

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 04 01 2008 through 04 30 2008

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

Type or Print Name of Treasurer John Ruhlmann

Signature of Treasurer Electronically Filed by John Ruhlmann Date 05 16 2008

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

Office Use Only								
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		119223.96
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	118521.86									
(c) Total Receipts (from Line 19) .....	3923.16	17221.06								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	122445.02	136445.02								
7. Total Disbursements (from Line 31) .....	3000.00	17000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	119445.02	119445.02								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	2978.00	9041.19
(i) Itemized (use Schedule A) .....	945.16	8179.87
(ii) Unitemized .....	3923.16	17221.06
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	3923.16	17221.06
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)) .....	3923.16	17221.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3923.16	17221.06

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	15000.00
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	2000.00
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))..	3000.00	17000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3000.00	17000.00

**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) .....	3923.16	17221.06
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3923.16	17221.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 25  
(check only one)

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

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

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

**A.**

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

Mailing Address 4669 W. Vista Drive

City State Zip Code  
Highland UT 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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: A2008-699733

Amount of Each Receipt this Period

50.00

**B.**

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

Mailing Address 4669 W. Vista Drive

City State Zip Code  
Highland UT 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 ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: A2008-729039

Amount of Each Receipt this Period

50.00

**C.**

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

Mailing Address 4885 Brighton Court

City State Zip Code  
Granite Bay CA 95746

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.76

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: A2008-699716

Amount of Each Receipt this Period

38.46

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

138.46

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 25

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mary Baranowski		Date of Receipt MM / DD / YYYY 04 / 18 / 2008	
	Mailing Address 4885 Brighton Court		<b>Transaction ID:</b> A2008-729022	
	City Granite Bay	State CA	Zip Code 95746	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.		Occupation Assistant Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 269.22		

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard Bates		Date of Receipt MM / DD / YYYY 04 / 04 / 2008	
	Mailing Address 12205 Scarlet Tanager Drive		<b>Transaction ID:</b> A2008-699742	
	City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer Coventry Health Care Inc.		Occupation Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Bates		Date of Receipt MM / DD / YYYY 04 / 18 / 2008	
	Mailing Address 12205 Scarlet Tanager Drive		<b>Transaction ID:</b> A2008-729048	
	City Potomac	State MD	Zip Code 20854	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. <b>C</b>			
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 ▼ 420.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>158.46</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 25  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Edward Borovatz</p> <p>Mailing Address 14742 Rolling Spring Drive Apt #207-5</p> <p>City State Zip Code Midlothian VA 23114</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Coventry Health Care Inc. Occupation: Vice President</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">215.00</span></p>	<p>Date of Receipt  <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 4 / 1 8 / 2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID:</b> A2008-729009</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">35.00</span></p>	M M / D D / Y Y Y Y	0 4 / 1 8 / 2 0 0 8
M M / D D / Y Y Y Y			
0 4 / 1 8 / 2 0 0 8			

<p><b>B.</b> Full Name (Last, First, Middle Initial) Brain Britt</p> <p>Mailing Address 330 West Meadow Drive</p> <p>City State Zip Code Mechanicsburg PA 17055</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Coventry Health Care Inc. Occupation: Manager</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">240.00</span></p>	<p>Date of Receipt  <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 4 / 0 4 / 2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID:</b> A2008-699734</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">40.00</span></p>	M M / D D / Y Y Y Y	0 4 / 0 4 / 2 0 0 8
M M / D D / Y Y Y Y			
0 4 / 0 4 / 2 0 0 8			

