

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
Wellcare Health Plans, Inc. PAC (WellCare PAC)

ADDRESS (number and street) 8735 Henderson Road REN 2
Suite 270
 Check if different than previously reported. (ACC)
Tampa FL 33634

2. **FEC IDENTIFICATION NUMBER** C00390575
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 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 01 01 2007 through 06 30 2007

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 david smith

Signature of Treasurer Electronically Filed by david smith Date 10 04 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
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		4383.71
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	4383.71									
(c) Total Receipts (from Line 19)	51306.03	51306.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	55689.74	55689.74								
7. Total Disbursements (from Line 31)	25500.00	25500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30189.74	30189.74								
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

Wellcare Health Plans, Inc. PAC (WellCare PAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	44891.18	44891.18
(i) Itemized (use Schedule A)	6414.85	6414.85
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)	51306.03	51306.03
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	51306.03	51306.03
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	51306.03	51306.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	51306.03	51306.03

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) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(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.....	25500.00	25500.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) 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))..	25500.00	25500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	25500.00	25500.00

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)	51306.03	51306.03
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	51306.03	51306.03
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. John N Aberg		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 1202 Anolas Way		Transaction ID: SA11A1.4932
City Lutz	State FL	Amount of Each Receipt this Period 390.00
Zip Code 33548	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer WellCare Health Plans	Occupation VP, Corporate Communications	
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. Gary Bailey		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 6043 Red Clover Ln		Transaction ID: SA11A1.4942
City Clarksville	State MD	Amount of Each Receipt this Period 500.11
Zip Code 21029	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer WellCare Health Plans	Occupation VP, MCare Oper'l Performance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.11	

Full Name (Last, First, Middle Initial) C. Paul Behrens		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 9401 Woodbay Dr		Transaction ID: SA11A1.4811
City Tampa	State FL	Amount of Each Receipt this Period 2499.90
Zip Code 33626	FEC ID number of contributing federal political committee. C	payroll deduction
Name of Employer WellCare Health Plans	Occupation SVP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

SUBTOTAL of Receipts This Page (optional)	▶	3390.01
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 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Thaddeus M Bereday

Mailing Address 712 S Newport Ave

City Tampa State FL Zip Code 33606

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

Name of Employer WellCare Health Plans Occupation SVP & General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.4881

Amount of Each Receipt this Period
1000.00

check

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

Mailing Address 6280 Glen Oaks Lane

City Atlanta State GA Zip Code 30328

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

Name of Employer WellCare Health Plans Occupation Sr. Dir, Actuarial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.4938

Amount of Each Receipt this Period
260.00

payroll deduction

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

Mailing Address 2 Courtney Lane

City Breezy Pt State NY Zip Code 11697

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

Name of Employer WellCare Health Plans Occupation VP, Network Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.11

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.4812

Amount of Each Receipt this Period
500.11

payroll deduction

SUBTOTAL of Receipts This Page (optional) ► 1760.11

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 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Robert Caione		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 1461 Cross Hwy		Transaction ID: SA11A1.4948	
City Fairfield	State CT	Zip Code 06824	Amount of Each Receipt this Period 1000.09
FEC ID number of contributing federal political committee. C		payroll deduction	
Name of Employer WellCare Health Plans	Occupation COO, CT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.09		

Full Name (Last, First, Middle Initial) B. Peter Clay		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 19001 Pommard Ct.		Transaction ID: SA11A1.4814	
City Lutz	State FL	Zip Code 33558	Amount of Each Receipt this Period 520.00
FEC ID number of contributing federal political committee. C		payroll deduction	
Name of Employer WellCare Health Plans	Occupation VP, Medical Economics		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) C. Julian Cohen		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address PO Box 272		Transaction ID: SA11A1.4952	
City Macatawa	State MI	Zip Code 49434	Amount of Each Receipt this Period 249.99
FEC ID number of contributing federal political committee. C		payroll deduction	
Name of Employer WellCare Health Plans	Occupation VP, Business and Strategic Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99		

SUBTOTAL of Receipts This Page (optional) ▶	1770.08
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 9 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Kevin Conroy

Mailing Address 47 Ridge Road

City State Zip Code
Ardsley NY 10502

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

Name of Employer WellCare Health Plans Occupation Rgl VP, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 4 / 2 0 0 7

