

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Coventry Health Care Inc - First Health Group PAC

ADDRESS (number and street) 901 New York Avenue NW Third Fl.
 Check if different than previously reported. (ACC)
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00217216
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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

5. Covering Period 11 28 2006 through 12 31 2006

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

Type or Print Name of Treasurer John Ruhlmann

Signature of Treasurer Electronically Filed by John Ruhlmann Date 03 07 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Coventry Health Care Inc - First Health Group PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		94963.14
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	110957.71									
(c) Total Receipts (from Line 19)	8097.96	55542.53								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	119055.67	150505.67								
7. Total Disbursements (from Line 31)	1000.00	32450.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	118055.67	118055.67								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Coventry Health Care Inc - First Health Group PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	7258.96	43929.81
(i) Itemized (use Schedule A)	283.00	10774.83
(ii) Unitemized	7541.96	54704.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7541.96	54704.64
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)	556.00	837.89
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8097.96	55542.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8097.96	55542.53

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	27500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	-50.00
(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	-50.00
29. Other Disbursements.....	1000.00	5000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1000.00	32450.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1000.00	32450.00

DETAILED SUMMARY PAGE
of Disbursements

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)	7541.96	54704.64
34. Total Contribution Refunds (from Line 28(d))	0.00	-50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7541.96	54754.64
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)	556.00	837.89
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-556.00	-837.89

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Scott Allocco		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 304 Taplow Rd.		Transaction ID: A2006-1762817	
City State Zip Code Baltimore MD 21212	Amount of Each Receipt this Period 825.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Unassigned		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1825.00		

Full Name (Last, First, Middle Initial) B. Mary Baranowski		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 7617 Queens Court		Transaction ID: A2006-1789122	
City State Zip Code Downers Grove IL 60516	Amount of Each Receipt this Period 38.46		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Assistant Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.12		

Full Name (Last, First, Middle Initial) C. Mary Baranowski		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 7617 Queens Court		Transaction ID: A2006-1789069	
City State Zip Code Downers Grove IL 60516	Amount of Each Receipt this Period 38.46		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Assistant Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.58		

SUBTOTAL of Receipts This Page (optional) ▶	901.92
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Mary Baranowski

Mailing Address 7617 Queens Court

City Downers Grove State IL Zip Code 60516

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

Name of Employer Coventry Health Care Inc. Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 923.04

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1789176

Amount of Each Receipt this Period
38.46

B. Full Name (Last, First, Middle Initial)
Mary Baranowski

Mailing Address 7617 Queens Court

City Downers Grove State IL Zip Code 60516

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

Name of Employer Coventry Health Care Inc. Occupation Assistant Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: A2006-2046187

Amount of Each Receipt this Period
38.46

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

Mailing Address 3200 S. Highland Ave

City Downers Grove State IL Zip Code 60515

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789101

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)	▶	86.92
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Pamela Barnes		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		Transaction ID: A2006-1789048	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) B. Pamela Barnes		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		Transaction ID: A2006-1789155	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) C. Pamela Barnes		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		Transaction ID: A2006-2046166	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	30.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Isadore Baseman		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3721 TecPort Drive		Transaction ID: A2006-1789125	
City State Zip Code Harrisburg PA 17106		Amount of Each Receipt this Period 75.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc. Occupation Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Sandra Berg		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 949 Darius Av		Transaction ID: A2006-1789094	
City State Zip Code Naperville IL 60565		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc. Occupation Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Sandra Berg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 949 Darius Av		Transaction ID: A2006-1789041	
City State Zip Code Naperville IL 60565		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc. Occupation Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional) ▶	95.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Sandra Berg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 949 Darius Av		Transaction ID: A2006-1789148	
City Naperville	State IL	Amount of Each Receipt this Period 10.00	
Zip Code 60565		FEC ID number of contributing federal political committee. C	
Name of Employer Coventry Health Care Inc.	Occupation Manager	Aggregate Year-to-Date ▼ 240.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Sandra Berg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 949 Darius Av		Transaction ID: A2006-2046159	
City Naperville	State IL	Amount of Each Receipt this Period 10.00	
Zip Code 60565		FEC ID number of contributing federal political committee. C	
Name of Employer Coventry Health Care Inc.	Occupation Manager	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dale Blecher		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 10020 Bellona Court		Transaction ID: A2006-1789119	
City Richmond	State VA	Amount of Each Receipt this Period 20.00	
Zip Code 23233		FEC ID number of contributing federal political committee. C	
Name of Employer Coventry Health Care Inc.	Occupation Systems Analyst	Aggregate Year-to-Date ▼ 440.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	40.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. Dale Bleecher		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 10020 Bellona Court		Transaction ID: A2006-1789066	
City Richmond	State VA	Zip Code 23233	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Systems Analyst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00		

