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2004 MAY -4 A 10:55

WellCare

WellCare Health Plans, Inc.
The WellCare Group of Companies

THE WELLCARE MANAGEMENT GROUP, INC.
WELLCARE HMO, INC.
HEALTHCARE OF FLORIDA, INC.
WELLCARE OF NEW YORK, INC.
HEALTHCARE HEALTH PLANS OF CONNECTICUT, INC.
WELLCARE BEHAVIORAL HEALTH, INC.
WELLCARE OF LOUISIANA, INC.
COMPREHENSIVE HEALTH MANAGEMENT, INC.
COMPREHENSIVE HEALTH MANAGEMENT OF FLORIDA, L.C.

May 3, 2004

Federal Election Commission
999 E Street, N.W.
Washington, DC 20463

To Whom It May Concern

Enclosed please find FEC Form 1M, Notification of Multicandidate Status, for the WellCare Health Plans, Inc. Good Government Fund.

If you have any questions concerning this form, or need additional information, please contact me at (813) 243-0034.

Regards,

Michael Haber

cc: Thad Berneday, Esq.
David Smith
Tricia Asaro, Esq.

6000 N. Dale Mabry Hwy.
Suite 268
Tampa, Florida 33614
Telephone: 813.290.6200
Fax: 813.290.6216

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NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

2004 MAY -4 A 10 55

1. (a) NAME OF COMMITTEE IN FULL

WellCare Health Plans, Inc. Good Government Fund
WellCare Health Plans, Inc. (Connected Organization)

(b) Number and Street Address

6900 North Dale Mabry Hwy., Suite 270

(c) City, State and ZIP Code

Tampa, FL 33614

2. FEC IDENTIFICATION NUMBER
C00390575

3. TYPE OF COMMITTEE (check one)
☐ STATE PARTY
☒ OTHER

I certify that **one** of the following situations is correct (complete line 4 *or* 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____

5. **STATUS BY QUALIFICATION:**

(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	Tom Feeney	U.S. House of Representatives	FL/24	4/23/04
(ii)	Bev Kiner	U.S. Senate	FL	4/25/04
(iii)	Katherine Harris	U.S. Senate	FL	4/22/04
(iv)	Johnnie Byrd	U.S. Senate	FL	4/19/04
(v)	Carole Green	U.S. House of Representatives	FL/14	4/23/04

(b) **Contributors:** The committee received a contribution from its 51st contributor on: April 5, 2004

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM 1 was submitted on: September 22, 2003

(d) **Qualification:** The committee met the above requirements on: April 25, 2004

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

TYPE OR PRINT NAME OF TREASURER	SIGNATURE OF TREASURER	DATE
David K. Smith		May 3, 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission, Washington, DC 20463
Toll-free 800-424-9530
Local 202-694-1100

FEC FORM 1M
(Revised 1/2001)

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Federal Election Commission

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dmp PREPARER	5-4-07 DATE PREPARED

(2/2004)