Transaction ID: SA11A1.4887

Amount of Each Receipt this Period
1000.00

check

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

Mailing Address 14703 Tudor Chase Dr

City State Zip Code
Tampa FL 33626

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

Name of Employer WellCare Health Plans Occupation VP, Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.11

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.4954

Amount of Each Receipt this Period
500.11

payroll deduction

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

Mailing Address 14708 Tudor Chase Dr

City State Zip Code
Tampa FL 33626

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

Name of Employer WellCare Health Plans Occupation SVP, Strategic Initiatives

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.09

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.4956

Amount of Each Receipt this Period
1000.09

payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	2500.20
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 10 / 26
	<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)
Wellcare Health Plans, Inc. PAC (WellCare PAC)

Full Name (Last, First, Middle Initial) A. Michael Cotton		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 6905 Adden Brook Blvd		Transaction ID: SA11A1.4816	
City State Zip Code New Albany OH 43054	Amount of Each Receipt this Period 1000.48		
FEC ID number of contributing federal political committee. C		payroll deduction	
Name of Employer WellCare Health Plans	Occupation COO, GA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.48		

Full Name (Last, First, Middle Initial) B. Alec Cunningham		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 8725 Henderson Rd		Transaction ID: SA11A1.4817	
City State Zip Code Tampa FL 33634	Amount of Each Receipt this Period 500.11		
FEC ID number of contributing federal political committee. C		payroll deduction	
Name of Employer WellCare Health Plans, Inc.	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.11		

Full Name (Last, First, Middle Initial) C. Robert Currie		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007	
Mailing Address 88 East 89th Place		Transaction ID: SA11A1.4818	
City State Zip Code Chicago IL 60619-6607	Amount of Each Receipt this Period 500.11		
FEC ID number of contributing federal political committee. C		payroll deduction	
Name of Employer WellCare Health Plans	Occupation VP, State External Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.11		

SUBTOTAL of Receipts This Page (optional) ▶	2000.70
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 11 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Mailing Address 4333 Cheval Blvd

City State Zip Code
Lutz FL 33558

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

Name of Employer WellCare Health Plans Occupation VP, Pharmacy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.4819

Amount of Each Receipt this Period
500.11

payroll deduction

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

Mailing Address 2568 Frisco Dr

City State Zip Code
Clearwater FL 33761

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

Name of Employer WellCare Health Plans Occupation VP, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.4820

Amount of Each Receipt this Period
500.11

payroll deduction

C. Full Name (Last, First, Middle Initial)
Kimberly Draper McDonnell

Mailing Address 16 Seagrape Cir

City State Zip Code
Clearwater FL 33759

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

Name of Employer WellCare Health Plans Occupation VP, M'Care Regulatory Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.4962

Amount of Each Receipt this Period
500.11

payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	1500.33
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 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8202 Solano Bay Loop #322

City Tampa State FL Zip Code 33635

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

Name of Employer WellCare Health Plans Occupation Sr Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.4875

Amount of Each Receipt this Period
1000.00

check

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

Mailing Address 1223 Oxbridge Dr.

City Lutz State FL Zip Code 33549

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

Name of Employer WellCare Health Plans Occupation Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.11

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 7

Transaction ID: SA11A1.4822

Amount of Each Receipt this Period
500.11

payroll deduction

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

Mailing Address 345 Bayshore Blvd

City Tampa State FL Zip Code 33606

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

Name of Employer WellCare Health Plans Occupation President/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 1 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.4885