Full Name (Last, First, Middle Initial) B. Dale Bleecher		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 10020 Bellona Court		Transaction ID: A2006-1789173	
City Richmond	State VA	Zip Code 23233	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Systems Analyst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) C. Dale Bleecher		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 10020 Bellona Court		Transaction ID: A2006-2046184	
City Richmond	State VA	Zip Code 23233	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Systems Analyst		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL This Period (last page this line number only) ▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Edward Borovatz		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 11700 Trophy Club Dr.		Transaction ID: A2006-1789108	
City State Zip Code Midlothian VA 23113		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc. Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	

Full Name (Last, First, Middle Initial) B. Edward Borovatz		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 11700 Trophy Club Dr.		Transaction ID: A2006-1789055	
City State Zip Code Midlothian VA 23113		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc. Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 575.00	

Full Name (Last, First, Middle Initial) C. Edward Borovatz		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 11700 Trophy Club Dr.		Transaction ID: A2006-1789162	
City State Zip Code Midlothian VA 23113		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc. Occupation Vice President			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Edward Borovatz		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 11700 Trophy Club Dr.		Transaction ID: A2006-2046173	
City State Zip Code Midlothian VA 23113		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.		Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 625.00	

Full Name (Last, First, Middle Initial) B. Marcey Brandon		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 Highland Ave		Transaction ID: A2006-1789117	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.		Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) C. Marcey Brandon		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 Highland Ave		Transaction ID: A2006-1789064	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.		Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	

SUBTOTAL of Receipts This Page (optional) ▶	45.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 / 66
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Marcey Brandon

Mailing Address 3200 Highland Ave

City Downers Grove State IL Zip Code 60515

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1789171

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Marcey Brandon

Mailing Address 3200 Highland Ave

City Downers Grove State IL Zip Code 60515

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: A2006-2046182

Amount of Each Receipt this Period
10.00

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

Mailing Address 1133 21st Street NW Suite 450

City Washington State DC Zip Code 20036

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 346.23

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789142

Amount of Each Receipt this Period
38.47

SUBTOTAL of Receipts This Page (optional)	▶	58.47
TOTAL This Period (last page this line number only)	▶	

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

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

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

Full Name (Last, First, Middle Initial) A. Charles Byrd		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 1133 21st Street NW Suite 450		Transaction ID: A2006-1789088	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 38.47		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.70		

Full Name (Last, First, Middle Initial) B. Charles Byrd		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1133 21st Street NW Suite 450		Transaction ID: A2006-1789195	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 38.47		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.17		

Full Name (Last, First, Middle Initial) C. Charles Byrd		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1133 21st Street NW Suite 450		Transaction ID: A2006-2046205	
City State Zip Code Washington DC 20036	Amount of Each Receipt this Period 38.47		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.64		

SUBTOTAL of Receipts This Page (optional) ▶	115.41
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. Catherine Cozzi		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 Highland Ave		Transaction ID: A2006-1789107	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.		Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) B. Catherine Cozzi		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 Highland Ave		Transaction ID: A2006-1789054	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.		Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00	

Full Name (Last, First, Middle Initial) C. Catherine Cozzi		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 Highland Ave		Transaction ID: A2006-1789161	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.		Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

Full Name (Last, First, Middle Initial) A. Catherine Cozzi		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 Highland Ave		Transaction ID: A2006-2046172	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dennis Czechanski		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 926 White Birch Ln		Transaction ID: A2006-1789096	
City Westmont	State IL	Zip Code 60559	Amount of Each Receipt this Period 14.04
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation National Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.88		

