



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Coventry Health Care Inc - First Health Group PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="162787.60"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="162787.60"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="17578.76"/>	<input type="text" value="17578.76"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="180366.36"/>	<input type="text" value="180366.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13041.34"/>	<input type="text" value="13041.34"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="167325.02"/>	<input type="text" value="167325.02"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Coventry Health Care Inc - First Health Group PAC

Report Covering the Period: From: 01 / 01 / 2013 To: 06 / 30 / 2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10854.60	10854.60
(ii) Unitemized .....	5282.82	5282.82
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	16137.42	16137.42
(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) .....	16137.42	16137.42
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).....	1441.34	1441.34
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	17578.76	17578.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17578.76	17578.76

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	1441.34	1441.34
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1441.34	1441.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2600.00	2600.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	9000.00	9000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13041.34	13041.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13041.34	13041.34

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	16137.42	16137.42
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16137.42	16137.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1441.34	1441.34
37. Offsets to Operating Expenditures (from Line 15, page 3).....	1441.34	1441.34
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Form/Schedule: F3XN  
Transaction ID :

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

Form/Schedule:  
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Denis Ameye</b>		Date of Receipt 03 / 15 / 2013 <b>Transaction ID : A2013-689695</b>
Mailing Address 3606 Conrad Street		Amount of Each Receipt this Period 40.00
City Philadelphia	State PA	Zip Code 19129
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Denis Ameye</b>		Date of Receipt 03 / 29 / 2013 <b>Transaction ID : A2013-689727</b>
Mailing Address 3606 Conrad Street		Amount of Each Receipt this Period 40.00
City Philadelphia	State PA	Zip Code 19129
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. Denis Ameye</b>		Date of Receipt 04 / 12 / 2013 <b>Transaction ID : A2013-2958200</b>
Mailing Address 3606 Conrad Street		Amount of Each Receipt this Period 40.00
City Philadelphia	State PA	Zip Code 19129
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 61  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 3606 Conrad Street

City Philadelphia State PA Zip Code 19129

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**04 / 26 / 2013**  
**Transaction ID : A2013-2958232**

Amount of Each Receipt this Period  
**40.00**

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

Mailing Address 3606 Conrad Street

City Philadelphia State PA Zip Code 19129

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**05 / 10 / 2013**  
**Transaction ID : A2013-2958264**

Amount of Each Receipt this Period  
**40.00**

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

Mailing Address 3606 Conrad Street

City Philadelphia State PA Zip Code 19129

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
**05 / 24 / 2013**  
**Transaction ID : A2013-2958296**

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: (check only one)	PAGE 9 OF 61
<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. Denis Ameye**  
Full Name (Last, First, Middle Initial)

Mailing Address 3606 Conrad Street

City Philadelphia State PA Zip Code 19129

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 07 / 2013**

**Transaction ID : A2013-3439656**

Amount of Each Receipt this Period  
**40.00**

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

Mailing Address 3606 Conrad Street

City Philadelphia State PA Zip Code 19129

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 21 / 2013**

**Transaction ID : A2013-3439688**

Amount of Each Receipt this Period  
**40.00**

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

Mailing Address 4669 W. Vista Drive

City Highland State UT Zip Code 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 01 / 2013**

**Transaction ID : A2013-264119**

Amount of Each Receipt this Period  
**75.00**

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4669 W. Vista Drive

City Highland State UT Zip Code 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2013  
**Transaction ID : A2013-264153**

Amount of Each Receipt this Period  
 75.00

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

Mailing Address 4669 W. Vista Drive

City Highland State UT Zip Code 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2013  
**Transaction ID : A2013-264187**

Amount of Each Receipt this Period  
 75.00

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

Mailing Address 4669 W. Vista Drive

City Highland State UT Zip Code 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : A2013-689681**

Amount of Each Receipt this Period  
 75.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

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

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

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

FOR LINE NUMBER: PAGE 11 OF 61  
(check only one)

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

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

Mailing Address 4669 W. Vista Drive

City Highland	State UT	Zip Code 84003
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FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc.	Occupation Manager
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

**Transaction ID : A2013-689713**

Amount of Each Receipt this Period  

75.00
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Full Name (Last, First, Middle Initial)  
**B. Michael Bahr**

Mailing Address 4669 W. Vista Drive

City Highland	State UT	Zip Code 84003
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FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc.	Occupation Manager
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

**Transaction ID : A2013-2958186**

Amount of Each Receipt this Period  

75.00
-------

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

Mailing Address 4669 W. Vista Drive

City Highland	State UT	Zip Code 84003
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FEC ID number of contributing federal political committee. **C**

Name of Employer Coventry Health Care Inc.	Occupation Manager
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

**Transaction ID : A2013-2958218**

Amount of Each Receipt this Period  

75.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

Full Name (Last, First, Middle Initial) <b>A. Michael Bahr</b>		Date of Receipt MM / DD / YYYY 05 / 10 / 2013 <b>Transaction ID : A2013-2958250</b>
Mailing Address 4669 W. Vista Drive		Amount of Each Receipt this Period 750.00
City Highland	State UT	Zip Code 84003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
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 ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>B. Michael Bahr</b>		Date of Receipt MM / DD / YYYY 05 / 24 / 2013 <b>Transaction ID : A2013-2958282</b>
Mailing Address 4669 W. Vista Drive		Amount of Each Receipt this Period 75.00
City Highland	State UT	Zip Code 84003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
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 ▼ 825.00	

