



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Wellcare Health Plans, Inc. PAC (WellCare 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="2014"/>	<input type="text" value="131970.74"/>	<input type="text" value="131970.74"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="99182.02"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="15578.67"/>	<input type="text" value="219439.95"/>
(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="114760.69"/>	<input type="text" value="351410.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="3750.00"/>	<input type="text" value="240400.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="111010.69"/>	<input type="text" value="111010.69"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

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

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).....	14865.19	171790.36
(ii) Unitemized .....	713.48	46649.59
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	15578.67	218439.95
(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) .....	15578.67	218439.95
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
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))..... ▶	15578.67	219439.95
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15578.67	219439.95

**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 .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	160700.00
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 .....	3750.00	79700.00
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)) ..	3750.00	240400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3750.00	240400.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	15578.67	218439.95
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15578.67	218439.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Nicholas Abid**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2403.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15899**

Amount of Each Receipt this Period  
**96.15**

**B. Nicholas Abid**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

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  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16625**

Amount of Each Receipt this Period  
**96.15**

**C. Harvey D. Anderson**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

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  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15847**

Amount of Each Receipt this Period  
**38.46**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **230.76**

**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 7 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Harvey D. Anderson</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		<b>Transaction ID : SA11AI.16642</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Occupation health care		<input type="text" value="38.46"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="999.96"/>	

Full Name (Last, First, Middle Initial) <b>B. Margaret Anderson</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		<b>Transaction ID : SA11AI.15900</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Health Plans, Inc. Occupation health care		<input type="text" value="96.15"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="288.45"/>	

Full Name (Last, First, Middle Initial) <b>C. Margaret Anderson</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		<b>Transaction ID : SA11AI.16614</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Health Plans, Inc. Occupation health care		<input type="text" value="96.15"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="384.60"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="230.76"/>
<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 8 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Joseph Anselmo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.75

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15840**  
 Amount of Each Receipt this Period  
 20.83

**B. Joseph Anselmo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16683**  
 Amount of Each Receipt this Period  
 20.83

**C. Norma I. Asencio**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15743**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.89  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Norma I. Asencio**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16786**

Amount of Each Receipt this Period  
 19.23

Full Name (Last, First, Middle Initial)  
**B. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 884.58

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15848**

Amount of Each Receipt this Period  
 38.46

Full Name (Last, First, Middle Initial)  
**C. Angel L. Ballew**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 923.04

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16634**

Amount of Each Receipt this Period  
 38.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 96.15

**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 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Richard O. Banner**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1153.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15897**

Amount of Each Receipt this Period  
46.15

**B. Richard O. Banner**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1199.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16628**

Amount of Each Receipt this Period  
46.15

**C. Sheryl Barr**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.45

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16608**

Amount of Each Receipt this Period  
96.15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	188.45
<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 11 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Lisa A. Bartley**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15744**

Amount of Each Receipt this Period  
19.23

**B. Lisa A. Bartley**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16694**

Amount of Each Receipt this Period  
19.23

**C. Robert A. Beck**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2403.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15903**

Amount of Each Receipt this Period  
96.15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	134.61
<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 12 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Robert A. Beck**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.90**

Date of Receipt  
**12 / 19 / 2014**  
**Transaction ID : SA11AI.16623**

Amount of Each Receipt this Period  
**96.15**

Full Name (Last, First, Middle Initial)  
**B. Lucy Berenguer**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
**12 / 05 / 2014**  
**Transaction ID : SA11AI.15745**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**C. Lucy Berenguer**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
**12 / 19 / 2014**  
**Transaction ID : SA11AI.16758**

Amount of Each Receipt this Period  
**19.23**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **134.61**

**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 13 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15746**

Amount of Each Receipt this Period  
 19.23

**B. Bruce A. Bershad**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16751**

Amount of Each Receipt this Period  
 19.23

**C. Sean L. Bird**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15747**

Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **57.69**

**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 14 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sean L. Bird**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16699**

Amount of Each Receipt this Period  
**19.23**

**B. Scott B. Black**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

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  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15849**

Amount of Each Receipt this Period  
**38.46**

**C. Scott B. Black**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16680**

Amount of Each Receipt this Period  
**38.46**

**SUBTOTAL** of Receipts This Page (optional)..... **96.15**

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

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

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

FOR LINE NUMBER: PAGE 15 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Jason T. Bollent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15748**  
 Amount of Each Receipt this Period  
 19.23

**B. Jason T. Bollent**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16759**  
 Amount of Each Receipt this Period  
 19.23

**C. Michelle D. Bronson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15749**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Michelle D. Bronson**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16702**

Amount of Each Receipt this Period  
**19.23**

**B. Kenneth A. Burdick**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3846.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15928**

Amount of Each Receipt this Period  
**192.30**

**C. Kenneth A. Burdick**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4038.30**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16598**

Amount of Each Receipt this Period  
**192.30**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>403.83</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 17 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. John Burke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2403.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15904**  
 Amount of Each Receipt this Period  
 96.15

**B. John Burke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 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  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16606**  
 Amount of Each Receipt this Period  
 96.15

**C. Amy Carr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15750**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 211.53  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 18 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Amy Carr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16773**  
 Amount of Each Receipt this Period  
 19.23

**B. Christine K. Cashen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15751**  
 Amount of Each Receipt this Period  
 19.23

**C. Christine K. Cashen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16741**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**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 19 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Robert A. Champagne**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Occupation health care

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  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15850**

Amount of Each Receipt this Period  
 38.46

**B. Robert A. Champagne**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16656**

Amount of Each Receipt this Period  
 38.46

**C. Donna M. Chapman**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15752**

Amount of Each Receipt this Period  
 19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.15
<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 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Donna M. Chapman</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : SA11AI.16735</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

Full Name (Last, First, Middle Initial) <b>B. Seunghyun Choi</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : SA11AI.15753</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.37	

Full Name (Last, First, Middle Initial) <b>C. Seunghyun Choi</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : SA11AI.16726</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer WellCare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<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 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15754**