Amount of Each Receipt this Period
5000.00

check

SUBTOTAL of Receipts This Page (optional)	▶	6500.11
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 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Nancy Gareau		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 1 / 2 0 0 7	
Mailing Address 5004 Bridgeway Ln		Transaction ID: SA11A1.4859	
City State Zip Code Lutz FL 33558	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	check		
Name of Employer WellCare Health Plans Occupation Rgl VP	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Daniel Geary		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 109 Brent Cr		Transaction ID: SA11A1.4823	
City State Zip Code Oldsmar FL 34677	Amount of Each Receipt this Period 1000.09		
FEC ID number of contributing federal political committee. C	payroll deduction		
Name of Employer WellCare Health Plans Occupation VP, Health Services	Aggregate Year-to-Date ▼ 1000.09		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Laura Hungville		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 3010 Key Harbour Dr		Transaction ID: SA11A1.4831	
City State Zip Code Safety Harbor FL 34695	Amount of Each Receipt this Period 500.11		
FEC ID number of contributing federal political committee. C	payroll deduction		
Name of Employer WellCare Health Plans Occupation VP, Pharmacy	Aggregate Year-to-Date ▼ 500.11		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	2500.20
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 14 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William Kale		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 4937 Turtle Creek Trail		Transaction ID: SA11A1.4833
City State Zip Code Oldsmar FL 34677	Amount of Each Receipt this Period 500.11	
FEC ID number of contributing federal political committee. C		payroll deduction
Name of Employer WellCare Health Plans	Occupation VP, Govt Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.11	

Full Name (Last, First, Middle Initial) B. Richard Keller		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 381 E Mountain Rd. N		Transaction ID: SA11A1.4834
City State Zip Code Cold Spring NY 10516	Amount of Each Receipt this Period 499.98	
FEC ID number of contributing federal political committee. C		payroll deduction
Name of Employer WellCare Health Plans	Occupation Exec. Director, NY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) C. Gus Keriazes		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 11401 Tullamore St		Transaction ID: SA11A1.4835
City State Zip Code Temple Terrace FL 33617	Amount of Each Receipt this Period 500.11	
FEC ID number of contributing federal political committee. C		payroll deduction
Name of Employer WellCare Health Plans	Occupation VP, Hospital Contracting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.11	

SUBTOTAL of Receipts This Page (optional) ▶	1500.20
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 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Susan Kohler		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 7	
Mailing Address 1074 Ashbury Dr		Transaction ID: SA11A1.4892	
City State Zip Code Decatur GA 30030	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C		check	
Name of Employer WellCare Health Plans	Occupation Dir, Health Services		
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. Vijay Kotte		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 700 S. Harbour Island Blvd, 846		Transaction ID: SA11A1.4836	
City State Zip Code Tampa FL 33602	Amount of Each Receipt this Period 500.11		
FEC ID number of contributing federal political committee. C		payroll deduction	
Name of Employer WellCare Health Plans	Occupation VP, Market Expansion		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.11		

Full Name (Last, First, Middle Initial) C. Anil Kottoor		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7	
Mailing Address 1600 Gulf Blvd		Transaction ID: SA11A1.4973	
City State Zip Code Clearwater FL 33767	Amount of Each Receipt this Period 1560.00		
FEC ID number of contributing federal political committee. C		payroll deduction	
Name of Employer WellCare Health Plans	Occupation SVP & CIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1560.00		

SUBTOTAL of Receipts This Page (optional) ▶	2310.11
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 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Keith Kudla

Mailing Address 1755 W Surf St

City State Zip Code
Chicago IL 60657

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

Name of Employer WellCare Health Plans Occupation President, II

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.09

Date of Receipt
06 / 29 / 2007

Transaction ID: SA11A1.4837

Amount of Each Receipt this Period
1000.09

payroll deduction

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

Mailing Address 15 West 700, 90th St

City State Zip Code
Burr Ridge IL 60527

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

Name of Employer WellCare Health Plans Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.11

Date of Receipt
06 / 29 / 2007

Transaction ID: SA11A1.4975

Amount of Each Receipt this Period
500.11

payroll deduction

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

Mailing Address 1456 West Norwood

City State Zip Code
Chicago IL 60660

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

Name of Employer WellCare Health Plans Occupation VP, Network Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
06 / 29 / 2007

Transaction ID: SA11A1.4838

Amount of Each Receipt this Period
480.00

payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	1980.20
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 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Adam Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 8735 Henderson Rd		Transaction ID: SA11A1.4840
City Tampa State FL Zip Code 33634	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.09
Name of Employer WellCare Health Plans Occupation COO, PDP	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	payroll deduction
Aggregate Year-to-Date ▼ 1000.09		

Full Name (Last, First, Middle Initial) B. Michael Minor		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 4482 Outpost Ct.		Transaction ID: SA11A1.4979
City Roswell State GA Zip Code 30075	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 480.00
Name of Employer WellCare Health Plans Occupation VP, Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	payroll deduction
Aggregate Year-to-Date ▼ 480.00		