Full Name (Last, First, Middle Initial) <b>C. Michael Bahr</b>		Date of Receipt MM / DD / YYYY 06 / 07 / 2013 <b>Transaction ID : A2013-3439642</b>
Mailing Address 4669 W. Vista Drive		Amount of Each Receipt this Period 75.00
City Highland	State UT	Zip Code 84003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
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 ▼ 900.00	

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

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

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

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

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

Mailing Address 4669 W. Vista Drive

City Highland State UT Zip Code 84003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **975.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 21 / 2013**

**Transaction ID : A2013-3439674**

Amount of Each Receipt this Period  
**75.00**

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

Mailing Address 14742 Rolling Spring Drive

City Midlothian State VA Zip Code 23114

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2013**

**Transaction ID : A2013-689670**

Amount of Each Receipt this Period  
**35.00**

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

Mailing Address 14742 Rolling Spring Drive

City Midlothian State VA Zip Code 23114

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 ▼ **245.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 29 / 2013**

**Transaction ID : A2013-689702**

Amount of Each Receipt this Period  
**35.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **145.00**

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

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

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

FOR LINE NUMBER: PAGE 14 OF 61  
(check only one)

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

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

Mailing Address 14742 Rolling Spring Drive

City Midlothian State VA Zip Code 23114

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 12 / 2013**

**Transaction ID : A2013-2958175**

Amount of Each Receipt this Period  
**35.00**

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

Mailing Address 14742 Rolling Spring Drive

City Midlothian State VA Zip Code 23114

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 26 / 2013**

**Transaction ID : A2013-2958207**

Amount of Each Receipt this Period  
**35.00**

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

Mailing Address 14742 Rolling Spring Drive

City Midlothian State VA Zip Code 23114

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**05 / 10 / 2013**

**Transaction ID : A2013-2958239**

Amount of Each Receipt this Period  
**35.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **105.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 61
	<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)  
**Coventry Health Care Inc - First Health Group PAC**

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

Mailing Address 14742 Rolling Spring Drive

City Midlothian State VA Zip Code 23114

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **385.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**05 / 24 / 2013**

**Transaction ID : A2013-2958271**

Amount of Each Receipt this Period  
**35.00**

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

Mailing Address 14742 Rolling Spring Drive

City Midlothian State VA Zip Code 23114

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

Name of Employer Coventry Health Care Inc. Occupation Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 07 / 2013**

**Transaction ID : A2013-3439631**

Amount of Each Receipt this Period  
**35.00**

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

Mailing Address 14742 Rolling Spring Drive

City Midlothian State VA Zip Code 23114

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 ▼ **455.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 21 / 2013**

**Transaction ID : A2013-3439663**

Amount of Each Receipt this Period  
**35.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **105.00**

**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 OF 61  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Brian Britt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 West Meadow Drive  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coventry Health Care Inc. Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 03 / 15 / 2013  
**Transaction ID : A2013-689682**  
 Amount of Each Receipt this Period  
 40.00

**B. Brian Britt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 West Meadow Drive  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coventry Health Care Inc. Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 03 / 29 / 2013  
**Transaction ID : A2013-689714**  
 Amount of Each Receipt this Period  
 40.00

**C. Brian Britt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 West Meadow Drive  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coventry Health Care Inc. Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 04 / 12 / 2013  
**Transaction ID : A2013-2958187**  
 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: (check only one)	PAGE 17 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Brian Britt**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 West Meadow Drive

City Mechanicsburg State PA Zip Code 17055

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
**04 / 26 / 2013**  
**Transaction ID : A2013-2958219**

Amount of Each Receipt this Period  
**40.00**

**B. Brian Britt**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 West Meadow Drive

City Mechanicsburg State PA Zip Code 17055

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**05 / 10 / 2013**  
**Transaction ID : A2013-2958251**

Amount of Each Receipt this Period  
**40.00**

**C. Brian Britt**  
Full Name (Last, First, Middle Initial)

Mailing Address 330 West Meadow Drive

City Mechanicsburg State PA Zip Code 17055

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
**05 / 24 / 2013**  
**Transaction ID : A2013-2958283**

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: (check only one)	PAGE 18 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Brian Britt</b>		Date of Receipt
Mailing Address 330 West Meadow Drive		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Mechanicsburg	PA	17055
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	
		Transaction ID : <b>A2013-3439643</b>
		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>

Full Name (Last, First, Middle Initial) <b>B. Brian Britt</b>		Date of Receipt
Mailing Address 330 West Meadow Drive		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Mechanicsburg	PA	17055
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="520.00"/>	
		Transaction ID : <b>A2013-3439675</b>
		Amount of Each Receipt this Period
		<input type="text" value="40.00"/>