Full Name (Last, First, Middle Initial) C. Dennis Czechanski		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 926 White Birch Ln		Transaction ID: A2006-1789043	
City Westmont	State IL	Zip Code 60559	Amount of Each Receipt this Period 14.04
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation National Sales Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.92		

SUBTOTAL of Receipts This Page (optional) ▶	48.08
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 / 66
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dennis Czechanski		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 926 White Birch Ln		Transaction ID: A2006-1789150	
City State Zip Code Westmont IL 60559		Amount of Each Receipt this Period 14.04	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.		Occupation National Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 336.96	

Full Name (Last, First, Middle Initial) B. Dennis Czechanski		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 926 White Birch Ln		Transaction ID: A2006-2046161	
City State Zip Code Westmont IL 60559		Amount of Each Receipt this Period 14.04	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.		Occupation National Sales Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 351.00	

Full Name (Last, First, Middle Initial) C. E. Pauline Degenfelder		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		Transaction ID: A2006-1789140	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.		Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional) ▶	78.08
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 66
	(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"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. E. Pauline Degenfelder		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		Transaction ID: A2006-1789086	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) B. E. Pauline Degenfelder		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		Transaction ID: A2006-1789193	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

Full Name (Last, First, Middle Initial) C. E. Pauline Degenfelder		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		Transaction ID: A2006-2046203	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00		

SUBTOTAL of Receipts This Page (optional) ▶	150.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 66
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Alan Dileo		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 637 Westridge Drive		Transaction ID: A2006-1789115	
City State Zip Code Aurora IL 60504	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) B. Alan Dileo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 637 Westridge Drive		Transaction ID: A2006-1789062	
City State Zip Code Aurora IL 60504	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

Full Name (Last, First, Middle Initial) C. Alan Dileo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 637 Westridge Drive		Transaction ID: A2006-1789169	
City State Zip Code Aurora IL 60504	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Alan Dileo		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 637 Westridge Drive		Transaction ID: A2006-2046180	
City Aurora	State IL	Zip Code 60504	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) B. Judith Elliott		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 Highland Ave		Transaction ID: A2006-1789113	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) C. Judith Elliott		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 Highland Ave		Transaction ID: A2006-1789060	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

SUBTOTAL of Receipts This Page (optional) ▶	45.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Judith Elliott

Mailing Address 3200 Highland Ave

City Downers Grove State IL Zip Code 60515

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1789167

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Judith Elliott

Mailing Address 3200 Highland Ave

City Downers Grove State IL Zip Code 60515

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: A2006-2046178

Amount of Each Receipt this Period
10.00

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

Mailing Address 2523 E Oak Grove Dr

City Sandy State UT Zip Code 84092

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

Name of Employer Coventry Health Care Inc. Occupation Supervisor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789092

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Adrian Engels		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 2523 E Oak Grove Dr		Transaction ID: A2006-1789039
City State Zip Code Sandy UT 84092	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
Name of Employer Coventry Health Care Inc.	Occupation Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) B. Adrian Engels		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 2523 E Oak Grove Dr		Transaction ID: A2006-1789146
City State Zip Code Sandy UT 84092	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
Name of Employer Coventry Health Care Inc.	Occupation Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) C. Adrian Engels		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 2523 E Oak Grove Dr		Transaction ID: A2006-2046157
City State Zip Code Sandy UT 84092	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10.00
Name of Employer Coventry Health Care Inc.	Occupation Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 / 66
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David Fagan		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 550 Maryville Center Drive		Transaction ID: A2006-1789127	
City State Zip Code St. Louis MO 63141	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00		

Full Name (Last, First, Middle Initial) B. David Fagan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 550 Maryville Center Drive		Transaction ID: A2006-1789073	
City State Zip Code St. Louis MO 63141	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00		

Full Name (Last, First, Middle Initial) C. David Fagan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 550 Maryville Center Drive		Transaction ID: A2006-1789180	
City State Zip Code St. Louis MO 63141	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David Fagan		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 550 Maryville Center Drive		Transaction ID: A2006-2046191	
City State Zip Code St. Louis MO 63141	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

Full Name (Last, First, Middle Initial) B. Jane Furtwangles		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		Transaction ID: A2006-1789097	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 14.04		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.88		