<p><b>C.</b> Full Name (Last, First, Middle Initial) Brain Britt</p> <p>Mailing Address 330 West Meadow Drive</p> <p>City State Zip Code Mechanicsburg PA 17055</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Coventry Health Care Inc. Occupation: Manager</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">280.00</span></p>	<p>Date of Receipt  <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">M M / D D / Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">0 4 / 1 8 / 2 0 0 8</td> </tr> </table> </p> <p><b>Transaction ID:</b> A2008-729040</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">40.00</span></p>	M M / D D / Y Y Y Y	0 4 / 1 8 / 2 0 0 8
M M / D D / Y Y Y Y			
0 4 / 1 8 / 2 0 0 8			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">115.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 25  
(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.** Full Name (Last, First, Middle Initial)  
Charles Byrd, Jr.  
Mailing Address 9131 Carterham Road

City Richmond State VA Zip Code 23229

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.82

Date of Receipt 04 / 04 / 2008  
Transaction ID: A2008-699730  
Amount of Each Receipt this Period 38.47

**B.** Full Name (Last, First, Middle Initial)  
Charles Byrd, Jr.  
Mailing Address 9131 Carterham Road

City Richmond State VA Zip Code 23229

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 ▼ 269.29

Date of Receipt 04 / 18 / 2008  
Transaction ID: A2008-729036  
Amount of Each Receipt this Period 38.47

**C.** Full Name (Last, First, Middle Initial)  
E. Pauline Degenfelder  
Mailing Address 3103 Morlen Road

City Shaker Heights State OH Zip Code 44122

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 ▼ 300.00

Date of Receipt 04 / 04 / 2008  
Transaction ID: A2008-699728  
Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 126.94

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 25

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

E. Pauline Degenfelder

Mailing Address 3103 Morlen Road

City State Zip Code  
Shaker Heights OH 44122

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 ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: A2008-729034

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Paul Eisenstat

Mailing Address 3104 Cherry Hills Drive

City State Zip Code  
Champaign IL 61822

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.82

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: A2008-699745

Amount of Each Receipt this Period

38.47

**C.**

Full Name (Last, First, Middle Initial)

Paul Eisenstat

Mailing Address 3104 Cherry Hills Drive

City State Zip Code  
Champaign IL 61822

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 ▼ 269.29

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: A2008-729051

Amount of Each Receipt this Period

38.47

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

126.94

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 25  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
David Finkel

Mailing Address 550 Maryville Center Drive

City State Zip Code  
St. Louis MO 63141

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 ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** A2008-699743

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
David Finkel

Mailing Address 550 Maryville Center Drive

City State Zip Code  
St. Louis MO 63141

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** A2008-729049

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Maria Fitzpatrick

Mailing Address 5002 Cedar Croft Drive

City State Zip Code  
Bethesda MD 20814

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 ▼ 348.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** A2008-699746

Amount of Each Receipt this Period  
58.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **258.00**

**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 12 / 25

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Maria Fitzpatrick

Mailing Address 5002 Cedar Croft Drive

City State Zip Code  
Bethesda MD 20814

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 ▼ 406.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: A2008-729052

Amount of Each Receipt this Period

58.00

**B.**

Full Name (Last, First, Middle Initial)  
Janet Hamner

Mailing Address 10219 Pemcrest

City State Zip Code  
San Antonio TX 78240

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 ▼ 234.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

Transaction ID: A2008-699747

Amount of Each Receipt this Period

39.00

**C.**

Full Name (Last, First, Middle Initial)  
Janet Hamner

Mailing Address 10219 Pemcrest

City State Zip Code  
San Antonio TX 78240

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 ▼ 273.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

Transaction ID: A2008-729053

Amount of Each Receipt this Period

39.00

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

136.00

**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 / 25  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Vishu Jhaveri

Mailing Address 1501 Applecroft Lane

City State Zip Code  
Cockeysville MD 21030

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 ▼ 360.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** A2008-699748

Amount of Each Receipt this Period  
60.00

**B.**

Full Name (Last, First, Middle Initial)  
Vishu Jhaveri

Mailing Address 1501 Applecroft Lane

City State Zip Code  
Cockeysville MD 21030

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 ▼ 420.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** A2008-729054

