

# 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.   
HEALTHWAYS INC. FEDERAL PAC

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  in the State of

5. Covering Period  07 /  01 /  2012 through  07 /  31 /  2012

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

Signature of Treasurer Glenn Hargreaves [Electronically Filed] Date  08 /  16 /  2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		35865.93
(b) Cash on Hand at Beginning of Reporting Period.....	38606.87	
(c) Total Receipts (from Line 19) .....	1077.72	7414.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	39684.59	43280.83
7. Total Disbursements (from Line 31).....	16.32	3612.56
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	39668.27	39668.27
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	714.10	2534.87
(ii) Unitemized .....	363.62	4880.03
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1077.72	7414.90
(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) .....	1077.72	7414.90
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))..... ▶	1077.72	7414.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1077.72	7414.90

**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 .....	16.32	112.56
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	16.32	112.56
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	3500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16.32	3612.56
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16.32	3612.56

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1077.72	7414.90
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1077.72	7414.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	16.32	112.56
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16.32	112.56

**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 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	

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**

**A. Craig L Ballenger**  
Full Name (Last, First, Middle Initial)

Mailing Address 262 Lake Terrace Drive

City Hendersonville	State TN	Zip Code 37075
------------------------	-------------	-------------------

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

Name of Employer Healthways, Inc	Occupation Mgr, Project Portfolio
-------------------------------------	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2012

**Transaction ID : SA11AI.6193**

Amount of Each Receipt this Period  
19.23

Payroll deduction

**B. Craig L Ballenger**  
Full Name (Last, First, Middle Initial)

Mailing Address 262 Lake Terrace Drive

City Hendersonville	State TN	Zip Code 37075
------------------------	-------------	-------------------

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

Name of Employer Healthways, Inc	Occupation Mgr, Project Portfolio
-------------------------------------	--------------------------------------

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
07		20		2012

**Transaction ID : SA11AI.6159**

Amount of Each Receipt this Period  
19.23

Payroll deduction

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

Mailing Address 617 Westview Ave.

City Nashville	State TN	Zip Code 37205
-------------------	-------------	-------------------

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

Name of Employer Healthways, Inc.	Occupation Vice President, BU Management
--------------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2012

**Transaction ID : SA11AI.6191**

Amount of Each Receipt this Period  
38.46

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 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**

**A. Thomas F Cox**  
Full Name (Last, First, Middle Initial)  
Mailing Address 617 Westview Ave.  
City Nashville State TN Zip Code 37205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Healthways, Inc. Occupation Vice President, BU Management  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **576.90**

Date of Receipt **07 / 20 / 2012**  
**Transaction ID : SA11AI.6154**  
Amount of Each Receipt this Period **38.46**  
payroll deduction

**B. Michael Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 517 Brixham Park Drive  
City Franklin State TN Zip Code 37069  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Healthways, Inc. Occupation Director, Process Excellence  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **269.22**

Date of Receipt **07 / 06 / 2012**  
**Transaction ID : SA11AI.6200**  
Amount of Each Receipt this Period **19.23**  
Payroll deduction

**C. Michael Davis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 517 Brixham Park Drive  
City Franklin State TN Zip Code 37069  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Healthways, Inc. Occupation Director, Process Excellence  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **288.45**

Date of Receipt **07 / 20 / 2012**  
**Transaction ID : SA11AI.6165**  
Amount of Each Receipt this Period **19.23**  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **76.92**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 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**

**A. William P Dorney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 386 Monroe Ave.  
City Wyckoff State NJ Zip Code 07481  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Healthways, Inc. Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 06 / 2012  
**Transaction ID : SA11AI.6202**  
Amount of Each Receipt this Period 20.00  
Payroll deduction

**B. William P Dorney**  
Full Name (Last, First, Middle Initial)  
Mailing Address 386 Monroe Ave.  
City Wyckoff State NJ Zip Code 07481  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Healthways, Inc. Occupation Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 20 / 2012  
**Transaction ID : SA11AI.6167**  
Amount of Each Receipt this Period 20.00  
Payroll deduction

