

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 WellCare Health Plans, Inc. PAC (WellCare PAC)

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on 03/20/2018 in the State of IL

5. Covering Period 01/01/2018 through 02/28/2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Jankovic, Goran, , , Type or Print Name of Treasurer

Signature of Treasurer Jankovic, Goran, , , [Electronically Filed] Date 03/07/2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2018"/>		<input type="text" value="281578.51"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="281578.51"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="50383.00"/>	<input type="text" value="50383.00"/>
(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="331961.51"/>	<input type="text" value="331961.51"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="95400.00"/>	<input type="text" value="95400.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="236561.51"/>	<input type="text" value="236561.51"/>
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. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2018 To: M M / D D / Y Y Y Y 02 / 28 / 2018

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).....	12507.25	12507.25
(ii) Unitemized .....	37875.75	37875.75
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	50383.00	50383.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	50383.00	50383.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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)).....▶	50383.00	50383.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	50383.00	50383.00

**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.....	82500.00	82500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	12900.00	12900.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	95400.00	95400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	95400.00	95400.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	50383.00	50383.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50383.00	50383.00
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 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Date of Receipt **01 / 26 / 2018**  
**Transaction ID : SA11AI.4854**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Asher, Andrew L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : SA11AI.5236**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Asher, Andrew L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : SA11AI.5668**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 50
	<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. Beeman, Chackravarthy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : SA11AI.5279**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : SA11AI.5712**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt **01 / 26 / 2018**  
**Transaction ID : SA11AI.4853**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<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 8 OF 50
	<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. Burdick, Kenneth A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5235**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Burdick, Kenneth A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5667**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Burke, John J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5249**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	480.75
<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 9 OF 50
<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. Burke, John J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5681**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Cummings, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5268**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5701**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<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 10 OF 50
	<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. Cure, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
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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
02		09		2018

**Transaction ID : SA11AI.5251**

Amount of Each Receipt this Period  
96.15

Memo Item

**B. Cure, David, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
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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
02		23		2018

**Transaction ID : SA11AI.5683**

Amount of Each Receipt this Period  
96.15

Memo Item

**C. Davies, William W, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) 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
02		09		2018

**Transaction ID : SA11AI.5273**

Amount of Each Receipt this Period  
96.15

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<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 50
<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. Davies, William W, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5706**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Davis, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5280**  
 Amount of Each Receipt this Period 96.00  
 Memo Item

**C. Davis, Stephanie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5713**  
 Amount of Each Receipt this Period 96.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.15
<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 12 OF 50
	<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. Ellis, Lisa L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5258**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5690**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Ferguson, Traci L., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5246**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<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 13 OF 50
	<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. Ferguson, Traci L, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : SA11AI.5678**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Gerasimovich, Michael A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : SA11AI.5245**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : SA11AI.5677**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<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 14 OF 50
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name  
Ghanayem, Darren W., , ,

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 (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	26	/	2018

**Transaction ID : SA11AI.4859**

Amount of Each Receipt this Period  
150.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Ghanayem, Darren W., , ,

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2018

**Transaction ID : SA11AI.5241**

Amount of Each Receipt this Period  
150.00

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Ghanayem, Darren W., , ,

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2018

**Transaction ID : SA11AI.5673**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 50
<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. Gianquinto Jr., Louis, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : SA11AI.5247**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : SA11AI.5679**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Haber, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : SA11AI.5270**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<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 16 OF 50
<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. Haber, Michael, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) 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
02		23		2018

**Transaction ID : SA11AI.5703**

Amount of Each Receipt this Period  
96.15

Memo Item

**B. Hallam, Cynthia, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		09		2018

**Transaction ID : SA11AI.5281**

Amount of Each Receipt this Period  
75.00

Memo Item

**C. Hallam, Cynthia, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		23		2018

**Transaction ID : SA11AI.5714**

Amount of Each Receipt this Period  
75.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	246.15
<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 17 OF 50
	<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. Hansen, Craig M., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5255**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5687**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Hausenfluck, Merrill J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5282**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	267.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 50
<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. Hausenfluck, Merrill J, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5715**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

**B. Hungiville, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5266**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5698**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	267.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 50
	<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. Jazmines, Hermilo O, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5276**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5709**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Jones, William A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5260**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.45
<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 20 OF 50
	<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. Jones, William A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5692**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Kensicki, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5252**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5684**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.45
<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 21 OF 50
	<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. Leenay, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 01 / 26 / 2018  
**Transaction ID : SA11AI.4857**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Leenay, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5239**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Leenay, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5671**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 50
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Lera, Fernando J., , ,

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 (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) 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
02		09		2018

**Transaction ID : SA11AI.5248**

Amount of Each Receipt this Period  
96.15

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Lera, Fernando J., , ,

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) 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
02		23		2018

**Transaction ID : SA11AI.5680**

Amount of Each Receipt this Period  
96.15

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Louviere, Penny, , ,

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 (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) 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
02		09		2018