Amount of Each Receipt this Period  

19.23
-------

Full Name (Last, First, Middle Initial)  
**B. Patricia Ciampa**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16708**

Amount of Each Receipt this Period  

19.23
-------

Full Name (Last, First, Middle Initial)  
**C. Thomas Clegg**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans	Occupation health care
---	---------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15851**

Amount of Each Receipt this Period  

38.46
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>76.92</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 22 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Thomas Clegg**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.52**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16667**

Amount of Each Receipt this Period  
**38.46**

Full Name (Last, First, Middle Initial)  
**B. Sue E. Clements**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15755**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**C. Sue E. Clements**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16762**

Amount of Each Receipt this Period  
**19.23**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>76.92</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 23 OF 129
	<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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Ann C. Cox**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

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
12	/	05	/	2014

**Transaction ID : SA11AI.15852**

Amount of Each Receipt this Period  
38.46

**B. Ann C. Cox**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16679**

Amount of Each Receipt this Period  
38.46

**C. Justin R. Cramer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

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
12	/	05	/	2014

**Transaction ID : SA11AI.15853**

Amount of Each Receipt this Period  
38.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<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 24 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Justin R. Cramer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16655**

Amount of Each Receipt this Period  
38.46

**B. Christopher C. Cubero**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15854**

Amount of Each Receipt this Period  
38.46

**c. Christopher C. Cubero**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16648**

Amount of Each Receipt this Period  
38.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<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 25 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Daniel Cup Choy</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.15756</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="346.14"/>	

Full Name (Last, First, Middle Initial) <b>B. Daniel Cup Choy</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.16753</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="365.37"/>	

Full Name (Last, First, Middle Initial) <b>C. David Cure</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.15905</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
WellCare Health Plans, Inc.	health care	<input type="text" value="96.15"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2403.75"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="134.61"/>
<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 129
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. David Cure**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 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  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16609**  
 Amount of Each Receipt this Period  
 96.15

**B. Lisa R. Darley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15757**  
 Amount of Each Receipt this Period  
 19.23

**C. Lisa R. Darley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16714**  
 Amount of Each Receipt this Period  
 19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	134.61
<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 27 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2403.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15906**

Amount of Each Receipt this Period  
**96.15**

**B. William W. Davies**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

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  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16621**

Amount of Each Receipt this Period  
**96.15**

**C. Natalie D. Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15758**

Amount of Each Receipt this Period  
**19.23**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>211.53</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 28 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Natalie D. Davis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16715**  
 Amount of Each Receipt this Period  
 19.23

**B. Christopher C. Dawes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 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  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15855**  
 Amount of Each Receipt this Period  
 38.46

**c. Christopher C. Dawes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16641**  
 Amount of Each Receipt this Period  
 38.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.15
<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 129  
(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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Valerie DeBoe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 721.00

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : SA11AI.15846**  
Amount of Each Receipt this Period 28.84

**B. Valerie DeBoe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 749.84

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : SA11AI.16681**  
Amount of Each Receipt this Period 28.84

**C. Desiree Demonbreun**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : SA11AI.15759**  
Amount of Each Receipt this Period 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.91  
**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 30 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Desiree Demonbreun**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16696**  
 Amount of Each Receipt this Period  
 19.23

**B. David W. Deweese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15760**  
 Amount of Each Receipt this Period  
 19.23

**C. David W. Deweese**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16720**  
 Amount of Each Receipt this Period  
 19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<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 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Grace Diaz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

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
12	/	05	/	2014

**Transaction ID : SA11AI.15856**

Amount of Each Receipt this Period  
38.46

**B. Grace Diaz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16675**

Amount of Each Receipt this Period  
38.46

**C. Lisa V. Downey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

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
12	/	05	/	2014

**Transaction ID : SA11AI.15858**

Amount of Each Receipt this Period  
38.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<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 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lisa V. Downey**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16633**

Amount of Each Receipt this Period  
38.46

**B. Karen Driskill**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.74

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15859**

Amount of Each Receipt this Period  
38.46

**C. Karen Driskill**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

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
12	/	19	/	2014

**Transaction ID : SA11AI.16661**

Amount of Each Receipt this Period  
38.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<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 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Michael Easterday**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15761**  
 Amount of Each Receipt this Period  
 19.23

**B. Michael Easterday**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.06

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16749**  
 Amount of Each Receipt this Period  
 19.23

**C. Lisa M. Eilers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15762**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**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 34 OF 129  
(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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Lisa M. Eilers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16706**  
 Amount of Each Receipt this Period  
 19.23

**B. Carolyn M. Enzinna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15763**  
 Amount of Each Receipt this Period  
 19.23

**C. Carolyn M. Enzinna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16704**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**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 35 OF 129  
(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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Hector L. Feliciano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15764**  
 Amount of Each Receipt this Period  
 19.23

**B. Hector L. Feliciano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16707**  
 Amount of Each Receipt this Period  
 19.23

**C. Traci L. Ferguson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15765**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**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 36 OF 129  
(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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Traci L. Ferguson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16712**  
 Amount of Each Receipt this Period  
 19.23

**B. Ryan B. Fogarty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15841**  
 Amount of Each Receipt this Period  
 20.83

**C. Ryan B. Fogarty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16685**  
 Amount of Each Receipt this Period  
 20.83

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.89  
**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 37 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dalvin Ford</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		<b>Transaction ID : SA11AI.15842</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.83"/>
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="520.75"/>	

Full Name (Last, First, Middle Initial) <b>B. Dalvin Ford</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		<b>Transaction ID : SA11AI.16689</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.83"/>
Name of Employer Wellcare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="541.58"/>	

Full Name (Last, First, Middle Initial) <b>C. Vincent L. Frakes</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		<b>Transaction ID : SA11AI.15860</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="38.46"/>
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="653.82"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="80.12"/>
<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 38 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Vincent L. Frakes**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16646**