Full Name (Last, First, Middle Initial) <b>C. David Fields</b>		Date of Receipt
Mailing Address 465 Scaife Road		<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Sewickley	PA	15143
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="384.00"/>	
		Transaction ID : <b>A2013-227046</b>
		Amount of Each Receipt this Period
		<input type="text" value="192.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="272.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 61
<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. David Fields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 465 Scaife Road

City Sewickley	State PA	Zip Code 15143
-------------------	-------------	-------------------

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 ▼ **576.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2013

**Transaction ID : A2013-264132**

Amount of Each Receipt this Period  

192.00
--------

**B. David Fields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 465 Scaife Road

City Sewickley	State PA	Zip Code 15143
-------------------	-------------	-------------------

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 ▼ **768.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

**Transaction ID : A2013-264166**

Amount of Each Receipt this Period  

192.00
--------

**C. David Fields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 465 Scaife Road

City Sewickley	State PA	Zip Code 15143
-------------------	-------------	-------------------

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 ▼ **960.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2013

**Transaction ID : A2013-264199**

Amount of Each Receipt this Period  

192.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>576.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. David Fields</b>		Date of Receipt 03 / 15 / 2013 <b>Transaction ID : A2013-689693</b>
Mailing Address 465 Scaife Road		Amount of Each Receipt this Period 192.00
City Sewickley	State PA	Zip Code 15143
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1152.00	

Full Name (Last, First, Middle Initial) <b>B. David Fields</b>		Date of Receipt 03 / 29 / 2013 <b>Transaction ID : A2013-689725</b>
Mailing Address 465 Scaife Road		Amount of Each Receipt this Period 192.00
City Sewickley	State PA	Zip Code 15143
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1344.00	

Full Name (Last, First, Middle Initial) <b>C. David Fields</b>		Date of Receipt 04 / 12 / 2013 <b>Transaction ID : A2013-2958198</b>
Mailing Address 465 Scaife Road		Amount of Each Receipt this Period 192.00
City Sewickley	State PA	Zip Code 15143
FEC ID number of contributing federal political committee. C	Name of Employer Coventry Health Care Inc.	Occupation Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1536.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David Fields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 465 Scaife Road

City Sewickley	State PA	Zip Code 15143
-------------------	-------------	-------------------

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 ▼  
1728.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		26		2013

**Transaction ID : A2013-2958230**

Amount of Each Receipt this Period  
192.00

**B. David Fields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 465 Scaife Road

City Sewickley	State PA	Zip Code 15143
-------------------	-------------	-------------------

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 ▼  
1920.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		10		2013

**Transaction ID : A2013-2958262**

Amount of Each Receipt this Period  
192.00

**C. David Fields**  
Full Name (Last, First, Middle Initial)  
Mailing Address 465 Scaife Road

City Sewickley	State PA	Zip Code 15143
-------------------	-------------	-------------------

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 ▼  
2112.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		24		2013

**Transaction ID : A2013-2958294**

Amount of Each Receipt this Period  
192.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. David Fields</b>		Date of Receipt
Mailing Address 465 Scaife Road		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City	State	Zip Code
Sewickley	PA	15143
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2304.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="192.00"/>
Transaction ID : <b>A2013-3439654</b>		

Full Name (Last, First, Middle Initial) <b>B. David Fields</b>		Date of Receipt
Mailing Address 465 Scaife Road		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Sewickley	PA	15143
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2496.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="192.00"/>
Transaction ID : <b>A2013-3439686</b>		

Full Name (Last, First, Middle Initial) <b>C. Janet Hamner</b>		Date of Receipt
Mailing Address 10219 Pemcrest		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Antonio	TX	78240
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="234.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="39.00"/>
Transaction ID : <b>A2013-689685</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="423.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Janet Hamner</b>		Date of Receipt
Mailing Address 10219 Pemcrest		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City San Antonio	State TX	Zip Code 78240
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2013-689717</b>
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="273.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Janet Hamner</b>		Date of Receipt
Mailing Address 10219 Pemcrest		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City San Antonio	State TX	Zip Code 78240
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2013-2958190</b>
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="312.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Janet Hamner</b>		Date of Receipt
Mailing Address 10219 Pemcrest		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City San Antonio	State TX	Zip Code 78240
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2013-2958222</b>
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="351.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Janet Hamner</b>		Date of Receipt
Mailing Address 10219 Pemcrest		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City San Antonio State TX Zip Code 78240		<b>Transaction ID : A2013-2958254</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="39.00"/>
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 ▼ <input type="text" value="390.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Janet Hamner</b>		Date of Receipt
Mailing Address 10219 Pemcrest		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City San Antonio State TX Zip Code 78240		<b>Transaction ID : A2013-2958286</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="39.00"/>
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 ▼ <input type="text" value="429.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Janet Hamner</b>		Date of Receipt
Mailing Address 10219 Pemcrest		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City San Antonio State TX Zip Code 78240		<b>Transaction ID : A2013-3439646</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="39.00"/>
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 ▼ <input type="text" value="468.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Janet Hamner</b>		Date of Receipt
Mailing Address 10219 Pemcrest		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City San Antonio State TX Zip Code 78240		<b>Transaction ID : A2013-3439678</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Coventry Health Care Inc. Occupation Manager		<input type="text" value="39.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="507.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Kim Isbell</b>		Date of Receipt
Mailing Address 6140 Moss Rose Lane		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City Aubrey State TX Zip Code 76227		<b>Transaction ID : A2013-2958270</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Coventry Health Care Inc. Occupation Director		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="220.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Kim Isbell</b>		Date of Receipt
Mailing Address 6140 Moss Rose Lane		<input type="text" value="06"/> / <input type="text" value="07"/> / <input type="text" value="2013"/>
City Aubrey State TX Zip Code 76227		<b>Transaction ID : A2013-3439630</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Coventry Health Care Inc. Occupation Director		<input type="text" value="20.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="79.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 61
<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. Kim Isbell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6140 Moss Rose Lane  
City Aubrey State TX Zip Code 76227  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation Director  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **260.00**