Full Name (Last, First, Middle Initial) C. Graham Mithchum		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 1 / 2 0 0 7
Mailing Address 10206 Tarpon Dr		Transaction ID: SA11A1.4886
City Treasure Island State FL Zip Code 33206	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00
Name of Employer WellCare Health Plans Occupation VP, Louisiana	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	check
Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)	▶	2480.09
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 18 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Sanjoy Musunuri		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007
Mailing Address 4589 Pamela Ct		Transaction ID: SA11A1.4981
City Long Grove	State IL	Zip Code 60047
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.09
Name of Employer WellCare Health Plans	Occupation Assoc Exec Dir	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.09	

Full Name (Last, First, Middle Initial) B. Sharon Nisbet		Date of Receipt M M / D D / Y Y Y Y Y 01 / 01 / 2007
Mailing Address 2635 Cedar View Ct		Transaction ID: SA11A1.4860
City Clearwater	State FL	Zip Code 33761
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer WellCare Health Plans	Occupation Sr. Dir, Quality Improvement	check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Daniel Parietti		Date of Receipt M M / D D / Y Y Y Y Y 01 / 03 / 2007
Mailing Address 499 Broadway Apt 8d		Transaction ID: SA11A1.4890
City White Plains	State NY	Zip Code 10603
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer WellCare Health Plans	Occupation President, NY	check
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3300.09
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 19 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Alexander Rodriguez		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 1 / 2 0 0 7
Mailing Address 12614 Stanwyck Circle		Transaction ID: SA11A1.4864
City Tampa	State FL	Zip Code 33606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer WellCare Health Plans	Occupation Medical Director	check
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) B. Marc Ryan		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 21142 Sky Vista Dr.		Transaction ID: SA11A1.4848
City Land O'Lakes	State FL	Zip Code 34637
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.11
Name of Employer WellCare Health Plans	Occupation VP, Govt Affairs	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.11	

Full Name (Last, First, Middle Initial) C. Imtiaz H Sattaur		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 7
Mailing Address 17908 Bimini Isle Ct		Transaction ID: SA11A1.4849
City Tampa	State FL	Zip Code 33607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 923.12
Name of Employer WellCare Health Plans	Occupation President, FL	payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 923.12	

SUBTOTAL of Receipts This Page (optional)	▶	2423.23
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 20 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Donald Schmidt		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 1976 LaSalle Way		Transaction ID: SA11A1.4993
City State Zip Code Marietta GA 30062	Amount of Each Receipt this Period 500.11	
FEC ID number of contributing federal political committee. C	payroll deduction	
Name of Employer WellCare Health Plans Occupation Exec. Director, GA	Aggregate Year-to-Date ▼ 500.11	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Rupesh Shah		Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2007
Mailing Address 2506 Lake Ellen Dr		Transaction ID: SA11A1.4850
City State Zip Code Tampa FL 33618	Amount of Each Receipt this Period 1000.09	
FEC ID number of contributing federal political committee. C	payroll deduction	
Name of Employer WellCare Health Plans Occupation SVP, Market Expansion	Aggregate Year-to-Date ▼ 1000.09	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jack Shoemaker		Date of Receipt M M / D D / Y Y Y Y 01 / 01 / 2007
Mailing Address 14 Levelwind Ct		Transaction ID: SA11A1.4858
City State Zip Code Greensboro FL 27455	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	check	
Name of Employer WellCare Health Plans Occupation VP, Finance	Aggregate Year-to-Date ▼ 1000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	2500.20
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 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. John Sirera		Date of Receipt M M / D D / Y Y Y Y Y 06 / 29 / 2007	
Mailing Address 12203 Rebeccas Run Drive		Transaction ID: SA11A1.4851	
City State Zip Code Winter Gardent FL 34787	Amount of Each Receipt this Period 500.11		
FEC ID number of contributing federal political committee. C	payroll deduction		
Name of Employer WellCare Health Plans Occupation SVP, Pharmacy	Aggregate Year-to-Date ▼ 500.11		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Alan Smith		Date of Receipt M M / D D / Y Y Y Y Y 01 / 01 / 2007	
Mailing Address 4002 Lady Palm Ct		Transaction ID: SA11A1.4878	
City State Zip Code Tampa FL 33624	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	check		
Name of Employer WellCare Health Plans Occupation Medical Director	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Thomas Summerill		Date of Receipt M M / D D / Y Y Y Y Y 01 / 01 / 2007	
Mailing Address 4435 Arabian Way		Transaction ID: SA11A1.4862	
City State Zip Code Cooper City FL 33328-2802	Amount of Each Receipt this Period 2100.00		
FEC ID number of contributing federal political committee. C	check		
Name of Employer WellCare Health Plans Occupation COO, FI	Aggregate Year-to-Date ▼ 2100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	3600.11
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 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Sara Szabia

