

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Coventry Health Care Inc - First Health Group PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		134142.76
(b) Cash on Hand at Beginning of Reporting Period.....	145524.82	
(c) Total Receipts (from Line 19)	2962.68	17344.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	148487.50	151487.50
7. Total Disbursements (from Line 31).....	1000.00	4000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	147487.50	147487.50
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Coventry Health Care Inc - First Health Group PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 05 / 01 / 2012 To: M M / D D / Y Y Y Y 05 / 31 / 2012

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2660.60	11284.00
(ii) Unitemized	302.08	6060.74
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2962.68	17344.74
(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)	2962.68	17344.74
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2962.68	17344.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2962.68	17344.74

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1000.00	4000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	1000.00	4000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1000.00	4000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	2962.68	17344.74
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2962.68	17344.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Form/Schedule: F3XN
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 7 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Full Name (Last, First, Middle Initial)
A. Denis Ameye

Mailing Address 3606 Conrad Street

City Philadelphia State PA Zip Code 19129

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
 05 / 11 / 2012
Transaction ID : A2012-1071331

Amount of Each Receipt this Period
 400.00

Full Name (Last, First, Middle Initial)
B. Denis Ameye

Mailing Address 3606 Conrad Street

City Philadelphia State PA Zip Code 19129

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 ▼
 440.00

Date of Receipt
 05 / 25 / 2012
Transaction ID : A2012-1163500

Amount of Each Receipt this Period
 40.00

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

Mailing Address 4669 W. Vista Drive

City Highland State UT Zip Code 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 05 / 11 / 2012
Transaction ID : A2012-1071313

Amount of Each Receipt this Period
 75.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 155.00

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

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

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

FOR LINE NUMBER: PAGE 8 OF 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Coventry Health Care Inc - First Health Group PAC

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

Mailing Address 4669 W. Vista Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **825.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

Transaction ID : A2012-1163482

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)
B. Edward Borovatz

Mailing Address 14742 Rolling Spring Drive

City Midlothian	State VA	Zip Code 23114
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2012

Transaction ID : A2012-1071301

Amount of Each Receipt this Period

35.00

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

Mailing Address 14742 Rolling Spring Drive

City Midlothian	State VA	Zip Code 23114
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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 ▼ **385.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

Transaction ID : A2012-1163470

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 9 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Brian Britt
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 West Meadow Drive
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coventry Health Care Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2012
Transaction ID : A2012-1071314
 Amount of Each Receipt this Period
 400.00

B. Brian Britt
 Full Name (Last, First, Middle Initial)
 Mailing Address 330 West Meadow Drive
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coventry Health Care Inc. Occupation Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2012
Transaction ID : A2012-1163483
 Amount of Each Receipt this Period
 40.00

C. Howard Cutler
 Full Name (Last, First, Middle Initial)
 Mailing Address 625 Wyndrise Drive
 City Blue Bell State PA Zip Code 19422
 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 ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2012
Transaction ID : A2012-1071323
 Amount of Each Receipt this Period
 150.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 230.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Howard Cutler

Mailing Address 625 Wyndrise Drive

City State Zip Code
Blue Bell PA 19422

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

Name of Employer Occupation
Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1650.00

Date of Receipt
05 / 25 / 2012
Transaction ID : A2012-1163492

Amount of Each Receipt this Period
150.00

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

Mailing Address 465 Scaife Road

City State Zip Code
Sewickley PA 15143

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

Name of Employer Occupation
Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1920.00

Date of Receipt
05 / 11 / 2012
Transaction ID : A2012-1071329

Amount of Each Receipt this Period
192.00

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

Mailing Address 465 Scaife Road

City State Zip Code
Sewickley PA 15143

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

Name of Employer Occupation
Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2112.00

Date of Receipt
05 / 25 / 2012
Transaction ID : A2012-1163498

Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 534.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 22
<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. Janet Hamner		Date of Receipt MM / DD / YYYY 05 / 11 / 2012 Transaction ID : A2012-1071318
Mailing Address 10219 Pemcrest		Amount of Each Receipt this Period 390.00
City San Antonio	State TX	Zip Code 78240
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) B. Janet Hamner		Date of Receipt MM / DD / YYYY 05 / 25 / 2012 Transaction ID : A2012-1163487
Mailing Address 10219 Pemcrest		Amount of Each Receipt this Period 390.00
City San Antonio	State TX	Zip Code 78240
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	

