Transaction ID : SA11AI.11263

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ **230.76**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : SA11AI.11264

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.11730

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.11731

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Christine Ruediger
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11AI.11734

Amount of Each Receipt this Period
 38.46

B. Christine Ruediger
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.11735

Amount of Each Receipt this Period
 38.46

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014

Transaction ID : SA11AI.11740

Amount of Each Receipt this Period
 38.46

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 103
	<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)

Full Name (Last, First, Middle Initial) A. Katherine Ryland		Date of Receipt 03 / 28 / 2014 Transaction ID : SA11AI.11741
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 38.46
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	

Full Name (Last, First, Middle Initial) B. Elliott A. Shaw Jr.		Date of Receipt 02 / 28 / 2014 Transaction ID : SA11AI.11280
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 50.00
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Elliott A. Shaw Jr.		Date of Receipt 03 / 14 / 2014 Transaction ID : SA11AI.11751
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 50.00
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	138.46
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 85 OF 103
	<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. Elliott A. Shaw Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WellCare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014
Transaction ID : SA11AI.11752
 Amount of Each Receipt this Period
50.00

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014
Transaction ID : SA11AI.10820
 Amount of Each Receipt this Period
96.15

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2014
Transaction ID : SA11AI.11285
 Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....	242.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 103
<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. Alan R. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt **02 / 28 / 2014**

Transaction ID : SA11AI.11286

Amount of Each Receipt this Period **96.15**

B. Alan R. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt **03 / 14 / 2014**

Transaction ID : SA11AI.11757

Amount of Each Receipt this Period **96.15**

C. Alan R. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt **03 / 28 / 2014**

Transaction ID : SA11AI.11758

Amount of Each Receipt this Period **96.15**

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Derek A. Stratman
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11AI.11767

Amount of Each Receipt this Period
38.46

B. Derek A. Stratman
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.22**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 28 / 2014

Transaction ID : SA11AI.11768

Amount of Each Receipt this Period
38.46

C. Christopher P. Surrall
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 31 / 2014

Transaction ID : SA11AI.10845

Amount of Each Receipt this Period
96.15

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 103
	<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. Christopher P. Surrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : SA11AI.11302
 Amount of Each Receipt this Period
 96.15

B. Christopher P. Surrell
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : SA11AI.11303
 Amount of Each Receipt this Period
 96.15

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.11774
 Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11775
 Amount of Each Receipt this Period
 96.15

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.11782
 Amount of Each Receipt this Period
 192.30

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11783
 Amount of Each Receipt this Period
 192.30

SUBTOTAL of Receipts This Page (optional).....▶	480.75
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2014

Transaction ID : SA11AI.10862

Amount of Each Receipt this Period

192.30

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

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : SA11AI.10863

Amount of Each Receipt this Period

192.30

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

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2014

Transaction ID : SA11AI.11313

Amount of Each Receipt this Period

192.30

SUBTOTAL of Receipts This Page (optional).....▶	576.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : SA11AI.11314

Amount of Each Receipt this Period
 192.30

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.11786

Amount of Each Receipt this Period
 192.30

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11787

Amount of Each Receipt this Period
 192.30

SUBTOTAL of Receipts This Page (optional)..... ▶ 576.90

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt **03 / 14 / 2014**
Transaction ID : SA11AI.11790
Amount of Each Receipt this Period **38.46**

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

Date of Receipt **03 / 28 / 2014**
Transaction ID : SA11AI.11791
Amount of Each Receipt this Period **38.46**

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

Date of Receipt **03 / 14 / 2014**
Transaction ID : SA11AI.11792
Amount of Each Receipt this Period **38.46**

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

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

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

FOR LINE NUMBER: PAGE 93 OF 103
(check only one)
 11a 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. Steven A. Vetrano
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11793
 Amount of Each Receipt this Period
 38.46

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : SA11AI.11332
 Amount of Each Receipt this Period
 41.66

C. Ed Wang
 Full Name (Last, First, Middle Initial)
 Mailing Address 8735 Henderson Road
 City Tampa State FL Zip Code 33634
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wellcare Health Plans, Inc. Occupation health care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : SA11AI.11804
 Amount of Each Receipt this Period
 41.66