Mailing Address 546 17th Ave NE

City State Zip Code
St. Petersburg FL 33704

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

Name of Employer WellCare Health Plans Occupation Sr. Dir, Health Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.05

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.5001

Amount of Each Receipt this Period
375.05

payroll deduction

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

Mailing Address 1943 Floresta View dr

City State Zip Code
Tampa FL 33618

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

Name of Employer WellCare Health Plans Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.4855

Amount of Each Receipt this Period
499.98

payroll deduction

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

Mailing Address 10909 Blackburn Path Ct.

City State Zip Code
Tampa FL 33626

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

Name of Employer WellCare Health Plans Occupation VP, Actuarial Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt
M M / D D / Y Y Y Y
06 / 29 / 2007

Transaction ID: SA11A1.4856

Amount of Each Receipt this Period
500.11

payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	1375.14
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 23 / 26	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Randall Zomermaand

Mailing Address 105 S Bermuda Ave

City Tampa State FL Zip Code 33606

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

Name of Employer WellCare Health Plans Occupation SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.07

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	0	7

Transaction ID: SA11A1.4857

Amount of Each Receipt this Period

1500.07

payroll deduction

SUBTOTAL of Receipts This Page (optional)	▶	1500.07
TOTAL This Period (last page this line number only)	▶	44891.18

**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 24 / 26

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

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

Full Name (Last, First, Middle Initial) A. DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE		Transaction ID: SB23.4925 Date of Disbursement
Mailing Address 120 MARYLAND AVENUE NE		<input type="text" value="05"/> / <input type="text" value="31"/> / <input type="text" value="2007"/>
City WASHINGTON	State DC	Zip Code 20002
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="5000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. FRIENDS OF JAY ROCKEFELLER		Transaction ID: SB23.4916 Date of Disbursement
Mailing Address PO BOX 1909		<input type="text" value="05"/> / <input type="text" value="28"/> / <input type="text" value="2007"/>
City CHARLESTON	State WV	Zip Code 25327
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="1000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: WV District: 00		

Full Name (Last, First, Middle Initial) C. FRIENDS OF MAX BAUCUS		Transaction ID: SB23.4923 Date of Disbursement
Mailing Address PO BOX 586		<input type="text" value="04"/> / <input type="text" value="10"/> / <input type="text" value="2007"/>
City HELENA	State MT	Zip Code 59624
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="5000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: MT District: 00		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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

Full Name (Last, First, Middle Initial) A. GORDON SMITH FOR U S SENATE		Transaction ID: SB23.4914 Date of Disbursement
Mailing Address 228 S WASHINGTON STREET SUITE 115		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2007"/>
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="5000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OR	District: 00	

Full Name (Last, First, Middle Initial) B. KLEIN FOR CONGRESS		Transaction ID: SB23.4930 Date of Disbursement
Mailing Address PO BOX 1758		<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2007"/>
City CLIFTON	State NJ	Zip Code 07015
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 08	

Full Name (Last, First, Middle Initial) C. MCCONNELL SENATE COMMITTEE '08		Transaction ID: SB23.4921 Date of Disbursement
Mailing Address PO BOX 1496		<input type="text" value="04"/> / <input type="text" value="03"/> / <input type="text" value="2007"/>
City LOUISVILLE	State KY	Zip Code 40201
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="5000.00"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: KY	District: 00	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="12500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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

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

Full Name (Last, First, Middle Initial)
A. SCHULTZ DEBBIE WASSERMAN

Transaction ID: SB23.4927

Date of Disbursement

Mailing Address 1071 Twin Branch Ln

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	0	7

City WESTON State FL Zip Code 33326

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: FL District: 20

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

2000.00

TOTAL This Period (last page this line number only) ►

25500.00