Full Name (Last, First, Middle Initial) C. Lovell Harmon		Date of Receipt MM / DD / YYYY 05 / 11 / 2012 Transaction ID : A2012-1071324
Mailing Address 123 lthan Lane		Amount of Each Receipt this Period 50.00
City Collegeville	State PA	Zip Code 19426
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Manager
Receipt For: <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).....▶	128.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 22
<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. Lovell Harmon		Date of Receipt MM / DD / YYYY 05 / 25 / 2012 Transaction ID : A2012-1163493
Mailing Address 123 Ithan Lane		Amount of Each Receipt this Period 90.00
City Collegeville	State PA	Zip Code 19426
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 550.00	
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kim Isbell		Date of Receipt MM / DD / YYYY 05 / 25 / 2012 Transaction ID : A2012-1163469
Mailing Address 6140 Moss Rose Lane		Amount of Each Receipt this Period 20.00
City Aubrey	State TX	Zip Code 76227
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 220.00	
Name of Employer Coventry Health Care Inc.	Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cherie Ivory		Date of Receipt MM / DD / YYYY 05 / 25 / 2012 Transaction ID : A2012-1163495
Mailing Address 1326 Arrowood Drive		Amount of Each Receipt this Period 20.00
City Pittsburgh	State PA	Zip Code 15243
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 220.00	
Name of Employer Coventry Health Care Inc.	Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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

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

Mailing Address 3931 Trials Way West

City State Zip Code
Doylestown PA 18902

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

Name of Employer Occupation
Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2012
Transaction ID : A2012-1071330

Amount of Each Receipt this Period
390.00

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

Mailing Address 3931 Trials Way West

City State Zip Code
Doylestown PA 18902

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

Name of Employer Occupation
Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
429.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2012
Transaction ID : A2012-1163499

Amount of Each Receipt this Period
390.00

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

Mailing Address 4203 Shamans Drive

City State Zip Code
Marietta GA 30062

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

Name of Employer Occupation
Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2012
Transaction ID : A2012-1071315

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **103.00**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 22
(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. Bonnie Kitson

Mailing Address 4203 Shamans Drive

City State Zip Code
Marietta GA 30062

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

Name of Employer Occupation
Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
05 / 25 / 2012
Transaction ID : A2012-1163484

Amount of Each Receipt this Period
25.00

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

Mailing Address 622 Brookhaven Court

City State Zip Code
St. Louis MO 63122

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

Name of Employer Occupation
Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
05 / 25 / 2012
Transaction ID : A2012-1163488

Amount of Each Receipt this Period
20.00

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

Mailing Address 510 Remington Road

City State Zip Code
San Diego CA 92115

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

Name of Employer Occupation
Coventry Health Care Inc. Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 11 / 2012
Transaction ID : A2012-1071304

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 70.00

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

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

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

FOR LINE NUMBER: PAGE 15 OF 22
(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. Kenneth Kurzendoerfer

Mailing Address 510 Remington Road

City San Diego State CA Zip Code 92115

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : A2012-1163473

Amount of Each Receipt this Period
25.00

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

Mailing Address 1549 Virginia Avenue

City Monaca State PA Zip Code 15061

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : A2012-1071302

Amount of Each Receipt this Period
25.00

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

Mailing Address 1549 Virginia Avenue

City Monaca State PA Zip Code 15061

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

Name of Employer Coventry Health Care Inc. Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : A2012-1163471

Amount of Each Receipt this Period
25.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 22
<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. Dawn Milstead		Date of Receipt 05 / 11 / 2012 Transaction ID : A2012-1071327
Mailing Address 1611 Baldwin Lane		Amount of Each Receipt this Period 750.00
City Harrisburg	State PA	Zip Code 17110
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Dawn Milstead		Date of Receipt 05 / 25 / 2012 Transaction ID : A2012-1163496
Mailing Address 1611 Baldwin Lane		Amount of Each Receipt this Period 75.00
City Harrisburg	State PA	Zip Code 17110
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 ▼ 825.00	