Date of Receipt **06 / 21 / 2013**  
**Transaction ID : A2013-3439662**  
Amount of Each Receipt this Period **20.00**

**B. Cherie Ivory**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1326 Arrowood Drive  
City Pittsburgh State PA Zip Code 15243  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Coventry Health Care Inc. Occupation Manager  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **220.00**

Date of Receipt **05 / 24 / 2013**  
**Transaction ID : A2013-2958291**  
Amount of Each Receipt this Period **20.00**

**C. Cherie Ivory**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1326 Arrowood Drive  
City Pittsburgh State PA Zip Code 15243  
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 **06 / 07 / 2013**  
**Transaction ID : A2013-3439651**  
Amount of Each Receipt this Period **20.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Cherie Ivory</b>		Date of Receipt
Mailing Address 1326 Arrowood Drive		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Pittsburgh	PA	15243
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>A2013-3439683</b>
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="260.00"/>	<input type="text" value="20.00"/>

Full Name (Last, First, Middle Initial) <b>B. Michael King</b>		Date of Receipt
Mailing Address 3931 Trials Way West		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Doylestown	PA	18902
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>A2013-689694</b>
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="234.00"/>	<input type="text" value="39.00"/>

Full Name (Last, First, Middle Initial) <b>C. Michael King</b>		Date of Receipt
Mailing Address 3931 Trials Way West		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Doylestown	PA	18902
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>A2013-689726</b>
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="273.00"/>	<input type="text" value="39.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="98.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 28 OF 61  
(check only one)

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

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

Mailing Address 3931 Trials Way West

City Doylestown	State PA	Zip Code 18902
--------------------	-------------	-------------------

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 ▼ **312.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

**Transaction ID : A2013-2958199**

Amount of Each Receipt this Period  

39.00
-------

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

Mailing Address 3931 Trials Way West

City Doylestown	State PA	Zip Code 18902
--------------------	-------------	-------------------

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 ▼ **351.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

**Transaction ID : A2013-2958231**

Amount of Each Receipt this Period  

39.00
-------

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

Mailing Address 3931 Trials Way West

City Doylestown	State PA	Zip Code 18902
--------------------	-------------	-------------------

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 ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

**Transaction ID : A2013-2958263**

Amount of Each Receipt this Period  

39.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>117.00</b>
<b>TOTAL</b> 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 29 OF 61 (check only one)
<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"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Michael King</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 24 / 2013 <b>Transaction ID : A2013-2958295</b>					
Mailing Address 3931 Trials Way West	Amount of Each Receipt this Period 39.00					
<table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Doylestown</td> <td>PA</td> <td>18902</td> </tr> </table>		City	State	Zip Code	Doylestown	PA
City	State	Zip Code				
Doylestown	PA	18902				
FEC ID number of contributing federal political committee.	C					
Name of Employer Coventry Health Care Inc.	Occupation Manager					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00					

Full Name (Last, First, Middle Initial) <b>B. Michael King</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 07 / 2013 <b>Transaction ID : A2013-3439655</b>					
Mailing Address 3931 Trials Way West	Amount of Each Receipt this Period 39.00					
<table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Doylestown</td> <td>PA</td> <td>18902</td> </tr> </table>		City	State	Zip Code	Doylestown	PA
City	State	Zip Code				
Doylestown	PA	18902				
FEC ID number of contributing federal political committee.	C					
Name of Employer Coventry Health Care Inc.	Occupation Manager					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 468.00					

Full Name (Last, First, Middle Initial) <b>C. Michael King</b>	Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 21 / 2013 <b>Transaction ID : A2013-3439687</b>					
Mailing Address 3931 Trials Way West	Amount of Each Receipt this Period 39.00					
<table style="width: 100%;"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Doylestown</td> <td>PA</td> <td>18902</td> </tr> </table>		City	State	Zip Code	Doylestown	PA
City	State	Zip Code				
Doylestown	PA	18902				
FEC ID number of contributing federal political committee.	C					
Name of Employer Coventry Health Care Inc.	Occupation Manager					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.00					

<b>SUBTOTAL</b> of Receipts This Page (optional).....	117.00
<b>TOTAL</b> This Period (last page this line number only).....	117.00

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

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

FOR LINE NUMBER: PAGE 30 OF 61  
(check only one)

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

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

Mailing Address 622 Brookhaven Court

City St. Louis	State MO	Zip Code 63122
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

