

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Healthways, Inc. Federal PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		35510.74
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	47979.70									
(c) Total Receipts (from Line 19)	1014.38	17733.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	48994.08	53244.08								
7. Total Disbursements (from Line 31)	18800.00	23050.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30194.08	30194.08								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Healthways, Inc. Federal PAC

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	949.38	14725.04
(i) Itemized (use Schedule A)	65.00	3008.30
(ii) Unitemized	1014.38	17733.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)	1014.38	17733.34
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	1014.38	17733.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	1014.38	17733.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	18800.00	22900.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	150.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18800.00	23050.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	18800.00	23050.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	1014.38	17733.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1014.38	17733.34
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 14
	<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)
Healthways, Inc. Federal PAC

Full Name (Last, First, Middle Initial) A. Mary D. Hunter		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 5517 Iron Gate Drive		Transaction ID: PR112018968461
City State Zip Code Franklin TN 37069	Amount of Each Receipt this Period _____ 83.33	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$83.33 Monthly)
Name of Employer American Healthways, Inc.	Occupation Executive VP / CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 833.30	

Full Name (Last, First, Middle Initial) B. Robin S. Davis		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 3317 Quail Run Court		Transaction ID: PR112019208461
City State Zip Code Nashville TN 37214	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$25.00 Monthly)
Name of Employer American Healthways, Inc.	Occupation Director Sales Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 225.00	

Full Name (Last, First, Middle Initial) C. Robert E. Stone		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 1936 BRISTOL COURT		Transaction ID: PR112019248461
City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period _____ 83.33	
FEC ID number of contributing federal political committee. C _____		P/R Deduction (\$83.33 Monthly)
Name of Employer American Healthways, Inc.	Occupation Executive VP Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 833.30	

SUBTOTAL of Receipts This Page (optional) ▶	_____ 191.66
TOTAL This Period (last page this line number only) ▶	_____

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 14
	<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)
Healthways, Inc. Federal PAC

Full Name (Last, First, Middle Initial) A. Peter N. Mccann		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 7804 SAFARI DRIVE		Transaction ID: PR112019688461	
City State Zip Code CHATTANOOGA TN 37421	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Healthways, Inc.	Occupation Senior VP Business Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 500.00		P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) B. Debra N Hatcher		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2509 WERTHERSON LANE		Transaction ID: PR112021658461	
City State Zip Code RALEIGH NC 27613	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Healthways, Inc.	Occupation Senior VP & Team Lead Acct Mgt		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 500.00		P/R Deduction (\$50.00 Monthly)

Full Name (Last, First, Middle Initial) C. Bettye L. Finley		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 6401 PANORAMA DR		Transaction ID: PR112021718461	
City State Zip Code BRENTWOOD TN 37027	Amount of Each Receipt this Period _____ 83.33		
FEC ID number of contributing federal political committee. C _____			
Name of Employer American Healthways, Inc.	Occupation Senior VP Hospital		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 833.30		P/R Deduction (\$83.33 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶	_____ 183.33
TOTAL This Period (last page this line number only) ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 14
	<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)
Healthways, Inc. Federal PAC

Full Name (Last, First, Middle Initial) A. Michael H. King		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR112022648461
Mailing Address 1455 RIDLEY DRIVE		Amount of Each Receipt this Period 100.00
City State Zip Code FRANKLIN TN 37064	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Monthly)
Name of Employer American Healthways, Inc. Occupation Senior VP Business Development	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Pam Hara		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR112025728461
Mailing Address 2620 GOOSE CREEK BY-PASS		Amount of Each Receipt this Period 72.73
City State Zip Code FRANKLIN TN 37064	FEC ID number of contributing federal political committee. C	P/R Deduction (\$72.73 Monthly)
Name of Employer American Healthways, Inc. Occupation Senior VP Quality & Outcomes	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 981.84	

Full Name (Last, First, Middle Initial) C. Alfred Lumsdaine		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR112026388461
Mailing Address 5107 Heron Hill Lane		Amount of Each Receipt this Period 83.33
City State Zip Code Thompson Station TN 37179	FEC ID number of contributing federal political committee. C	P/R Deduction (\$83.33 Monthly)
Name of Employer American Healthways, Inc. Occupation Senior VP Corporate Controller	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 833.30	

SUBTOTAL of Receipts This Page (optional) ▶	256.06
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 14
	<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)
Healthways, Inc. Federal PAC

Full Name (Last, First, Middle Initial) A. Tammy Stephens		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1544 KINNARD DRIVE		Transaction ID: PR112026578461
City FRANKLIN	State TN	Zip Code 37064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer American Healthways, Inc.	Occupation VP & Assistant Controller	P/R Deduction (\$83.33 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.30	

Full Name (Last, First, Middle Initial) B. Michael F. Montijo		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 901 Bowring Park		Transaction ID: PR112026928461
City Nashville	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer American Healthways, Inc.	Occupation Senior VP Government Affairs	P/R Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