Full Name (Last, First, Middle Initial) C. Jane Furtwangles		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		Transaction ID: A2006-1789044	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 14.04		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.92		

SUBTOTAL of Receipts This Page (optional) ▶	48.08
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jane Furtwangles		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		Transaction ID: A2006-1789151	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 14.04		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.96		

Full Name (Last, First, Middle Initial) B. Jane Furtwangles		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		Transaction ID: A2006-2046162	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 14.04		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00		

Full Name (Last, First, Middle Initial) C. Greg Hale		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		Transaction ID: A2006-1789105	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 14.04		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.88		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 66		
	<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

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

Full Name (Last, First, Middle Initial) A. Greg Hale		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		Transaction ID: A2006-1789052	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 14.04		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 322.92		

Full Name (Last, First, Middle Initial) B. Greg Hale		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		Transaction ID: A2006-1789159	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 14.04		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 336.96		

Full Name (Last, First, Middle Initial) C. Greg Hale		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		Transaction ID: A2006-2046170	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 14.04		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Bruce Hodges		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		Transaction ID: A2006-1789109	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Bruce Hodges		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		Transaction ID: A2006-1789056	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) C. Bruce Hodges		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 Highland Avenue		Transaction ID: A2006-1789163	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional) ▶	30.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Bruce Hodges		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 3200 Highland Avenue		Transaction ID: A2006-2046174
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 10.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Kim Isbell		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 6140 Moss Rose Ln		Transaction ID: A2006-1789104
City State Zip Code Aubrey TX 76227	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Coventry Health Care Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. Kim Isbell		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 6140 Moss Rose Ln		Transaction ID: A2006-1789051
City State Zip Code Aubrey TX 76227	Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Coventry Health Care Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

SUBTOTAL of Receipts This Page (optional) ▶	50.00
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Kim Isbell Mailing Address 6140 Moss Rose Ln City <u>Aubrey</u> State <u>TX</u> Zip Code <u>76227</u> FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A2006-1789158 Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0	6	20.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		1	5		2	0	0	6														
20.00																							
Name of Employer: Coventry Health Care Inc. Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>480.00</td> </tr> </table>		480.00																					
480.00																							

B. Full Name (Last, First, Middle Initial) Kim Isbell Mailing Address 6140 Moss Rose Ln City <u>Aubrey</u> State <u>TX</u> Zip Code <u>76227</u> FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A2006-2046169 Amount of Each Receipt this Period <table border="1"> <tr> <td>20.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	9		2	0	0	6	20.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		2	9		2	0	0	6														
20.00																							
Name of Employer: Coventry Health Care Inc. Occupation: Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>500.00</td> </tr> </table>		500.00																					
500.00																							

C. Full Name (Last, First, Middle Initial) David G Johnson Mailing Address 2225 E. Marilyn Rd City <u>Phoenix</u> State <u>AZ</u> Zip Code <u>85022</u> FEC ID number of contributing federal political committee. C		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table> Transaction ID: A2006-1745849 Amount of Each Receipt this Period <table border="1"> <tr> <td>200.00</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	1		2	0	0	6	200.00
M	M	/	D	D	/	Y	Y	Y	Y														
1	2		0	1		2	0	0	6														
200.00																							
Name of Employer: Coventry Health Care Inc. Occupation: EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ <table border="1"> <tr> <td>1400.00</td> </tr> </table>		1400.00																					
1400.00																							

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. David G Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 2225 E. Marilyn Rd		Transaction ID: A2006-1745850	
City State Zip Code Phoenix AZ 85022	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00		

Full Name (Last, First, Middle Initial) B. David G Johnson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 2225 E. Marilyn Rd		Transaction ID: A2006-1764055	
City State Zip Code Phoenix AZ 85022	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00		

Full Name (Last, First, Middle Initial) C. Mahmood Kassim		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 901 New York Ave. NW 3rd Fl.		Transaction ID: A2006-1789138	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional)	430.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Mahmood Kassim		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 901 New York Ave. NW 3rd Fl.		Transaction ID: A2006-1789084	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) B. Mahmood Kassim		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 901 New York Ave. NW 3rd Fl.		Transaction ID: A2006-1789191	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