**Transaction ID : SA11AI.5269**

Amount of Each Receipt this Period  
96.15

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<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 23 OF 50
	<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. Louviere, Penny, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5702**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Lyons-Taylor, Pam A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5275**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5708**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<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 24 OF 50
	<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. Matyas, Carole A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : SA11AI.5250**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : SA11AI.5682**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Mcgrath, Frederic Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : SA11AI.5262**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<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 25 OF 50
	<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. Mcgrath, Frederic Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5694**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Meyer, Michael Troy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5256**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5688**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<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 26 OF 50
	<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. Middleton, Kevin Joel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : SA11AI.5261**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : SA11AI.5693**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt **01 / 26 / 2018**  
**Transaction ID : SA11AI.4856**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<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 27 OF 50
	<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. Mims, Rhonda Renee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5238**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Mims, Rhonda Renee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5670**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Munson, Kelly A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5277**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	480.75
<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 50
<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. Munson, Kelly A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5710**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Nelson, Sonya K, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5263**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5695**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	288.45
<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 29 OF 50
	<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. Nisbet, Sharon, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) 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
02		09		2018

**Transaction ID : SA11AI.5244**

Amount of Each Receipt this Period  
96.15

Memo Item

**B. Nisbet, Sharon, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) 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
02		23		2018

**Transaction ID : SA11AI.5676**

Amount of Each Receipt this Period  
96.15

Memo Item

**C. Parrillo, Christopher T, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) 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
02		09		2018

**Transaction ID : SA11AI.5243**

Amount of Each Receipt this Period  
96.15

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<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 30 OF 50
<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. Parrillo, Christopher T, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5675**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Podbielski, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5242**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**C. Podbielski, Sue, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5674**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	296.15
<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 31 OF 50
<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. Poland, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : SA11AI.5253**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : SA11AI.5685**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt **01 / 26 / 2018**  
**Transaction ID : SA11AI.4858**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<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 32 OF 50
<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. Polen, Michael R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5240**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Polen, Michael R, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5672**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Powell, Traci, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5717**  
 Amount of Each Receipt this Period 57.70  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	442.30
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 50
	<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. Purvis, Marla P, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : SA11AI.5699**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt **01 / 26 / 2018**  
**Transaction ID : SA11AI.4855**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Radu, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : SA11AI.5237**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	480.75
<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 34 OF 50
	<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. Radu, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5669**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**B. Ray-Alexander, Joiel Yvette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5254**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5686**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<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 35 OF 50
	<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. Richmond, Karen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5264**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5696**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Rubel, Lauralie M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5274**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<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 36 OF 50
<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. Rubel, Lauralie M, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5707**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Shaw Jr, Elliott A, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5278**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5711**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<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 37 OF 50
<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. Sigel, Deena, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5267**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5700**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Simms, Sultan Jabari, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5265**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<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 38 OF 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**WellCare Health Plans, Inc. PAC (WellCare PAC)**

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

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5697**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Sivik, Scott Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5259**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5691**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<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 39 OF 50
	<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. Smith, Alan R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) 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  
 02 / 09 / 2018  
**Transaction ID : SA11AI.5271**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**B. Smith, Alan R., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) 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  
 02 / 23 / 2018  
**Transaction ID : SA11AI.5704**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Trodden, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 232.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 23 / 2018  
**Transaction ID : SA11AI.5716**  
 Amount of Each Receipt this Period 58.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 50
<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. Turano, Michelle G., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : SA11AI.5257**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt **02 / 23 / 2018**  
**Transaction ID : SA11AI.5689**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

**C. Xiong, Yan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 288.45

Date of Receipt **02 / 09 / 2018**  
**Transaction ID : SA11AI.5272**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	288.45
<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 41 OF 50
	<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. Xiong, Yan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 23 / 2018  
**Transaction ID : SA11AI.5705**  
 Amount of Each Receipt this Period 96.15  
 Memo Item

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

Date of Receipt 01 / 26 / 2018  
**Transaction ID : SA11AI.5234**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

**C. Yount, Michael Carl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8735 Henderson Road  
 City Tampa State FL Zip Code 33634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) WellCare Health Plans, Inc. Occupation (for Individual) health care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 02 / 09 / 2018  
**Transaction ID : SA11AI.5611**  
 Amount of Each Receipt this Period 192.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	480.75
<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 50
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Yount, Michael Carl, , ,

Mailing Address 8735 Henderson Road

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

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

Name of Employer (for Individual) WellCare Health Plans, Inc.	Occupation (for Individual) health care
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.20

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	23	/	2018

**Transaction ID : SA11AI.6040**

Amount of Each Receipt this Period  

192.30
--------

 Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

--

 Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.30
<b>TOTAL</b> This Period (last page this line number only).....	12507.25

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. DCCC**

Mailing Address 430 S. Capitol Street, S.E.