Full Name (Last, First, Middle Initial) C. Patricia Jamieson-Montijo		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 901 Bowring Park		Transaction ID: PR112029948461
City Nashville	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 65.00
Name of Employer American Healthways, Inc.	Occupation VP Government Affairs	P/R Deduction (\$85.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	

SUBTOTAL of Receipts This Page (optional)	213.33
TOTAL This Period (last page this line number only)	

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

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

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NAME OF COMMITTEE (In Full)
Healthways, Inc. Federal PAC

Full Name (Last, First, Middle Initial) A. Dale T. Smith		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 104 Kings Gate Lane		Transaction ID: PR112037418461
City State Zip Code Franklin TN 37064	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$25.00 Monthly)	
Name of Employer American Healthways, Inc. Occupation Analyst / Programmer	Aggregate Year-to-Date ▼ _____ 225.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dexter W. Shurney		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 33 Nickleby Down		Transaction ID: PR112038068461
City State Zip Code Brentwood TN 37027	Amount of Each Receipt this Period _____ 80.00	
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$80.00 Monthly)	
Name of Employer American Healthways, Inc. Occupation VP Medical Director	Aggregate Year-to-Date ▼ _____ 800.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) ▶	_____ 105.00
TOTAL This Period (last page this line number only) ▶	_____ 949.38

**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)

PAGE 11 / 14

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

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NAME OF COMMITTEE (In Full)
Healthways, Inc. Federal PAC

Full Name (Last, First, Middle Initial) A. Cooper For Congress Committee		Transaction ID: 16791064 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 927		Amount of Each Disbursement this Period 2100.00
City Brentwood State TN Zip Code 37024	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Jim Cooper Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 5		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bob Corker For Senate		Transaction ID: 16791061 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 832 Georgia Avenue Suite 200		Amount of Each Disbursement this Period 1000.00
City Chattanooga State TN Zip Code 37402	Contribution	
Purpose of Disbursement Contribution Candidate Name Mr. Robert Corker Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 2		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Harold Ford Jr For Tennessee		Transaction ID: 16791056 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 5120 Barry Road Suite 1300		Amount of Each Disbursement this Period 1000.00
City Memphis State TN Zip Code 38117	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Harold E. Ford, Jr. Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 9		
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	4100.00
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)

PAGE 12 / 14

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

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NAME OF COMMITTEE (In Full)
Healthways, Inc. Federal PAC

Full Name (Last, First, Middle Initial) A. Hoyer For Congress		Transaction ID: 16791066 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address 7905 Malcolm Road Suite 102		Amount of Each Disbursement this Period 2100.00
City Clinton State MD Zip Code 20735	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Steny Hoyer		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 5
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mccrery For Congress Committee		Transaction ID: 16791067 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address Post Office Box 52956 333 Texas Street Suite 1900		Amount of Each Disbursement this Period 2100.00
City Shreveport State LA Zip Code 71135	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Jim McCreery		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 4
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cathy McMorris For Congress		Transaction ID: 16791068 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 2 / 2 0 0 6
Mailing Address P.O. Box 137		Amount of Each Disbursement this Period 2100.00
City Spokane State WA Zip Code 99210	Contribution	
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name Rep. Cathy McMorris		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 5
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	6300.00
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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Healthways, Inc. Federal PAC

Full Name (Last, First, Middle Initial) A. Rangel For Congress		Transaction ID: 16791072 Date of Disbursement 09 / 12 / 2006
Mailing Address P.O. Box 5577 Manhattanville Station		Amount of Each Disbursement this Period 2100.00
City New York State NY Zip Code 10027	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. Charles Rangel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15		011 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dutch Ruppensberger For Congress		Transaction ID: 16791075 Date of Disbursement 09 / 12 / 2006
Mailing Address 22 West Padonia Road Suite A307		Amount of Each Disbursement this Period 2100.00
City Timonium State MD Zip Code 21093	Contribution	
Purpose of Disbursement Contribution Candidate Name Rep. C.A. Ruppensberger Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 2		011 Category/Type
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Friends of Gordon Smith		Transaction ID: 16791031 Date of Disbursement 09 / 12 / 2006
Mailing Address 228 South Washington Suite 115		Amount of Each Disbursement this Period 2100.00
City Alexandria State VA Zip Code 22314	Contribution	
Purpose of Disbursement Contribution Candidate Name Sen. Gordon Harold Smith Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 2		011 Category/Type
Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	6300.00
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)

PAGE 14 / 14

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

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NAME OF COMMITTEE (In Full)
Healthways, Inc. Federal PAC

A. Full Name (Last, First, Middle Initial)
Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael Thompson

Office Sought: House
 Senate
 President
State: CA District: 1

Disbursement For: 2006
 Primary General
 Other (specify) ▼

011
Category/
Type

Transaction ID: 16791074
Date of Disbursement

09 / 12 / 2006

Amount of Each Disbursement this Period

2100.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

18800.00