Full Name (Last, First, Middle Initial) C. Mahmood Kassim		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 901 New York Ave. NW 3rd Fl.		Transaction ID: A2006-2046201	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00		

SUBTOTAL of Receipts This Page (optional) ▶	90.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Kenneth Kurzenoerfer

Mailing Address 5104 Remington Road

City San Diego State CA Zip Code 92115

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789121

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Kenneth Kurzenoerfer

Mailing Address 5104 Remington Road

City San Diego State CA Zip Code 92115

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 6

Transaction ID: A2006-1789068

Amount of Each Receipt this Period
50.00

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

Mailing Address 5104 Remington Road

City San Diego State CA Zip Code 92115

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1789175

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Kenneth Kurzenoerfer

Mailing Address 5104 Remington Road

City San Diego State CA Zip Code 92115

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: A2006-2046186

Amount of Each Receipt this Period
50.00

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

Mailing Address 3200 S. Highland Ave.

City Downers Grove State IL Zip Code 60515

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789129

Amount of Each Receipt this Period
25.00

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

Mailing Address 3200 S. Highland Ave.

City Downers Grove State IL Zip Code 60515

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 6

Transaction ID: A2006-1789075

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)	▶	100.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John Langenus		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		Transaction ID: A2006-1789182	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. John Langenus		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		Transaction ID: A2006-2046193	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

Full Name (Last, First, Middle Initial) C. Joan Liberatore		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		Transaction ID: A2006-1789110	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Joan Liberatore		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		Transaction ID: A2006-1789057	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) B. Joan Liberatore		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		Transaction ID: A2006-1789164	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Joan Liberatore		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		Transaction ID: A2006-2046175	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John Martin		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		Transaction ID: A2006-1789124	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. John Martin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		Transaction ID: A2006-1789071	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

Full Name (Last, First, Middle Initial) C. John Martin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		Transaction ID: A2006-1789178	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

SUBTOTAL of Receipts This Page (optional) ▶	30.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 66		
	<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

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

Full Name (Last, First, Middle Initial) A. John Martin		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		Transaction ID: A2006-2046189	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
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) B. Kris Mazurowski		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 Highland Ave		Transaction ID: A2006-1789116	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00		

Full Name (Last, First, Middle Initial) C. Kris Mazurowski		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 Highland Ave		Transaction ID: A2006-1789063	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00		

SUBTOTAL of Receipts This Page (optional) ▶	50.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Kris Mazurowski		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 Highland Ave		Transaction ID: A2006-1789170	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.		Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

B. Full Name (Last, First, Middle Initial) Kris Mazurowski		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 Highland Ave		Transaction ID: A2006-2046181	
City State Zip Code Downers Grove IL 60515		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.		Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

C. Full Name (Last, First, Middle Initial) Jay Moorhead		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 2751 Centerville Road		Transaction ID: A2006-1789131	
City State Zip Code Wilmington DE 19808		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.		Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 640.00	

SUBTOTAL of Receipts This Page (optional) ▶	80.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 66		
	<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

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

A. Full Name (Last, First, Middle Initial)
Jay Moorhead

Mailing Address 2751 Centerville Road

City State Zip Code
Wilmington DE 19808

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 6

Transaction ID: A2006-1789077

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
Jay Moorhead

Mailing Address 2751 Centerville Road

City State Zip Code
Wilmington DE 19808

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1789184

Amount of Each Receipt this Period
40.00

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

Mailing Address 2751 Centerville Road

City State Zip Code
Wilmington DE 19808

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: A2006-2046194

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional)	▶	120.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Jack Noble

Mailing Address 901 New York Ave NW

City State Zip Code
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789139

Amount of Each Receipt this Period
15.00

B. Full Name (Last, First, Middle Initial)
Jack Noble

Mailing Address 901 New York Ave NW

City State Zip Code
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 6

Transaction ID: A2006-1789085

Amount of Each Receipt this Period
15.00

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

Mailing Address 901 New York Ave NW

City State Zip Code
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1789192

Amount of Each Receipt this Period
15.00

SUBTOTAL of Receipts This Page (optional)	▶	45.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jack Noble		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 901 New York Ave NW		Transaction ID: A2006-2046202
City Washington	State DC	Zip Code 20001
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 15.00
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) B. Martin Ovens		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 43 Sussex Court		Transaction ID: A2006-1789095
City Naperville	State IL	Zip Code 60540
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer Coventry Health Care Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) C. Martin Ovens		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 43 Sussex Court		Transaction ID: A2006-1789042
City Naperville	State IL	Zip Code 60540
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 20.00
Name of Employer Coventry Health Care Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00	