City Washington State DC Zip Code 20003

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 10 / 2018

FEC Identification Number

C C00000935

**Transaction ID : SB23.5618**

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Deb Fischer for U.S. Senate**

Mailing Address 5555 South Street

City Lincoln State NE Zip Code 68506

Purpose of Disbursement contribution

Candidate Name

**Fischer, Debra, , ,**

Office Sought:  House  Senate  President  
State: NE District: 00

Disbursement For: 2018  Primary  General  Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2018

FEC Identification Number

C C00498907

**Transaction ID : SB23.5664**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DSCC**

Mailing Address 120 Maryland Avenue, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 08 / 2018

FEC Identification Number

C C00042366

**Transaction ID : SB23.5616**

Amount of Each Disbursement this Period

15000.00

Memo Item

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

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

35000.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

**A. NRSC**

Full Name (Last, First, Middle Initial)  
Mailing Address 425 Second Street, N.E.

City Washington State DC Zip Code 20002

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
01 / 10 / 2018

FEC Identification Number: C00027466  
Transaction ID : SB23.5612  
Amount of Each Disbursement this Period: 1500.00

Memo Item

**B. Roskam for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement contribution

Candidate Name Roskam, Peter, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: IL District: 06

Date of Disbursement: MM / DD / YYYY  
02 / 13 / 2018

FEC Identification Number: C00410969  
Transaction ID : SB23.5661  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**C. Tuesday Group PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606

Purpose of Disbursement contribution

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
01 / 10 / 2018

FEC Identification Number: C00433060  
Transaction ID : SB23.5628  
Amount of Each Disbursement this Period: 5000.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	22500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	82500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)**

**A. Arkansas Conservative Legislative PAC**

Full Name (Last, First, Middle Initial)

Mailing Address P. O. Box 85

City Cave Springs State AR Zip Code 72718

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 09 / 2018

FEC Identification Number: C

Transaction ID : SB29.5659

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Committee to Re-Elect Rich Wardner**

Full Name (Last, First, Middle Initial)

Mailing Address 1042 12th Avenue, W.

City Dickinson State ND Zip Code 58601

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 26 / 2018

FEC Identification Number: C

Transaction ID : SB29.5635

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. Democrats of the Oklahoma State Senate PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 713 N.W. 17th Street

City Oklahoma City State OK Zip Code 73103

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 16 / 2018

FEC Identification Number: C

Transaction ID : SB29.5649

Amount of Each Disbursement this Period: 500.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2000.00

**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"/> 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)**

**A. Friends of Jason Smalley**

Full Name (Last, First, Middle Initial)  
Mailing Address 524 N. 9th Avenue

City Stroud State OK Zip Code 74079

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 16 / 2018

FEC Identification Number: C

Transaction ID : SB29.5647

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Friends of Kay Floyd**

Full Name (Last, First, Middle Initial)  
Mailing Address 412 N.W. 21st Street

City Oklahoma City State OK Zip Code 73103

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 16 / 2018

FEC Identification Number: C

Transaction ID : SB29.5620

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Friends of Kim David 2018**

Full Name (Last, First, Middle Initial)  
Mailing Address 9597 N. 50th Street W.

City Porter State OK Zip Code 74454

Purpose of Disbursement non-federal contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 16 / 2018

FEC Identification Number: C

Transaction ID : SB29.5624

Amount of Each Disbursement this Period: 2500.00

Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Oklahoma State Republican Senatorial Committee</b>		Date of Disbursement MM / DD / YYYY 01 / 16 / 2018
Mailing Address P. O. Box 76023		FEC Identification Number C [ ] <b>Transaction ID : SB29.5626</b> Amount of Each Disbursement this Period [ ] 1000.00
City Oklahoma City	State OK	Zip Code 73147
Purpose of Disbursement non-federal contribution		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Representative Andy Davis Campaign Fund</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2018
Mailing Address P. O. Box 30248		FEC Identification Number C [ ] <b>Transaction ID : SB29.5655</b> Amount of Each Disbursement this Period [ ] 500.00
City Little Rock	State AR	Zip Code 72260
Purpose of Disbursement non-federal contribution		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Representative Jeff Wardlaw Campaign Fund</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2018
Mailing Address 2017 Bradley Road 33		FEC Identification Number C [ ] <b>Transaction ID : SB29.5657</b> Amount of Each Disbursement this Period [ ] 500.00
City Hermitage	State AR	Zip Code 71647
Purpose of Disbursement non-federal contribution		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Representative Matthew Shepherd Campaign Fund**

Mailing Address P. O. Box 12004

City  
El Dorado

State  
AR

Zip Code  
71730

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

M M M /  D D D /  Y Y Y Y Y Y  
02 / 09 / 2018

FEC Identification Number

C

**Transaction ID : SB29.5653**

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Republican State House Committee**

Mailing Address 5101 S. Shields Blvd.

City  
Oklahoma City

State  
OK

Zip Code  
73129

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

M M M /  D D D /  Y Y Y Y Y Y  
01 / 16 / 2018

FEC Identification Number

C

**Transaction ID : SB29.5622**

Amount of Each Disbursement this Period

1000.00

Memo Item

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) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

1500.00

12500.00