Amount of Each Receipt this Period  
**38.46**

**B. Paul H. Frank**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15766**

Amount of Each Receipt this Period  
**19.23**

**C. Paul H. Frank**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16731**

Amount of Each Receipt this Period  
**19.23**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>76.92</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 39 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dana French**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Avenue

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
730.74

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15861**

Amount of Each Receipt this Period  
38.46

**B. Dana French**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Avenue

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

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
12	/	19	/	2014

**Transaction ID : SA11AI.16632**

Amount of Each Receipt this Period  
38.46

**C. David J. Gallitano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4105.38

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15929**

Amount of Each Receipt this Period  
192.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	269.22
<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 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David J. Gallitano**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4297.68**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16597**

Amount of Each Receipt this Period  
**192.30**

**B. Eileen D. Gannon**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.42**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15738**

Amount of Each Receipt this Period  
**9.61**

**C. Eileen D. Gannon**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **221.03**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16793**

Amount of Each Receipt this Period  
**9.61**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>211.52</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 41 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15767**

Amount of Each Receipt this Period  
**19.23**

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16703**

Amount of Each Receipt this Period  
**19.23**

**C. Elizabeth A. Gianini**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16664**

Amount of Each Receipt this Period  
**38.46**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>76.92</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 42 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Louis Gianquinto, Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1826.85

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15907**  
 Amount of Each Receipt this Period  
 96.15

**B. Louis Gianquinto, Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16604**  
 Amount of Each Receipt this Period  
 96.15

**C. Elizabeth Goodman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2788.35

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15930**  
 Amount of Each Receipt this Period  
 192.30

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	384.60
<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 43 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Elizabeth Goodman</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		<b>Transaction ID : SA11AI.16599</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Health Plans, Inc. Occupation health care		<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="2980.65"/>	

Full Name (Last, First, Middle Initial) <b>B. Julie S. Griswold</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		<b>Transaction ID : SA11AI.15739</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Occupation health care		<input type="text" value="9.61"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="240.25"/>	

Full Name (Last, First, Middle Initial) <b>C. Julie S. Griswold</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City Tampa State FL Zip Code 33634		<b>Transaction ID : SA11AI.16790</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer WellCare Occupation health care		<input type="text" value="9.61"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="249.86"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="211.52"/>
<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 44 OF 129  
(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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)  
**A. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

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
12	/	05	/	2014

**Transaction ID : SA11AI.15864**

Amount of Each Receipt this Period  

38.46
-------

Full Name (Last, First, Middle Initial)  
**B. Patricia B. Guay**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16645**

Amount of Each Receipt this Period  

38.46
-------

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

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2403.75**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15908**

Amount of Each Receipt this Period  

96.15
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>173.07</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 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

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  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16617**

Amount of Each Receipt this Period  
**96.15**

Full Name (Last, First, Middle Initial)  
**B. Marcia B. Halbert**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15769**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**C. Marcia B. Halbert**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16692**

Amount of Each Receipt this Period  
**19.23**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>134.61</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 46 OF 129  
(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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Nicole Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wellcare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : SA11AI.15770**  
Amount of Each Receipt this Period 19.23

**B. Nicole Hall**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wellcare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : SA11AI.16691**  
Amount of Each Receipt this Period 19.23

**C. Matthew P. Halme**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Health Plans Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 307.68

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : SA11AI.15865**  
Amount of Each Receipt this Period 38.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.92  
**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 47 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Matthew P. Halme**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16662**

Amount of Each Receipt this Period  
**38.46**

**B. Robin Hamel**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

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  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15866**

Amount of Each Receipt this Period  
**38.46**

**C. Robin Hamel**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16652**

Amount of Each Receipt this Period  
**38.46**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **115.38**

**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 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Camille C. Hamid**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Occupation health care  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2014  
**Transaction ID : SA11AI.15771**  
Amount of Each Receipt this Period  
19.23

**B. Camille C. Hamid**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Occupation health care  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2014  
**Transaction ID : SA11AI.16713**  
Amount of Each Receipt this Period  
19.23

**C. Cindy L. Hankin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Occupation health care  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2014  
**Transaction ID : SA11AI.15772**  
Amount of Each Receipt this Period  
19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<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 49 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Cindy L. Hankin**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16730**

Amount of Each Receipt this Period  
 19.23

**B. Richard M. Hanks**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1224.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15867**

Amount of Each Receipt this Period  
 38.46

**C. Richard M. Hanks**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1262.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16639**

Amount of Each Receipt this Period  
 38.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.15
<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 50 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Craig M. Hansen**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.45**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16615**

Amount of Each Receipt this Period  
**96.15**

**B. Merrill J. Hausenfluck**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

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  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15868**

Amount of Each Receipt this Period  
**38.46**

**C. Merrill J. Hausenfluck**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16671**

Amount of Each Receipt this Period  
**38.46**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **173.07**

**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 51 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Christine M. Hayes**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15773**

Amount of Each Receipt this Period  
**19.23**

**B. Christine M. Hayes**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16701**

Amount of Each Receipt this Period  
**19.23**

**C. Maurice Hebert**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2403.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15910**

Amount of Each Receipt this Period  
**96.15**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>134.61</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 52 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Maurice Hebert**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

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  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16603**

Amount of Each Receipt this Period  
**96.15**

**B. Lisa Hershiser**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

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  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15870**

Amount of Each Receipt this Period  
**38.46**

**C. Lisa Hershiser**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16635**

Amount of Each Receipt this Period  
**38.46**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **173.07**

**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 53 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Troy Hildreth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 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  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15871**  
 Amount of Each Receipt this Period  
 38.46

**B. Troy Hildreth**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16666**  
 Amount of Each Receipt this Period  
 38.46

**C. Tanya Hillary**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15774**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 96.15  
**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 54 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Tanya Hillary**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11Al.16757**

Amount of Each Receipt this Period  
 19.23

**B. Robert L. Hilliard**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2019.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11Al.15911**