SUBTOTAL of Receipts This Page (optional)	▶	55.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Martin Owens		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 43 Sussex Court		Transaction ID: A2006-1789149	
City State Zip Code Naperville IL 60540	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) B. Martin Owens		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 43 Sussex Court		Transaction ID: A2006-2046160	
City State Zip Code Naperville IL 60540	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Karen Panici		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 1400 N State Pkwy		Transaction ID: A2006-1789093	
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 19.24		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.28		

SUBTOTAL of Receipts This Page (optional) ▶	59.24
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Karen Panici		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 1400 N State Pkwy		Transaction ID: A2006-1789040	
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 19.24		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.52		

Full Name (Last, First, Middle Initial) B. Karen Panici		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1400 N State Pkwy		Transaction ID: A2006-1789147	
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 19.24		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 461.76		

Full Name (Last, First, Middle Initial) C. Karen Panici		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1400 N State Pkwy		Transaction ID: A2006-2046158	
City State Zip Code Chicago IL 60610	Amount of Each Receipt this Period 19.24		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 481.00		

SUBTOTAL of Receipts This Page (optional) ▶	57.72
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 66
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Andre Polissedjian		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 3200 S. Highland Ave		Transaction ID: A2006-1789099
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Coventry Health Care Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. Andre Polissedjian		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 3200 S. Highland Ave		Transaction ID: A2006-1789046
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Coventry Health Care Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) C. Andre Polissedjian		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 3200 S. Highland Ave		Transaction ID: A2006-1789153
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Coventry Health Care Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	▶	90.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Andre Polissedjian		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 3200 S. Highland Ave		Transaction ID: A2006-2046164
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer Coventry Health Care Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

Full Name (Last, First, Middle Initial) B. Donald Potempa		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 426 Verret St		Transaction ID: A2006-1762819
City Elmhurst	State IL	Zip Code 60126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Gerard Quinn		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 3200 S. Highland Ave		Transaction ID: A2006-1789112
City Downers Grove	State IL	Zip Code 60515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 60.00
Name of Employer Coventry Health Care Inc.	Occupation EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1320.00	

SUBTOTAL of Receipts This Page (optional)	▶	1090.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3200 S. Highland Ave

City Downers Grove State IL Zip Code 60515

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1380.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 6

Transaction ID: A2006-1789059

Amount of Each Receipt this Period
60.00

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

Mailing Address 3200 S. Highland Ave

City Downers Grove State IL Zip Code 60515

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1789166

Amount of Each Receipt this Period
60.00

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

Mailing Address 3200 S. Highland Ave

City Downers Grove State IL Zip Code 60515

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: A2006-2046177

Amount of Each Receipt this Period
60.00

SUBTOTAL of Receipts This Page (optional)	▶	180.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Sabrina Rajendran		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6
Mailing Address 3200 S. Highland Ave.		Transaction ID: A2006-1789141
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) B. Sabrina Rajendran		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6
Mailing Address 3200 S. Highland Ave.		Transaction ID: A2006-1789087
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Sabrina Rajendran		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address 3200 S. Highland Ave.		Transaction ID: A2006-1789194
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 66		
	<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

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

Full Name (Last, First, Middle Initial) A. Sabrina Rajendran		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave.		Transaction ID: A2006-2046204	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Steven Robino		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 8320 Ward Parkway		Transaction ID: A2006-1789133	
City State Zip Code Kansas City MO 64114	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) C. Steven Robino		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 8320 Ward Parkway		Transaction ID: A2006-1789079	
City State Zip Code Kansas City MO 64114	Amount of Each Receipt this Period 30.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00		

SUBTOTAL of Receipts This Page (optional) ▶	85.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Steven Robino