**Transaction ID : A2013-2958287**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 622 Brookhaven Court

City St. Louis	State MO	Zip Code 63122
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

**Transaction ID : A2013-3439647**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 622 Brookhaven Court

City St. Louis	State MO	Zip Code 63122
-------------------	-------------	-------------------

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 ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

**Transaction ID : A2013-3439679**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1549 Virginia Avenue

City Monaca	State PA	Zip Code 15061
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

**Transaction ID : A2013-2958208**

Amount of Each Receipt this Period  

25.00
-------

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

Mailing Address 1549 Virginia Avenue

City Monaca	State PA	Zip Code 15061
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

**Transaction ID : A2013-2958240**

Amount of Each Receipt this Period  

25.00
-------

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

Mailing Address 1549 Virginia Avenue

City Monaca	State PA	Zip Code 15061
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

**Transaction ID : A2013-2958272**

Amount of Each Receipt this Period  

25.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Joan Liberatore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1549 Virginia Avenue

City Monaca	State PA	Zip Code 15061
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

**Transaction ID : A2013-3439632**

Amount of Each Receipt this Period  

25.00
-------

**B. Joan Liberatore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1549 Virginia Avenue

City Monaca	State PA	Zip Code 15061
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

**Transaction ID : A2013-3439664**

Amount of Each Receipt this Period  

25.00
-------

**C. Dawn Milstead**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1611 Baldwin Lane

City Harrisburg	State PA	Zip Code 17110
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2013

**Transaction ID : A2013-264130**

Amount of Each Receipt this Period  

75.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.00</b>
<b>TOTAL</b> 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 33 OF 61  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Dawn Milstead**  
 Mailing Address 1611 Baldwin Lane  
 City Harrisburg State PA Zip Code 17110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coventry Health Care Inc. Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 15 / 2013  
**Transaction ID : A2013-264164**  
 Amount of Each Receipt this Period  
 75.00

Full Name (Last, First, Middle Initial)  
**B. Dawn Milstead**  
 Mailing Address 1611 Baldwin Lane  
 City Harrisburg State PA Zip Code 17110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coventry Health Care Inc. Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 01 / 2013  
**Transaction ID : A2013-264197**  
 Amount of Each Receipt this Period  
 75.00

Full Name (Last, First, Middle Initial)  
**C. Dawn Milstead**  
 Mailing Address 1611 Baldwin Lane  
 City Harrisburg State PA Zip Code 17110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coventry Health Care Inc. Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 15 / 2013  
**Transaction ID : A2013-689691**  
 Amount of Each Receipt this Period  
 75.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dawn Milstead</b>		Date of Receipt
Mailing Address 1611 Baldwin Lane		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City	State	Zip Code
Harrisburg	PA	17110
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2013-689723</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="525.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Dawn Milstead</b>		Date of Receipt
Mailing Address 1611 Baldwin Lane		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City	State	Zip Code
Harrisburg	PA	17110
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2013-2958196</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Dawn Milstead</b>		Date of Receipt
Mailing Address 1611 Baldwin Lane		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Harrisburg	PA	17110
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2013-2958228</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="675.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 61
<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. Dawn Milstead**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1611 Baldwin Lane

City Harrisburg	State PA	Zip Code 17110
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

**Transaction ID : A2013-2958260**

Amount of Each Receipt this Period  
75.00

**B. Dawn Milstead**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1611 Baldwin Lane

City Harrisburg	State PA	Zip Code 17110
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

**Transaction ID : A2013-2958292**

Amount of Each Receipt this Period  
75.00

**C. Dawn Milstead**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1611 Baldwin Lane

City Harrisburg	State PA	Zip Code 17110
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

**Transaction ID : A2013-3439652**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dawn Milstead</b>		Date of Receipt
Mailing Address 1611 Baldwin Lane		<input type="text" value="06"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Harrisburg	PA	17110
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2013-3439684</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="975.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Timothy Nolan</b>		Date of Receipt
Mailing Address 17 Greenbriar Circle		<input type="text" value="01"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Newtown	PA	18940
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2013-227039</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="192.30"/>
Name of Employer	Occupation	
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="384.60"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Timothy Nolan</b>		Date of Receipt
Mailing Address 17 Greenbriar Circle		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2013"/>
City	State	Zip Code
Newtown	PA	18940
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2013-264125</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="192.30"/>
Name of Employer	Occupation	
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="576.90"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="459.60"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 61
<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. Timothy Nolan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 Greenbriar Circle

City Newtown	State PA	Zip Code 18940
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

**Transaction ID : A2013-264159**

Amount of Each Receipt this Period  

192.30
--------

**B. Timothy Nolan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 Greenbriar Circle

City Newtown	State PA	Zip Code 18940
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **961.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2013

**Transaction ID : A2013-264193**

Amount of Each Receipt this Period  

192.30
--------

**C. Timothy Nolan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 Greenbriar Circle

City Newtown	State PA	Zip Code 18940
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1153.80**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2013

**Transaction ID : A2013-689687**

Amount of Each Receipt this Period  

192.30
--------

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Timothy Nolan</b>		Date of Receipt
Mailing Address 17 Greenbriar Circle		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City Newtown	State PA	Zip Code 18940
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2013-689719</b>
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		<input type="text" value="192.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1346.10"/>	