Amount of Each Receipt this Period  
60.00

**C.**

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

Mailing Address 5104 Remington Road

City State Zip Code  
San Diego CA 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 ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** A2008-699715

Amount of Each Receipt this Period  
75.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **195.00**

**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 / 25  
(check only one)

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

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

**A.**

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

Mailing Address 5104 Remington Road

City San Diego State CA Zip Code 92115

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	0	8

**Transaction ID:** A2008-729021

Amount of Each Receipt this Period  
75.00

**B.**

Full Name (Last, First, Middle Initial)  
Kathleen Mallatt

Mailing Address 4304 South 16th Avenue

City Omaha State NE Zip Code 68135

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 ▼ 461.58

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	4	/	2	0	0	8

**Transaction ID:** A2008-699737

Amount of Each Receipt this Period  
76.93

**C.**

Full Name (Last, First, Middle Initial)  
Kathleen Mallatt

Mailing Address 4304 South 16th Avenue

City Omaha State NE Zip Code 68135

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 ▼ 538.51

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	8	/	2	0	0	8

**Transaction ID:** A2008-729043

Amount of Each Receipt this Period  
76.93

**SUBTOTAL** of Receipts This Page (optional) ..... ► **228.86**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 25  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Mary Louise Osborne

Mailing Address 234 Overbrook Road

City State Zip Code  
Valencia PA 16059

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 ▼ 348.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** A2008-699738

Amount of Each Receipt this Period  
58.00

**B.**

Full Name (Last, First, Middle Initial)  
Mary Louise Osborne

Mailing Address 234 Overbrook Road

City State Zip Code  
Valencia PA 16059

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 ▼ 406.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** A2008-729044

Amount of Each Receipt this Period  
58.00

**C.**

Full Name (Last, First, Middle Initial)  
Wayne Page

Mailing Address 15746 Cherry Blossom Lane

City State Zip Code  
North Potomac MD 20878

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  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** A2008-699739

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **166.00**

**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 16 / 25  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Wayne Page

Mailing Address 15746 Cherry Blossom Lane

City North Potomac State MD Zip Code 20878

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 ▼ 350.00

Date of Receipt 04 / 18 / 2008

Transaction ID: A2008-729045

Amount of Each Receipt this Period 50.00

**B.**

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

Mailing Address 1402 Chippendale Road

City Lutherville State MD Zip Code 21093

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 ▼ 360.00

Date of Receipt 04 / 04 / 2008

Transaction ID: A2008-699705

Amount of Each Receipt this Period 60.00

**C.**

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

Mailing Address 1402 Chippendale Road

City Lutherville State MD Zip Code 21093

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 ▼ 420.00

Date of Receipt 04 / 18 / 2008

Transaction ID: A2008-729011

Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 170.00

**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 17 / 25  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Hassan Rifaat

Mailing Address 6820 Lullwater Road

City State Zip Code  
Cumming GA 30040

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.82

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** A2008-699740

Amount of Each Receipt this Period  
38.47

**B.**

Full Name (Last, First, Middle Initial)  
Hassan Rifaat

Mailing Address 6820 Lullwater Road

City State Zip Code  
Cumming GA 30040

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 ▼  
269.29

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** A2008-729046

Amount of Each Receipt this Period  
38.47

**C.**

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

Mailing Address 12915 Grant Street Suite 450

City State Zip Code  
Overland Park KS 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 ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** A2008-729028

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **106.94**

**TOTAL** This Period (last page this line 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 18 / 25  
(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.** Full Name (Last, First, Middle Initial)  
Dennis Roth

Mailing Address 5393 Bothe Avenue

City San Diego State CA Zip Code 92122

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

Name of Employer Coventry Health Care Inc. Occupation Executive

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 04 / 04 / 2008  
**Transaction ID: A2008-699699**  
 Amount of Each Receipt this Period: 40.00