Mailing Address 8320 Ward Parkway

City State Zip Code
Kansas City MO 64114

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1789186

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Steven Robino

Mailing Address 8320 Ward Parkway

City State Zip Code
Kansas City MO 64114

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: A2006-2046196

Amount of Each Receipt this Period
30.00

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

Mailing Address 3200 S. Highland Ave

City State Zip Code
Downers Grove IL 60515

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

Name of Employer Coventry Health Care Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789103

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)	▶	80.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 66		
	<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

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

Full Name (Last, First, Middle Initial) A. Dennis Roth		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		Transaction ID: A2006-1789050	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00		

Full Name (Last, First, Middle Initial) B. Dennis Roth		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		Transaction ID: A2006-1789157	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) C. Dennis Roth		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 S. Highland Ave		Transaction ID: A2006-2046168	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Rebecca Sanborn		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 10 S. Broadway		Transaction ID: A2006-1789137	
City State Zip Code St. Louis MO 63102	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Rebecca Sanborn		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 10 S. Broadway		Transaction ID: A2006-1789083	
City State Zip Code St. Louis MO 63102	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00		

Full Name (Last, First, Middle Initial) C. Rebecca Sanborn		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 10 S. Broadway		Transaction ID: A2006-1789190	
City State Zip Code St. Louis MO 63102	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 66
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Rebecca Sanborn		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 10 S. Broadway		Transaction ID: A2006-2046200	
City St. Louis	State MO	Zip Code 63102	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

B. Full Name (Last, First, Middle Initial) Daniel Scherr		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 4823 Washington		Transaction ID: A2006-1789091	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

C. Full Name (Last, First, Middle Initial) Daniel Scherr		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 4823 Washington		Transaction ID: A2006-1789038	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

SUBTOTAL of Receipts This Page (optional) ▶	45.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 66		
	<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

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

Full Name (Last, First, Middle Initial) A. Daniel Scherr		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 4823 Washington		Transaction ID: A2006-1789145	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) B. Daniel Scherr		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 4823 Washington		Transaction ID: A2006-2046156	
City Downers Grove	State IL	Zip Code 60515	Amount of Each Receipt this Period 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Ms. Melissa Schooley		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 901 New York Ave. NW		Transaction ID: A2006-1789120	
City Washington	State DC	Zip Code 20001	Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 880.00		

SUBTOTAL of Receipts This Page (optional) ▶	60.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 / 66
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms. Melissa Schooley		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 901 New York Ave. NW		Transaction ID: A2006-1789067	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 920.00		

Full Name (Last, First, Middle Initial) B. Ms. Melissa Schooley		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 901 New York Ave. NW		Transaction ID: A2006-1789174	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 960.00		

Full Name (Last, First, Middle Initial) C. Ms. Melissa Schooley		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 901 New York Ave. NW		Transaction ID: A2006-2046185	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	120.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 66		
	<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

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

A. Full Name (Last, First, Middle Initial)
Bruce Shepperson

Mailing Address 3612 Locust Ct.

City State Zip Code
Quinton VA 23141

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789106

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Bruce Shepperson

Mailing Address 3612 Locust Ct.

City State Zip Code
Quinton VA 23141

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 6

Transaction ID: A2006-1789053

Amount of Each Receipt this Period
10.00

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

Mailing Address 3612 Locust Ct.

City State Zip Code
Quinton VA 23141

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1789160

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)	▶	30.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 66						
	(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

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

A. Full Name (Last, First, Middle Initial)
Bruce Shepperson

Mailing Address 3612 Locust Ct.

City State Zip Code
Quinton VA 23141

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: A2006-2046171

Amount of Each Receipt this Period
10.00

B. Full Name (Last, First, Middle Initial)
Allen Spath

Mailing Address 6705 Rockledge Drive

City State Zip Code
Bethesda MD 20817

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 8 / 2 0 0 6

Transaction ID: A2006-1789134

Amount of Each Receipt this Period
50.00

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

Mailing Address 6705 Rockledge Drive

City State Zip Code
Bethesda MD 20817

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 1 / 2 0 0 6

Transaction ID: A2006-1789080

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)	▶	110.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Allen Spath