Full Name (Last, First, Middle Initial) <b>B. Timothy Nolan</b>		Date of Receipt
Mailing Address 17 Greenbriar Circle		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Newtown	State PA	Zip Code 18940
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2013-2958192</b>
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		<input type="text" value="192.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1538.40"/>	

Full Name (Last, First, Middle Initial) <b>C. Timothy Nolan</b>		Date of Receipt
Mailing Address 17 Greenbriar Circle		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Newtown	State PA	Zip Code 18940
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2013-2958224</b>
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		<input type="text" value="192.30"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1730.70"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Timothy Nolan</b>		Date of Receipt
Mailing Address 17 Greenbriar Circle		M M M / D D D / Y Y Y Y Y Y 05 / 10 / 2013
City Newtown	State PA	Zip Code 18940
FEC ID number of contributing federal political committee. C		<b>Transaction ID : A2013-2958256</b>
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		192.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	1923.00	

Full Name (Last, First, Middle Initial) <b>B. Timothy Nolan</b>		Date of Receipt
Mailing Address 17 Greenbriar Circle		M M M / D D D / Y Y Y Y Y Y 05 / 24 / 2013
City Newtown	State PA	Zip Code 18940
FEC ID number of contributing federal political committee. C		<b>Transaction ID : A2013-2958288</b>
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		192.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	2115.30	

Full Name (Last, First, Middle Initial) <b>C. Timothy Nolan</b>		Date of Receipt
Mailing Address 17 Greenbriar Circle		M M M / D D D / Y Y Y Y Y Y 06 / 07 / 2013
City Newtown	State PA	Zip Code 18940
FEC ID number of contributing federal political committee. C		<b>Transaction ID : A2013-3439648</b>
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		192.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	2307.60	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Timothy Nolan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17 Greenbriar Circle

City Newtown	State PA	Zip Code 18940
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

**Transaction ID : A2013-3439680**

Amount of Each Receipt this Period  
192.30

**B. Mary Louise Osborne**  
Full Name (Last, First, Middle Initial)  
Mailing Address 234 Overbrook Road

City Valencia	State PA	Zip Code 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2013

**Transaction ID : A2013-264121**

Amount of Each Receipt this Period  
80.00

**c. Mary Louise Osborne**  
Full Name (Last, First, Middle Initial)  
Mailing Address 234 Overbrook Road

City Valencia	State PA	Zip Code 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 ▼  
320.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

**Transaction ID : A2013-264155**

Amount of Each Receipt this Period  
80.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	352.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 234 Overbrook Road

City Valencia State PA Zip Code 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 ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 01 / 2013**

**Transaction ID : A2013-264189**

Amount of Each Receipt this Period  
**80.00**

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

Mailing Address 234 Overbrook Road

City Valencia State PA Zip Code 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 ▼ **480.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2013**

**Transaction ID : A2013-689683**

Amount of Each Receipt this Period  
**80.00**

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

Mailing Address 234 Overbrook Road

City Valencia State PA Zip Code 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 ▼ **560.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**03 / 29 / 2013**

**Transaction ID : A2013-689715**

Amount of Each Receipt this Period  
**80.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **240.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mary Louise Osborne</b>		Date of Receipt
Mailing Address 234 Overbrook Road		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Valencia State PA Zip Code 16059		<b>Transaction ID : A2013-2958188</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Coventry Health Care Inc. Occupation Manager		<input type="text" value="80.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="640.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Mary Louise Osborne</b>		Date of Receipt
Mailing Address 234 Overbrook Road		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City Valencia State PA Zip Code 16059		<b>Transaction ID : A2013-2958220</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Coventry Health Care Inc. Occupation Manager		<input type="text" value="80.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="720.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Mary Louise Osborne</b>		Date of Receipt
Mailing Address 234 Overbrook Road		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City Valencia State PA Zip Code 16059		<b>Transaction ID : A2013-2958252</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Coventry Health Care Inc. Occupation Manager		<input type="text" value="80.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="800.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 61
<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. Mary Louise Osborne**  
Full Name (Last, First, Middle Initial)  
Mailing Address 234 Overbrook Road

City Valencia	State PA	Zip Code 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 ▼ **880.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

**Transaction ID : A2013-2958284**

Amount of Each Receipt this Period  

80.00
-------

**B. Mary Louise Osborne**  
Full Name (Last, First, Middle Initial)  
Mailing Address 234 Overbrook Road

City Valencia	State PA	Zip Code 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 ▼ **960.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

**Transaction ID : A2013-3439644**

Amount of Each Receipt this Period  

80.00
-------

**C. Mary Louise Osborne**  
Full Name (Last, First, Middle Initial)  
Mailing Address 234 Overbrook Road

City Valencia	State PA	Zip Code 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 ▼ **1040.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

**Transaction ID : A2013-3439676**

Amount of Each Receipt this Period  

80.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>240.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 61
<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. Douglas Porter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Goff Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	01	/	2013