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

Mailing Address 5393 Bothe Avenue

City San Diego State CA Zip Code 92122

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 ▼ 280.00

Date of Receipt: 04 / 18 / 2008  
**Transaction ID: A2008-729005**  
 Amount of Each Receipt this Period: 40.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Melissa Schooley

Mailing Address 2920 Second St. North Suite 450

City Arlington State VA Zip Code 22201

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 04 / 04 / 2008  
**Transaction ID: A2008-699713**  
 Amount of Each Receipt this Period: 40.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 25  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Ms. Melissa Schooley

Mailing Address 2920 Second St. North  
Suite 450

City State Zip Code  
Arlington VA 22201

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 ▼ 280.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** A2008-729019

Amount of Each Receipt this Period  
40.00

**B.**

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

Mailing Address 13250 Windsong Lane  
Suite 450

City State Zip Code  
Clarksburg MD 20871

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  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** A2008-699723

Amount of Each Receipt this Period  
50.00

**C.**

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

Mailing Address 13250 Windsong Lane  
Suite 450

City State Zip Code  
Clarksburg MD 20871

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** A2008-729029

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 140.00

**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 / 25  
(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.** 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 Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** A2008-699744

Amount of Each Receipt this Period  
38.00

**B.** 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 Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 8 / 2 0 0 8

**Transaction ID:** A2008-729050

Amount of Each Receipt this Period  
38.00

**C.** Full Name (Last, First, Middle Initial)  
Ernest Wells Jr  
Mailing Address 2107 N. Magnolia Ave.

City State Zip Code  
Chicago IL 60614

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 346.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 4 / 2 0 0 8

**Transaction ID:** A2008-699696

Amount of Each Receipt this Period  
57.70

**SUBTOTAL** of Receipts This Page (optional) ..... ► 133.70

**TOTAL** This Period (last page this line 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 / 25  
(check only one)

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

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

**A.**

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

Mailing Address 2107 N. Magnolia Ave.

City State Zip Code  
Chicago IL 60614

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 ▼ 403.90

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** A2008-729002

Amount of Each Receipt this Period  
57.70

**B.**

Full Name (Last, First, Middle Initial)  
Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City State Zip Code  
Downers Grove IL 60515

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** A2008-699732

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Dorothy Williamson

Mailing Address 4404 Wilson Avenue

City State Zip Code  
Downers Grove IL 60515

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** A2008-729038

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **257.70**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 25  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Joseph Winn

Mailing Address 14022 Jump Drive

City State Zip Code  
Germantown MD 20874

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 ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** A2008-699741

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Winn

Mailing Address 14022 Jump Drive

City State Zip Code  
Germantown MD 20874

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
04 / 18 / 2008

**Transaction ID:** A2008-729047

Amount of Each Receipt this Period  
100.00

**C.**

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

Mailing Address 9012 Congressional Court

City State Zip Code  
Potomac MD 20854

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 ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
04 / 04 / 2008

**Transaction ID:** A2008-699731

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

**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 23 / 25	
	(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)  
Coventry Health Care Inc - First Health Group PAC

A.

Full Name (Last, First, Middle Initial) Dale Wolf		Date of Receipt	
Mailing Address 9012 Congressional Court		M M / D D / Y Y Y Y 0 4 / 1 8 / 2 0 0 8	
City	State	Zip Code	Transaction ID: A2008-729037
Potomac	MD	20854	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		100.00	
Name of Employer Coventry Health Care Inc.		Occupation Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	2978.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) People for English	Transaction ID: B211955 Date of Disbursement
	Mailing Address 104 Hume Ave.	<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Philip S English	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ben Cardin for Senate	Transaction ID: B214167 Date of Disbursement
	Mailing Address 38 Ivy Street SE	<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Benjamin Cardin	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Grassley Committee Inc	Transaction ID: B214168 Date of Disbursement
	Mailing Address PO Box 1000	<input type="text" value="04"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City Des Moines State IA Zip Code 50304	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Charles E Grassley	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="3000.00"/>

Form/Schedule: SA11AI

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.