Amount of Each Receipt this Period  
 96.15

**C. Robert L. Hilliard**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11Al.16613**

Amount of Each Receipt this Period  
 96.15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 211.53

**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 55 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Bruce P. Himmelstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **403.83**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014

**Transaction ID : SA11AI.15775**

Amount of Each Receipt this Period  
**19.23**

**B. Bruce P. Himmelstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : SA11AI.16750**

Amount of Each Receipt this Period  
**19.23**

**C. William Hinsdale**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

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  
 12 / 05 / 2014

**Transaction ID : SA11AI.15872**

Amount of Each Receipt this Period  
**38.46**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>76.92</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 56 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16670**

Amount of Each Receipt this Period  
 38.46

Full Name (Last, First, Middle Initial)  
**B. John J. Hofstetter**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15776**

Amount of Each Receipt this Period  
 19.23

Full Name (Last, First, Middle Initial)  
**C. John J. Hofstetter**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16763**

Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.92

**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 57 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Marla P. Holcomb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2403.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15912**  
 Amount of Each Receipt this Period  
 96.15

**B. Marla P. Holcomb**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 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  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16616**  
 Amount of Each Receipt this Period  
 96.15

**C. Christopher H. Horan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15777**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 211.53  
**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 58 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Christopher H. Horan**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11Al.16742**

Amount of Each Receipt this Period  
**19.23**

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

Mailing Address 901 N. Hemlock Lane

City Mount Prospect State IL Zip Code 60056

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11Al.15778**

Amount of Each Receipt this Period  
**19.23**

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

Mailing Address 901 N. Hemlock Lane

City Mount Prospect State IL Zip Code 60056

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11Al.16761**

Amount of Each Receipt this Period  
**19.23**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>57.69</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 59 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Marlene Hyman**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15779**

Amount of Each Receipt this Period  
**19.23**

**B. Marlene Hyman**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16724**

Amount of Each Receipt this Period  
**19.23**

**C. Lisa G. Iglesias**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4807.50**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15931**

Amount of Each Receipt this Period  
**192.30**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>230.76</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 60 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Lisa G. Iglesias**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16804**

Amount of Each Receipt this Period  
 192.30

**B. Meghan A. Izzo**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

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  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15873**

Amount of Each Receipt this Period  
 38.46

**C. Meghan A. Izzo**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16672**

Amount of Each Receipt this Period  
 38.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 269.22

**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 61 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Goran Jankovic**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

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
12	/	05	/	2014

**Transaction ID : SA11AI.15874**

Amount of Each Receipt this Period  
38.46

**B. Goran Jankovic**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16677**

Amount of Each Receipt this Period  
38.46

**C. Hermilo O. Jazmines**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2403.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15913**

Amount of Each Receipt this Period  
96.15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	173.07
<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 62 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Hermilo O. Jazmines**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 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  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16624**  
 Amount of Each Receipt this Period  
 96.15

**B. Walter C. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 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  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15875**  
 Amount of Each Receipt this Period  
 38.46

**C. Walter C. Johnson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16636**  
 Amount of Each Receipt this Period  
 38.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 173.07  
**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 63 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Jacqueline M. Jones**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15780**

Amount of Each Receipt this Period  

19.23
-------

**B. Jacqueline M. Jones**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16787**

Amount of Each Receipt this Period  

19.23
-------

**C. Laura A. Jones**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

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
12	/	05	/	2014

**Transaction ID : SA11AI.15876**

Amount of Each Receipt this Period  

38.46
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>76.92</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 64 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Laura A. Jones**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 19 / 2014  
**Transaction ID : SA11AI.16673**  
Amount of Each Receipt this Period  
38.46

**B. Paul Kensicki**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wellcare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2403.75

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 05 / 2014  
**Transaction ID : SA11AI.15914**  
Amount of Each Receipt this Period  
96.15

**C. Paul Kensicki**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wellcare Health Plans, Inc. Occupation health care  
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  
12 / 19 / 2014  
**Transaction ID : SA11AI.16610**  
Amount of Each Receipt this Period  
96.15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.76  
**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 65 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Janet H. Kimbrough**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt **12 / 05 / 2014**

**Transaction ID : SA11AI.15781**

Amount of Each Receipt this Period **19.23**

**B. Janet H. Kimbrough**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt **12 / 19 / 2014**

**Transaction ID : SA11AI.16738**

Amount of Each Receipt this Period **19.23**

**C. Thomas M. Kincaid**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **520.75**

Date of Receipt **12 / 05 / 2014**

**Transaction ID : SA11AI.15843**

Amount of Each Receipt this Period **20.83**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **59.29**

**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 66 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Thomas M. Kincaid**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 541.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16688**  
 Amount of Each Receipt this Period  
 20.83

**B. Sharon L. King**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15782**  
 Amount of Each Receipt this Period  
 19.23

**c. Sharon L. King**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16764**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 59.29  
**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 67 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Nancy A. Kirby**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15783**

Amount of Each Receipt this Period  
**19.23**

**B. Nancy A. Kirby**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16690**

Amount of Each Receipt this Period  
**19.23**

**C. John J. Kirchner**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2403.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15915**

Amount of Each Receipt this Period  
**96.15**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>134.61</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 68 OF 129  
(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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)  
**A. John J. Kirchner**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

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  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16611**

Amount of Each Receipt this Period  
**96.15**

Full Name (Last, First, Middle Initial)  
**B. Stephan Korda**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15784**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**C. Stephan Korda**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16781**

Amount of Each Receipt this Period  
**19.23**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **134.61**

**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 69 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2403.75

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : SA11AI.15916**

Amount of Each Receipt this Period  
96.15

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : SA11AI.16612**

Amount of Each Receipt this Period  
96.15

**C. Jeffry P. Lannigan**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2403.75

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : SA11AI.15917**

Amount of Each Receipt this Period  
96.15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 288.45

**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 70 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Jeffry P. Lannigan**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

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  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16626**