**Transaction ID : A2013-264128**

Amount of Each Receipt this Period  

100.00
--------

**B. Douglas Porter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Goff Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	15	/	2013

**Transaction ID : A2013-264162**

Amount of Each Receipt this Period  

100.00
--------

**C. Douglas Porter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5 Goff Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
03	/	01	/	2013

**Transaction ID : A2013-264195**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 61
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Douglas Porter</b>		Date of Receipt
Mailing Address 5 Goff Road		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Annville	State PA	Zip Code 17003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2013-689689</b>
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Douglas Porter</b>		Date of Receipt
Mailing Address 5 Goff Road		<input type="text" value="03"/> / <input type="text" value="29"/> / <input type="text" value="2013"/>
City Annville	State PA	Zip Code 17003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2013-689721</b>
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="700.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Douglas Porter</b>		Date of Receipt
Mailing Address 5 Goff Road		<input type="text" value="04"/> / <input type="text" value="12"/> / <input type="text" value="2013"/>
City Annville	State PA	Zip Code 17003
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2013-2958194</b>
Name of Employer Coventry Health Care Inc.		Amount of Each Receipt this Period
Occupation Manager		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="800.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5 Goff Road

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

**Transaction ID : A2013-2958226**

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address 5 Goff Road

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	10	/	2013

**Transaction ID : A2013-2958258**

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address 5 Goff Road

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

**Transaction ID : A2013-2958290**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5 Goff Road

City Annville State PA Zip Code 17003

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 07 / 2013**

**Transaction ID : A2013-3439650**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 5 Goff Road

City Annville State PA Zip Code 17003

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 ▼ **1300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 21 / 2013**

**Transaction ID : A2013-3439682**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 111 Patrick Avenue

City Willow Springs State IL Zip Code 60480

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 26 / 2013**

**Transaction ID : A2013-2958217**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **225.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 61
<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. Sabrina Rajendran**  
Full Name (Last, First, Middle Initial)

Mailing Address 111 Patrick Avenue

City Willow Springs State IL Zip Code 60480

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2013  
**Transaction ID : A2013-2958249**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 111 Patrick Avenue

City Willow Springs State IL Zip Code 60480

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2013  
**Transaction ID : A2013-2958281**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 111 Patrick Avenue

City Willow Springs State IL Zip Code 60480

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2013  
**Transaction ID : A2013-3439641**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> 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 49 OF 61  
(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. Sabrina Rajendran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Patrick Avenue  
 City Willow Springs State IL Zip Code 60480  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coventry Health Care Inc. Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 21 / 2013  
**Transaction ID : A2013-3439673**  
 Amount of Each Receipt this Period  
 25.00

**B. Steven Robino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12915 Grant Street  
 City Overland Park State KS Zip Code 66213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coventry Health Care Inc. Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2013  
**Transaction ID : A2013-689708**  
 Amount of Each Receipt this Period  
 30.00

**C. Steven Robino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12915 Grant Street  
 City Overland Park State KS Zip Code 66213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Coventry Health Care Inc. Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : A2013-2958181**  
 Amount of Each Receipt this Period  
 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Steven Robino</b>		Date of Receipt
Mailing Address 12915 Grant Street		<input type="text" value="04"/> / <input type="text" value="26"/> / <input type="text" value="2013"/>
City	State	Zip Code
Overland Park	KS	66213
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="270.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>

Full Name (Last, First, Middle Initial) <b>B. Steven Robino</b>		Date of Receipt
Mailing Address 12915 Grant Street		<input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2013"/>
City	State	Zip Code
Overland Park	KS	66213
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>

Full Name (Last, First, Middle Initial) <b>C. Steven Robino</b>		Date of Receipt
Mailing Address 12915 Grant Street		<input type="text" value="05"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
Overland Park	KS	66213
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Coventry Health Care Inc.	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="330.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="90.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 51 OF 61  
(check only one)

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

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

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

Mailing Address 12915 Grant Street

City Overland Park State KS Zip Code 66213

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 07 / 2013**

**Transaction ID : A2013-3439637**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 12915 Grant Street

City Overland Park State KS Zip Code 66213

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**06 / 21 / 2013**

**Transaction ID : A2013-3439669**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address P. O. Box 644

City Saint Albans State MO Zip Code 63073-0644

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 26 / 2013**

**Transaction ID : A2013-2958216**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **85.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address P. O. Box 644

City Saint Albans State MO Zip Code 63073-0644

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 10 / 2013  
**Transaction ID : A2013-2958248**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address P. O. Box 644

City Saint Albans State MO Zip Code 63073-0644

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 24 / 2013  
**Transaction ID : A2013-2958280**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address P. O. Box 644

City Saint Albans State MO Zip Code 63073-0644

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

Name of Employer Coventry Health Care Inc. Occupation Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2013  
**Transaction ID : A2013-3439640**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address P. O. Box 644

City Saint Albans State MO Zip Code 63073-0644

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 ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 21 / 2013**

**Transaction ID : A2013-3439672**

Amount of Each Receipt this Period  
**25.00**

**B. Ann Stoepfelwerth**  
Full Name (Last, First, Middle Initial)

Mailing Address 4360 S. Victor Avenue

City Tulsa State OK Zip Code 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 M / D D D / Y Y Y Y Y Y  
**03 / 15 / 2013**