Mailing Address 6705 Rockledge Drive

City State Zip Code
Bethesda MD 20817

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1789187

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Allen Spath

Mailing Address 6705 Rockledge Drive

City State Zip Code
Bethesda MD 20817

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: A2006-2046197

Amount of Each Receipt this Period
50.00

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

Mailing Address 2725 Ridgewood Ave

City State Zip Code
Davenport IA 52803

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

Name of Employer Coventry Health Care Inc. Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1762818

Amount of Each Receipt this Period
335.00

SUBTOTAL of Receipts This Page (optional)	▶	435.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Laurie Van Cleave		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 901 New York Ave. NW		Transaction ID: A2006-1789196	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00		

Full Name (Last, First, Middle Initial) B. Laurie Van Cleave		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 901 New York Ave. NW		Transaction ID: A2006-2046206	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 20.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

Full Name (Last, First, Middle Initial) C. Ernest Wells Jr		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 Highland Ave		Transaction ID: A2006-1789100	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 57.70		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1269.40		

SUBTOTAL of Receipts This Page (optional) ▶	97.70
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 66
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Ernest Wells Jr

Mailing Address 3200 Highland Ave

City Downers Grove State IL Zip Code 60515

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1327.10

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 0 1 / 2 0 0 6

Transaction ID: A2006-1789047

Amount of Each Receipt this Period
 57.70

B. Full Name (Last, First, Middle Initial)
Ernest Wells Jr

Mailing Address 3200 Highland Ave

City Downers Grove State IL Zip Code 60515

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.80

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1789154

Amount of Each Receipt this Period
 57.70

C. Full Name (Last, First, Middle Initial)
Ernest Wells Jr

Mailing Address 3200 Highland Ave

City Downers Grove State IL Zip Code 60515

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1442.50

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 0 6

Transaction ID: A2006-2046165

Amount of Each Receipt this Period
 57.70

SUBTOTAL of Receipts This Page (optional)	▶	173.10
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 66
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Michael Wilson		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 3200 Highland Ave.		Transaction ID: A2006-1789102	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) B. Michael Wilson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 3200 Highland Ave.		Transaction ID: A2006-1789049	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00		

Full Name (Last, First, Middle Initial) C. Michael Wilson		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3200 Highland Ave.		Transaction ID: A2006-1789156	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	75.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 66		
	<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

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

Full Name (Last, First, Middle Initial) A. Michael Wilson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3200 Highland Ave.		Transaction ID: A2006-2046167	
City State Zip Code Downers Grove IL 60515	Amount of Each Receipt this Period 25.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00		

Full Name (Last, First, Middle Initial) B. Dale Wolf		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 901 New York Ave. NW		Transaction ID: A2006-1789144	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dale Wolf		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 901 New York Ave. NW		Transaction ID: A2006-1789090	
City State Zip Code Washington DC 20001	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Coventry Health Care Inc.	Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	225.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 66
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dale Wolf

Mailing Address 901 New York Ave. NW

City State Zip Code
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 5 / 2 0 0 6

Transaction ID: A2006-1789197

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dale Wolf

Mailing Address 901 New York Ave. NW

City State Zip Code
Washington DC 20001

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: A2006-2046207

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)	▶	200.00
TOTAL This Period (last page this line number only)	▶	7258.96

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 64 / 66	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Friends of Governor Fletcher

Mailing Address P.O. Box 910504

City State Zip Code
Lexington KY 40591

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
556.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	6

Transaction ID: A5808

Amount of Each Receipt this Period
556.00

Originally disclosed on
2005 YE Rpt.

SUBTOTAL of Receipts This Page (optional)	▶	556.00
TOTAL This Period (last page this line number only)	▶	556.00

**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)

PAGE 65 / 66

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

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

Full Name (Last, First, Middle Initial) A. George Dale Campaign		Transaction ID: B163500 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 1 / 2 0 0 6	
Mailing Address 5508 Parkcrest Drive		Amount of Each Disbursement this Period 1000.00	
City Austin State TX Zip Code 78731	Purpose of Disbursement G-2006 State Insur. Comm. MS	011 Category/ Type	
Candidate Name George Dale	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MS District:			

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	1000.00

Form/Schedule: SA11A1

Transaction ID:

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