Amount of Each Receipt this Period  
 96.15

Full Name (Last, First, Middle Initial)  
**B. Miriam M. Lederer**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 365.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15786**

Amount of Each Receipt this Period  
 19.23

Full Name (Last, First, Middle Initial)  
**C. Miriam M. Lederer**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16734**

Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 134.61

**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 71 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Letty M. Lian-Segawa**  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15787**  
 Amount of Each Receipt this Period  
 19.23

Full Name (Last, First, Middle Initial)  
**B. Robert S. London**  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15788**  
 Amount of Each Receipt this Period  
 19.23

Full Name (Last, First, Middle Initial)  
**C. Robert S. London**  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16752**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**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 72 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15789**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**B. Luke C. Lovgren**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16697**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**C. Pam A. Lyons-Taylor**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2403.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15918**

Amount of Each Receipt this Period  
**96.15**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>134.61</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 73 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Brock R. Manz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15790**

Amount of Each Receipt this Period  
19.23

**B. Brock R. Manz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16729**

Amount of Each Receipt this Period  
19.23

**C. Angela Marks**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.14

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15791**

Amount of Each Receipt this Period  
19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<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 74 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Angela Marks**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16780**

Amount of Each Receipt this Period  
19.23

**B. Joanna M. Maslanka**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15792**

Amount of Each Receipt this Period  
19.23

**C. Joanna M. Maslanka**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16766**

Amount of Each Receipt this Period  
19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<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 75 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Carole A. Matyas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2403.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15919**

Amount of Each Receipt this Period  
96.15

**B. Carole A. Matyas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

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
12	/	19	/	2014

**Transaction ID : SA11AI.16607**

Amount of Each Receipt this Period  
96.15

**C. Faustino Mayo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15793**

Amount of Each Receipt this Period  
19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	211.53
<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 76 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Faustino Mayo**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16788**

Amount of Each Receipt this Period  

96.15
-------

**B. Ray McComb**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.74**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15877**

Amount of Each Receipt this Period  

38.46
-------

**C. Ray McComb**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

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
12	/	19	/	2014

**Transaction ID : SA11AI.16638**

Amount of Each Receipt this Period  

38.46
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>96.15</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 77 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Leslie D. McKenzie</b>		Date of Receipt 12 / 05 / 2014 <b>Transaction ID : SA11AI.15844</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 20.83
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.75	

Full Name (Last, First, Middle Initial) <b>B. Leslie D. McKenzie</b>		Date of Receipt 12 / 19 / 2014 <b>Transaction ID : SA11AI.16687</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 20.83
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare Health Plans, Inc.	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 541.58	

Full Name (Last, First, Middle Initial) <b>C. Sarah Helene McKinnie</b>		Date of Receipt 12 / 05 / 2014 <b>Transaction ID : SA11AI.15794</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee. C	Name of Employer Wellcare	Occupation health care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.75	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.89
<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 78 OF 129
	(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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial) <b>A. Sarah Helene McKinnie</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.16717</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="499.98"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Elizabeth M. Miller</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.15795</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare Health Plans, Inc.	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.75"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Elizabeth M. Miller</b>		Date of Receipt
Mailing Address 8735 Henderson Road		<input type="text" value="12"/> / <input type="text" value="19"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tampa	FL	33634
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11AI.16721</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Wellcare Health Plans, Inc.	health care	<input type="text" value="19.23"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="499.98"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="57.69"/>
<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 79 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Eufemia E. Mitchell**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11Al.15796**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**B. Eufemia E. Mitchell**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11Al.16771**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**C. Wendy A. Morriarty**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2403.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11Al.15920**

Amount of Each Receipt this Period  
**96.15**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>134.61</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 80 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Wendy A. Morriarty**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

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  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16620**

Amount of Each Receipt this Period  
**96.15**

**B. Timothy M. Mullen**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15797**

Amount of Each Receipt this Period  
**19.23**

**C. Timothy M. Mullen**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16774**

Amount of Each Receipt this Period  
**19.23**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>134.61</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 81 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kathleen Mulqueen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15798**

Amount of Each Receipt this Period  
19.23

**B. Kathleen Mulqueen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16785**

Amount of Each Receipt this Period  
19.23

**C. Kelly A. Munson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15799**

Amount of Each Receipt this Period  
19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<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 82 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kelly A. Munson**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16775**

Amount of Each Receipt this Period  
**19.23**

**B. Sharon Nisbet**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2403.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15921**

Amount of Each Receipt this Period  
**96.15**

**C. Sharon Nisbet**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

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  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16602**

Amount of Each Receipt this Period  
**96.15**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>211.53</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 83 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Diane C. Norcross**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.25

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15740**

Amount of Each Receipt this Period  
9.61

**B. Diane C. Norcross**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
249.86

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16791**

Amount of Each Receipt this Period  
9.61

**C. Michael J. Orlosky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

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
12	/	05	/	2014

**Transaction ID : SA11AI.15878**

Amount of Each Receipt this Period  
38.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.68
<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 84 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Michael J. Orlosky</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : SA11AI.16657</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 38.46
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee.	C	
Name of Employer WellCare	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

Full Name (Last, First, Middle Initial) <b>B. Carole Ouimet</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 05 / 2014 <b>Transaction ID : SA11AI.15800</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee.	C	
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) <b>C. Carole Ouimet</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 19 / 2014 <b>Transaction ID : SA11AI.16760</b>
Mailing Address 8735 Henderson Road		Amount of Each Receipt this Period 19.23
City Tampa	State FL	Zip Code 33634
FEC ID number of contributing federal political committee.	C	
Name of Employer WellCare Health Plans, Inc.	Occupation health care	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 423.06	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.92
<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 85 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Nino A. Palermo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.14**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15801**

Amount of Each Receipt this Period  

9.23
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**B. Nino A. Palermo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.37**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16778**

Amount of Each Receipt this Period  

19.23
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**C. Amelia Pantelis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.25**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15741**