**Transaction ID : A2013-689684**

Amount of Each Receipt this Period  
**38.00**

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

Mailing Address 4360 S. Victor Avenue

City Tulsa State OK Zip Code 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 M / D D D / Y Y Y Y Y Y  
**03 / 29 / 2013**

**Transaction ID : A2013-689716**

Amount of Each Receipt this Period  
**38.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>101.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ann Stoepfelwerth**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 304.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 12 / 2013  
**Transaction ID : A2013-2958189**  
 Amount of Each Receipt this Period  
 38.00

**B. Ann Stoepfelwerth**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 342.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 04 / 26 / 2013  
**Transaction ID : A2013-2958221**  
 Amount of Each Receipt this Period  
 38.00

**C. Ann Stoepfelwerth**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 05 / 10 / 2013  
**Transaction ID : A2013-2958253**  
 Amount of Each Receipt this Period  
 38.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	114.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 61
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ann Stoepfelwerth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4360 S. Victor Avenue

City Tulsa	State OK	Zip Code 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 ▼  
418.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	24	/	2013

**Transaction ID : A2013-2958285**

Amount of Each Receipt this Period  
38.00

**B. Ann Stoepfelwerth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4360 S. Victor Avenue

City Tulsa	State OK	Zip Code 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 ▼  
456.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	07	/	2013

**Transaction ID : A2013-3439645**

Amount of Each Receipt this Period  
38.00

**C. Ann Stoepfelwerth**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4360 S. Victor Avenue

City Tulsa	State OK	Zip Code 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 ▼  
494.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

**Transaction ID : A2013-3439677**

Amount of Each Receipt this Period  
38.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	114.00
<b>TOTAL</b> This Period (last page this line number only).....	10854.60

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 56 OF 61	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Coventry Health Care Inc.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6720-B Rockledge Dr. Suite 800  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For: 2013  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1441.34

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 05 / 2013  
**Transaction ID : A2013-9629**  
 Amount of Each Receipt this Period  
 1441.34  
 Offsets to Oper. Exp  
 Mis-deposit by corporation

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1441.34
<b>TOTAL</b> This Period (last page this line number only).....▶	1441.34

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

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NAME OF COMMITTEE (In Full)

**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)

**A. Coventry Health Care Inc.**

Mailing Address 6720-B Rockledge Dr. Suite 800

City State Zip Code  
Bethesda MD 20817

Purpose of Disbursement  
Reimbursement of mis-deposit by corporation

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MD District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Not Applicable

Date of Disbursement

/  /

**Transaction ID : B448621**

Amount of Each Disbursement this Period

Reimbursement of mis-deposit by corporation

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**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**

Full Name (Last, First, Middle Initial)

**A. Fitzpatrick for Congress**

Mailing Address PO Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement  
Contribution

011

Candidate Name

**Michael Fitzpatrick**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 22 / 2013

**Transaction ID : B450869**

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2600.00

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

2600.00

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

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

Full Name (Last, First, Middle Initial) <b>A. Federation of Iowa Insurers</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2013
Mailing Address 711 High Street		<b>Transaction ID : B448815</b>
City Des Moines	State IA	
Purpose of Disbursement Non-Federal PAC	Candidate Name	Amount of Each Disbursement this Period 1500.00
Category/Type 011		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Not Applicable	

Full Name (Last, First, Middle Initial) <b>B. Federation of Iowa Insurers</b>		Date of Disbursement MM / DD / YYYY 03 / 21 / 2013
Mailing Address 700 Walnut Suite 1600		<b>Transaction ID : B446513</b>
City Des Moines	State IA	
Purpose of Disbursement Non-Federal PAC	Candidate Name	Amount of Each Disbursement this Period -1500.00
Category/Type 011		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Voided: Original check dated 12/18/2012
State: District:	Not Applicable	

Full Name (Last, First, Middle Initial) <b>C. Kentucky Democratic Party</b>		Date of Disbursement MM / DD / YYYY 01 / 22 / 2013
Mailing Address P.O. Box 694		<b>Transaction ID : B446515</b>
City Frankfort	State KY	
Purpose of Disbursement State Party Cmte	Candidate Name	Amount of Each Disbursement this Period -1000.00
Category/Type 011		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Voided: Original check dated 12/18/2012
State: District:	Not Applicable	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	1000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Coventry Health Care Inc - First Health Group PAC**

Full Name (Last, First, Middle Initial)

**A. Kentucky Democratic House Caucus**

Mailing Address P.O. Box 4204

City Frankfort State KY Zip Code 40604

Purpose of Disbursement  
State Party Cmte

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 22 / 2013

Transaction ID : B448620

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. PEG PAC**

Mailing Address 116 Pine Street Suite 201

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement  
State PAC

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 20 / 2013

Transaction ID : B449990

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. PA Insurance PAC**

Mailing Address 1600 Market Street #1520

City Philadelphia State PA Zip Code 19103

Purpose of Disbursement  
State PAC

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 05 / 2013

Transaction ID : B452858

Amount of Each Disbursement this Period

5000.00

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

9000.00

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