Full Name (Last, First, Middle Initial) C. Timothy Nolan		Date of Receipt 05 / 11 / 2012 Transaction ID : A2012-1071320
Mailing Address 17 Greenbriar Circle		Amount of Each Receipt this Period 192.30
City Newtown	State PA	Zip Code 18940
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 ▼ 1923.00	

SUBTOTAL of Receipts This Page (optional).....▶	342.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 22
<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. Timothy Nolan		Date of Receipt
Mailing Address 17 Greenbriar Circle		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City Newtown	State PA	Zip Code 18940
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2012-1163489
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		<input type="text" value="192.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="2115.30"/>	

Full Name (Last, First, Middle Initial) B. Mary Louise Osborne		Date of Receipt
Mailing Address 234 Overbrook Road		<input type="text" value="05"/> / <input type="text" value="11"/> / <input type="text" value="2012"/>
City Valencia	State PA	Zip Code 16059
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2012-1071316
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		<input type="text" value="80.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) C. Mary Louise Osborne		Date of Receipt
Mailing Address 234 Overbrook Road		<input type="text" value="05"/> / <input type="text" value="25"/> / <input type="text" value="2012"/>
City Valencia	State PA	Zip Code 16059
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2012-1163485
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		<input type="text" value="80.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="880.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="352.30"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 18 OF 22
(check only one)

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

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

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

Mailing Address 5 Goff Road

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

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 ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2012

Transaction ID : A2012-1071325

Amount of Each Receipt this Period
100.00

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

Mailing Address 5 Goff Road

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

Transaction ID : A2012-1163494

Amount of Each Receipt this Period
100.00

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

Mailing Address 111 Patrick Avenue

City Willow Springs	State IL	Zip Code 60480
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	11	/	2012

Transaction ID : A2012-1071312

Amount of Each Receipt this Period
25.00

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

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

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

FOR LINE NUMBER: PAGE 19 OF 22
(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. Sabrina Rajendran

Mailing Address 111 Patrick Avenue

City Willow Springs State IL Zip Code 60480

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : A2012-1163481

Amount of Each Receipt this Period
25.00

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

Mailing Address 12915 Grant Street

City Overland Park State KS Zip Code 66213

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 11 / 2012

Transaction ID : A2012-1071308

Amount of Each Receipt this Period
30.00

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

Mailing Address 12915 Grant Street

City Overland Park State KS Zip Code 66213

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 25 / 2012

Transaction ID : A2012-1163477

Amount of Each Receipt this Period
30.00

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) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address P. O. Box 644

City State Zip Code
Saint Albans MO 63073-0644

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

Name of Employer Occupation
Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2012
Transaction ID : A2012-1071311

Amount of Each Receipt this Period
250.00

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

Mailing Address P. O. Box 644

City State Zip Code
Saint Albans MO 63073-0644

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

Name of Employer Occupation
Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 25 / 2012
Transaction ID : A2012-1163480

Amount of Each Receipt this Period
25.00

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

Mailing Address 4360 S. Victor Avenue

City State Zip Code
Tulsa OK 74105

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

Name of Employer Occupation
Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 11 / 2012
Transaction ID : A2012-1071317

Amount of Each Receipt this Period
38.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 88.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:	PAGE 21 OF 22
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<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)
Ann Stoepelwerth

Mailing Address 4360 S. Victor Avenue

City State Zip Code
Tulsa OK 74105

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

Name of Employer Occupation
Coventry Health Care Inc. Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
418.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 25 / 2012

Transaction ID : A2012-1163486

Amount of Each Receipt this Period
38.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	38.00
TOTAL This Period (last page this line number only).....▶	2660.60

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Joe Scarnati

Mailing Address P.O. Box 177

City Brockway State PA Zip Code 15824

Purpose of Disbursement
G-2012 State Senate 25 PA

011

Category/
Type

Candidate Name

Joseph B Scarnati III

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 22 / 2012

Transaction ID : B427100

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

1000.00

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

1000.00