Amount of Each Receipt this Period  

9.61
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<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>48.07</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 86 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Amelia Pantelis**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 249.86

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16792**

Amount of Each Receipt this Period  
 9.61

Full Name (Last, First, Middle Initial)  
**B. Christopher T. Parrillo**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2403.75

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15922**

Amount of Each Receipt this Period  
 96.15

Full Name (Last, First, Middle Initial)  
**c. Christopher T. Parrillo**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2499.90

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16601**

Amount of Each Receipt this Period  
 96.15

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 201.91

**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 87 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Mark H. Pfof**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15802**  
 Amount of Each Receipt this Period  
 19.23

**B. Mark H. Pfof**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 365.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16695**  
 Amount of Each Receipt this Period  
 19.23

**C. Michael R. Polen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4807.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15932**  
 Amount of Each Receipt this Period  
 192.30

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.76  
**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 88 OF 129
	<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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16600**

Amount of Each Receipt this Period  
 192.30

**B. William A. Prince**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15803**

Amount of Each Receipt this Period  
 19.23

**C. William A. Prince**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16740**

Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.76

**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 89 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jeffrey S. Ray**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1041.50

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : SA11AI.15895**

Amount of Each Receipt this Period  
41.66

**B. Jeffrey S. Ray**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1083.16

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : SA11AI.16629**

Amount of Each Receipt this Period  
41.66

**C. Anne E. Read**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.75

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : SA11AI.15804**

Amount of Each Receipt this Period  
19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102.55
<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 90 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Anne E. Read**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16779**

Amount of Each Receipt this Period  
92.33

**B. Karen L. Reine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
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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
12	/	05	/	2014

**Transaction ID : SA11AI.15881**

Amount of Each Receipt this Period  
38.46

**C. Karen L. Reine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16668**

Amount of Each Receipt this Period  
38.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.15
<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 91 OF 129  
(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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)  
**A. David T. Reynolds**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15805**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**B. David T. Reynolds**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16732**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**C. Wendy J. Reynolds**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15806**

Amount of Each Receipt this Period  
**19.23**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **57.69**

**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 92 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Wendy J. Reynolds**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16767**

Amount of Each Receipt this Period  
**19.23**

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

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  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15882**

Amount of Each Receipt this Period  
**38.46**

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16644**

Amount of Each Receipt this Period  
**38.46**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **96.15**

**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 93 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. James Rodgers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33636
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FEC ID number of contributing federal political committee. **C**

Name of Employer Wellcare	Occupation health care
------------------------------	---------------------------

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
12	/	05	/	2014

**Transaction ID : SA11Al.15883**

Amount of Each Receipt this Period  
38.46

**B. James Rodgers**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33636
---------------	-------------	-------------------

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

Name of Employer Wellcare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11Al.16676**

Amount of Each Receipt this Period  
38.46

**C. Remedios Rodriguez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11Al.15807**

Amount of Each Receipt this Period  
19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.15
<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 94 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Remedios Rodriguez**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16722**

Amount of Each Receipt this Period  
**19.23**

**B. Lauralie M. Rubel**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2403.75**

Date of Receipt  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15923**

Amount of Each Receipt this Period  
**96.15**

**C. Lauralie M. Rubel**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.90**

Date of Receipt  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16622**

Amount of Each Receipt this Period  
**96.15**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **211.53**

**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 95 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Rachael R. Rudd**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.74**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15884**

Amount of Each Receipt this Period  
**38.46**

**B. Rachael R. Rudd**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

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  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16654**

Amount of Each Receipt this Period  
**38.46**

**C. Christine Ruediger**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

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  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15885**

Amount of Each Receipt this Period  
**38.46**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>115.38</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 96 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Christine Ruediger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16669**

Amount of Each Receipt this Period  

38.46
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**B. Phyllis J. Ruska**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15808**

Amount of Each Receipt this Period  

19.23
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**C. Phyllis J. Ruska**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16736**

Amount of Each Receipt this Period  

19.23
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>76.92</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 97 OF 129
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Patricia A. Russell**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15809**

Amount of Each Receipt this Period  
**19.23**

**B. Patricia A. Russell**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16716**

Amount of Each Receipt this Period  
**19.23**

**C. Abby Dritz Salzer**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15886**

Amount of Each Receipt this Period  
**38.46**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>76.92</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 98 OF 129
	<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
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Abby Dritz Salzer**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.12**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16647**

Amount of Each Receipt this Period  
**38.46**

**B. Tracy M. Schmidt**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15845**

Amount of Each Receipt this Period  
**20.83**

**C. Tracy M. Schmidt**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.58**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16682**

Amount of Each Receipt this Period  
**20.83**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>80.12</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 99 OF 129  
(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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)  
**A. Cynthia Scollins**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
365.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15812**

Amount of Each Receipt this Period  
19.23

Full Name (Last, First, Middle Initial)  
**B. Cynthia Scollins**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16747**

Amount of Each Receipt this Period  
19.23

Full Name (Last, First, Middle Initial)  
**C. George D. Shafer**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15813**

Amount of Each Receipt this Period  
19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<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 100 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. George D. Shafer**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16737**

Amount of Each Receipt this Period  
**19.23**

**B. Elliott A. Shaw, Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt  
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**12 / 05 / 2014**

**Transaction ID : SA11AI.15898**

Amount of Each Receipt this Period  
**50.00**

**C. Elliott A. Shaw, Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt  
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**12 / 19 / 2014**

**Transaction ID : SA11AI.16627**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>119.23</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 101 OF 129
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
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NAME OF COMMITTEE (In Full)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Randall Simmons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15814**

Amount of Each Receipt this Period  
19.23

**B. Randall Simmons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16744**

Amount of Each Receipt this Period  
19.23

**C. Lawrence R. Smart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15815**

Amount of Each Receipt this Period  
19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<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 102 OF 129
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
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		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Lawrence R. Smart**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16769**

Amount of Each Receipt this Period  
**19.23**

Full Name (Last, First, Middle Initial)  
**B. Alan R. Smith**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2403.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15924**