SUBTOTAL of Receipts This Page (optional)..... ▶ 121.78
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Date of Receipt 03 / 28 / 2014
Transaction ID : SA11AI.11805
Amount of Each Receipt this Period 41.66

B. William K. Watson
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 14 / 2014
Transaction ID : SA11AI.11808
Amount of Each Receipt this Period 40.00

C. William K. Watson
Full Name (Last, First, Middle Initial)
Mailing Address 8735 Henderson Road
City Tampa State FL Zip Code 33634
FEC ID number of contributing federal political committee. **C**
Name of Employer WellCare Occupation health care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 03 / 28 / 2014
Transaction ID : SA11AI.11809
Amount of Each Receipt this Period 40.00

SUBTOTAL of Receipts This Page (optional).....▶ 121.66
TOTAL This Period (last page this line number 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 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Teddy J. Webster

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.76

Date of Receipt
 03 / 14 / 2014
Transaction ID : SA11AI.11810

Amount of Each Receipt this Period
 38.46

Full Name (Last, First, Middle Initial)
B. Teddy J. Webster

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 269.22

Date of Receipt
 03 / 28 / 2014
Transaction ID : SA11AI.11811

Amount of Each Receipt this Period
 38.46

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 230.76

Date of Receipt
 03 / 14 / 2014
Transaction ID : SA11AI.11818

Amount of Each Receipt this Period
 38.46

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Sandra White
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 28 / 2014
Transaction ID : SA11AI.11819

Amount of Each Receipt this Period
 38.46

B. Yan Xiong
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 31 / 2014
Transaction ID : SA11AI.10926

Amount of Each Receipt this Period
 96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : SA11AI.11355

Amount of Each Receipt this Period
 96.15

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.76

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Yan Xiong
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt
02 / 28 / 2014

Transaction ID : SA11AI.11356

Amount of Each Receipt this Period
96.15

B. Yan Xiong
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt
03 / 14 / 2014

Transaction ID : SA11AI.11827

Amount of Each Receipt this Period
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt
03 / 28 / 2014

Transaction ID : SA11AI.11828

Amount of Each Receipt this Period
96.15

SUBTOTAL of Receipts This Page (optional).....▶	288.45
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Carl Yount		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="01"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.10941
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="96.15"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="288.45"/>	

Full Name (Last, First, Middle Initial) B. Michael Carl Yount		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11365
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="96.15"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="384.60"/>	

Full Name (Last, First, Middle Initial) C. Michael Carl Yount		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.11366
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="96.15"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.75"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="288.45"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 103
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SA11AI.11837

Amount of Each Receipt this Period

96.15

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

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **673.05**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SA11AI.11838

Amount of Each Receipt this Period

96.15

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

Mailing Address 8735 Henderson Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SA11AI.11843

Amount of Each Receipt this Period

38.46

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

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

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

FOR LINE NUMBER: PAGE 100 OF 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Carlene C. Zincke

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 269.22

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 28 / 2014

Transaction ID : SA11AI.11844

Amount of Each Receipt this Period
 38.46

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	38.46
TOTAL This Period (last page this line number only).....▶	25660.69

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. America's Health Insurance Plans PAC

Mailing Address 601 Pennsylvania Ave., N.W.
Suite 500

City Washington State DC Zip Code 20004

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : SB23.11389

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2014

Transaction ID : SB23.11386

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
01 / 30 / 2014

Transaction ID : SB23.11387

Amount of Each Disbursement this Period

5000.00

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

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

20000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Kevin McCarthy for Congress

Mailing Address P. O. Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement contribution

Candidate Name
Kevin McCarthy

Office Sought: House Senate President
State: CA District: 23

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	26	/	2014

Transaction ID : SB23.11397

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Mailing Address 320 First Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	06	/	2014

Transaction ID : SB23.11388

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second Street, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	30	/	2014

Transaction ID : SB23.11385

Amount of Each Disbursement this Period

15000.00

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

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

31000.00

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