Amount of Each Receipt this Period  
**96.15**

Full Name (Last, First, Middle Initial)  
**c. Alan R. Smith**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

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  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16618**

Amount of Each Receipt this Period  
**96.15**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>211.53</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 103 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Philip G. Stalas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wellcare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : SA11AI.15816**  
Amount of Each Receipt this Period  
19.23

**B. Philip G. Stalas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wellcare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : SA11AI.16710**  
Amount of Each Receipt this Period  
19.23

**C. Carol H. Steckel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer WellCare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 807.66

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : SA11AI.15887**  
Amount of Each Receipt this Period  
38.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.92  
**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 104 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Carol H. Steckel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 846.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16659**  
 Amount of Each Receipt this Period  
 38.46

**B. Wesley K. Stiger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15817**  
 Amount of Each Receipt this Period  
 19.23

**C. Wesley K. Stiger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16718**  
 Amount of Each Receipt this Period  
 19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.92
<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 105 OF 129
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Derek A. Stratman**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

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  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15888**

Amount of Each Receipt this Period  
**38.46**

**B. Derek A. Stratman**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16640**

Amount of Each Receipt this Period  
**38.46**

**C. Christopher P. Surrall**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2403.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15925**

Amount of Each Receipt this Period  
**96.15**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **173.07**

**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 106 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Paulette Sutton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15818**  
 Amount of Each Receipt this Period  
 19.23

**B. Paulette Sutton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16743**  
 Amount of Each Receipt this Period  
 19.23

**C. Shunae E. Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15819**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**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 107 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Shunae E. Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16745**

Amount of Each Receipt this Period  

96.15
-------

**B. Cynthia Thompson**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.28**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15889**

Amount of Each Receipt this Period  

38.46
-------

**C. Cynthia Thompson**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **730.74**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16660**

Amount of Each Receipt this Period  

38.46
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>96.15</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 108 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Blair Todt**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15933**

Amount of Each Receipt this Period  
 192.30

**B. Blair Todt**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4230.60

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16596**

Amount of Each Receipt this Period  
 192.30

**C. Mary Jane Toomey**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.25

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15742**

Amount of Each Receipt this Period  
 11.53

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	396.13
<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 109 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mary Jane Toomey**  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 299.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16789**  
 Amount of Each Receipt this Period  
 11.53

Full Name (Last, First, Middle Initial)  
**B. Anthony J. Valdes**  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15820**  
 Amount of Each Receipt this Period  
 19.23

Full Name (Last, First, Middle Initial)  
**C. Anthony J. Valdes**  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16746**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 49.99  
**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 110 OF 129
	<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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Lisa VanSteelant**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

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
12	/	05	/	2014

**Transaction ID : SA11AI.15890**

Amount of Each Receipt this Period  
38.46

**B. Lisa VanSteelant**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
999.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16674**

Amount of Each Receipt this Period  
38.46

**C. Steven A. Vetrano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.04

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15891**

Amount of Each Receipt this Period  
38.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.38
<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 111 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : SA11AI.16651**

Amount of Each Receipt this Period  
38.46

**B. Leonel Viel**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : SA11AI.15821**

Amount of Each Receipt this Period  
19.23

**C. Leonel Viel**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : SA11AI.16768**

Amount of Each Receipt this Period  
19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.92
<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 112 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Karen J. Viera**  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15822**  
 Amount of Each Receipt this Period  
 19.23

Full Name (Last, First, Middle Initial)  
**B. Karen J. Viera**  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16723**  
 Amount of Each Receipt this Period  
 19.23

Full Name (Last, First, Middle Initial)  
**C. Timothy R. Waggoner**  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15823**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69  
**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 113 OF 129
	<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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A. Timothy R. Waggoner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16784**  
 Amount of Each Receipt this Period  
 19.23

**B. Ballard P. Walden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15824**  
 Amount of Each Receipt this Period  
 19.23

**C. Ballard P. Walden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16756**  
 Amount of Each Receipt this Period  
 19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<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 114 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Crystal W. Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15825**

Amount of Each Receipt this Period  

19.23
-------

**B. Crystal W. Walker**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16725**

Amount of Each Receipt this Period  

19.23
-------

**C. Ed Wang**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer Wellcare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1041.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15896**

Amount of Each Receipt this Period  

41.66
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>80.12</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 115 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Ed Wang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wellcare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1083.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16630**  
 Amount of Each Receipt this Period  
 41.66

**B. Kathy C. Warner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15826**  
 Amount of Each Receipt this Period  
 19.23

**C. Kathy C. Warner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer WellCare Health Plans, Inc. Occupation health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16770**  
 Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 80.12  
**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 116 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. William K. Watson**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

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  
 12 / 05 / 2014

**Transaction ID : SA11AI.15894**

Amount of Each Receipt this Period  
 40.00

**B. William K. Watson**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

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  
 12 / 19 / 2014

**Transaction ID : SA11AI.16631**

Amount of Each Receipt this Period  
 40.00

**C. Teddy J. Webster**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

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  
 12 / 05 / 2014

**Transaction ID : SA11AI.15892**

Amount of Each Receipt this Period  
 38.46

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	118.46
<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 117 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Teddy J. Webster**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16658**

Amount of Each Receipt this Period  
**38.46**

**B. Stephen G. Weiss**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15827**

Amount of Each Receipt this Period  
**19.23**

**C. Stephen G. Weiss**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16727**

Amount of Each Receipt this Period  
**19.23**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>76.92</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 118 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Richard A. Wellons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wellcare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **480.75**

Date of Receipt **12 / 05 / 2014**  
**Transaction ID : SA11AI.15828**  
Amount of Each Receipt this Period **19.23**

**B. Richard A. Wellons**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wellcare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **499.98**

Date of Receipt **12 / 19 / 2014**  
**Transaction ID : SA11AI.16728**  
Amount of Each Receipt this Period **19.23**

**C. Randolph S. Wojnarowicz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8735 Henderson Road  
City Tampa State FL Zip Code 33634  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Wellcare Health Plans, Inc. Occupation health care  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **480.75**

Date of Receipt **12 / 05 / 2014**  
**Transaction ID : SA11AI.15830**  
Amount of Each Receipt this Period **19.23**

**SUBTOTAL** of Receipts This Page (optional)..... **57.69**  
**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 119 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Randolph S. Wojnarowicz**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16777**

Amount of Each Receipt this Period  
**19.23**

**B. Chang Xie**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15831**

Amount of Each Receipt this Period  
**19.23**

**C. Chang Xie**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **499.98**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16782**

Amount of Each Receipt this Period  
**19.23**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>57.69</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 120 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Shaojuan Xie**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15832**

Amount of Each Receipt this Period  
 19.23

**B. Shaojuan Xie**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare	Occupation health care
------------------------------	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16748**

Amount of Each Receipt this Period  
 19.23

**C. Yan Xiong**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2403.75

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15926**

Amount of Each Receipt this Period  
 96.15

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	134.61
<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 121 OF 129  
(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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)  
**A. Yan Xiong**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.90

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : SA11AI.16619**

Amount of Each Receipt this Period  
96.15

Full Name (Last, First, Middle Initial)  
**B. Kristy Yarcho**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.75

Date of Receipt  
12 / 05 / 2014  
**Transaction ID : SA11AI.15833**

Amount of Each Receipt this Period  
19.23

Full Name (Last, First, Middle Initial)  
**C. Kristy Yarcho**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
12 / 19 / 2014  
**Transaction ID : SA11AI.16733**

Amount of Each Receipt this Period  
19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 134.61

**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 122 OF 129  
(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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)  
**A. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15834**

Amount of Each Receipt this Period  
19.23

Full Name (Last, First, Middle Initial)  
**B. Mary Virginia Yates**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	19	/	2014

**Transaction ID : SA11AI.16772**

Amount of Each Receipt this Period  
19.23

Full Name (Last, First, Middle Initial)  
**C. Yin Yiu**

Mailing Address 8735 Henderson Road

City Tampa	State FL	Zip Code 33634
---------------	-------------	-------------------

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

Name of Employer WellCare Health Plans, Inc.	Occupation health care
---	---------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
480.75

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2014

**Transaction ID : SA11AI.15835**

Amount of Each Receipt this Period  
19.23

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.69
<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 123 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Yin Yiu**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16709**

Amount of Each Receipt this Period  
 19.23

Full Name (Last, First, Middle Initial)  
**B. Belinda Young**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 480.75

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15836**

Amount of Each Receipt this Period  
 19.23

Full Name (Last, First, Middle Initial)  
**C. Belinda Young**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16693**

Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69

**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 124 OF 129
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2403.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014

**Transaction ID : SA11AI.15927**

Amount of Each Receipt this Period  
**96.15**

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

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

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  
 12 / 19 / 2014

**Transaction ID : SA11AI.16605**

Amount of Each Receipt this Period  
**96.15**

**C. Annette L. Zerbe**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 05 / 2014

**Transaction ID : SA11AI.15837**

Amount of Each Receipt this Period  
**19.23**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>211.53</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 125 OF 129  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Annette L. Zerbe**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16698**

Amount of Each Receipt this Period  
 19.23

Full Name (Last, First, Middle Initial)  
**B. Le Zheng**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 365.37

Date of Receipt  
 12 / 05 / 2014  
**Transaction ID : SA11AI.15838**

Amount of Each Receipt this Period  
 19.23

Full Name (Last, First, Middle Initial)  
**C. Le Zheng**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer WellCare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 384.60

Date of Receipt  
 12 / 19 / 2014  
**Transaction ID : SA11AI.16719**

Amount of Each Receipt this Period  
 19.23

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 57.69

**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 126 OF 129
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Carlene C. Zincke**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

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  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15893**

Amount of Each Receipt this Period  
**38.46**

**B. Carlene C. Zincke**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.96**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 19 / 2014**

**Transaction ID : SA11AI.16637**

Amount of Each Receipt this Period  
**38.46**

**C. Scott R. Zinna**  
Full Name (Last, First, Middle Initial)

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 05 / 2014**

**Transaction ID : SA11AI.15839**

Amount of Each Receipt this Period  
**19.23**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>96.15</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 127 OF 129  
(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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

**A.** Full Name (Last, First, Middle Initial)  
**Scott R. Zinna**

Mailing Address 8735 Henderson Road

City Tampa State FL Zip Code 33634

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

Name of Employer Wellcare Health Plans, Inc. Occupation health care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 19 / 2014

**Transaction ID : SA11AI.16776**

Amount of Each Receipt this Period  
 19.23

**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).....▶	19.23
<b>TOTAL</b> This Period (last page this line number only).....▶	14865.19

**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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Four Price Campaign**

Mailing Address P. O. Box 1749

City Amarillo State TX Zip Code 79105

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.15722**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Friends of Jane Nelson**

Mailing Address P. O. Box 608

City Grapevine State TX Zip Code 76099

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.15727**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Judith Zaffirini Campaign**

Mailing Address 823 Congress Avenue, #1030

City Austin State TX Zip Code 78701

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.15721**

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 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)  
**Wellcare Health Plans, Inc. PAC (WellCare PAC)**

Full Name (Last, First, Middle Initial)

**A. Richard Pena Raymond Campaign**

Mailing Address P. O. Box 450349

City Laredo State TX Zip Code 78045

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2014

**Transaction ID : SB29.15723**

Amount of Each Disbursement this Period

500.00
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Full Name (Last, First, Middle Initial)

**B. Texans for Joe Straus**

Mailing Address P. O. Box 90388

City San Antonio State TX Zip Code 78209

Purpose of Disbursement  
non-federal contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2014

**Transaction ID : SB29.15725**

Amount of Each Disbursement this Period

1250.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1750.00
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3750.00
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