**C. Suzanne Duda**  
Full Name (Last, First, Middle Initial)  
Mailing Address 812 S Lee St  
City Alexandria State VA Zip Code 22314  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Healthways, Inc. Occupation Liaison Sr, Gov Ind Relations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 06 / 2012  
**Transaction ID : SA11AI.6203**  
Amount of Each Receipt this Period 20.00  
Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 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**

**A. Suzanne Duda**  
Full Name (Last, First, Middle Initial)

Mailing Address 812 S Lee St

City Alexandria State VA Zip Code 22314

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

Name of Employer Healthways, Inc. Occupation Liaison Sr, Gov Ind Relations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 20 / 2012  
Transaction ID : SA11AI.6168

Amount of Each Receipt this Period 20.00

Payroll deduction

**B. Glenn A. Hargreaves**  
Full Name (Last, First, Middle Initial)

Mailing Address 1229 Kilrush Drive

City Franklin State TN Zip Code 37069

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

Name of Employer Healthways, Inc. Occupation Director, Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 06 / 2012  
Transaction ID : SA11AI.6209

Amount of Each Receipt this Period 20.00

Payroll deduction

**C. Glenn A. Hargreaves**  
Full Name (Last, First, Middle Initial)

Mailing Address 1229 Kilrush Drive

City Franklin State TN Zip Code 37069

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

Name of Employer Healthways, Inc. Occupation Director, Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 20 / 2012  
Transaction ID : SA11AI.6174

Amount of Each Receipt this Period 20.00

Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 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**

**A. Amy Hutfless**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3780 E. Old Stone Circle S.  
City Chandler State AZ Zip Code 85249  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Healthways, Inc. Occupation Mgr, Learning and Development  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.00**

Date of Receipt **07 / 20 / 2012**  
**Transaction ID : SA11AI.6229**  
Amount of Each Receipt this Period **200.00**  
Payroll deduction

**B. Debra James**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2619 E Cherrywood PI  
City Chandler State AZ Zip Code 85249  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Healthways, Inc. Occupation VP, BU Management  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450.00**

Date of Receipt **07 / 06 / 2012**  
**Transaction ID : SA11AI.6212**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**C. Debra James**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2619 E Cherrywood PI  
City Chandler State AZ Zip Code 85249  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Healthways, Inc. Occupation VP, BU Management  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **07 / 20 / 2012**  
**Transaction ID : SA11AI.6177**  
Amount of Each Receipt this Period **50.00**  
Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **120.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 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**

**A. Alfred Lumsdaine**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 Cool Springs Blvd.

City	State	Zip Code
Franklin	TN	37067-2697

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

Name of Employer	Occupation
Healthways Inc.	Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		06		2012

**Transaction ID : SA11AI.6192**

Amount of Each Receipt this Period  

25.00
-------

Payroll deduction

**B. Alfred Lumsdaine**  
Full Name (Last, First, Middle Initial)

Mailing Address 701 Cool Springs Blvd.

City	State	Zip Code
Franklin	TN	37067-2697

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

Name of Employer	Occupation
Healthways Inc.	Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		20		2012

**Transaction ID : SA11AI.6156**

Amount of Each Receipt this Period  

25.00
-------

payroll deduction

**C. Erol Spencer Quinn**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Ne 9th Ave  
Unit 306

City	State	Zip Code
Ft Lauderdale	FL	33304

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

Name of Employer	Occupation
Healthways, Inc.	Mgr, Fitness District

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
07		06		2012

**Transaction ID : SA11AI.6233**

Amount of Each Receipt this Period  

25.00
-------

Payroll deduction

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

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

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

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NAME OF COMMITTEE (In Full)  
**HEALTHWAYS INC. FEDERAL PAC**

**A. Erol Spencer Quinn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 Ne 9th Ave  
 Unit 306  
 City Ft Lauderdale State FL Zip Code 33304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Healthways, Inc. Occupation Mgr, Fitness District  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2012  
**Transaction ID : SA11AI.6234**  
 Amount of Each Receipt this Period  
 250.00  
 payroll deduction

**B. Vicki Shepard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Compton Place  
 City Nashville State TN Zip Code 37215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Healthways, Inc. Occupation Senior Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 583.38

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 06 / 2012  
**Transaction ID : SA11AI.6218**  
 Amount of Each Receipt this Period  
 41.67  
 Payroll deduction

**C. Vicki Shepard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Compton Place  
 City Nashville State TN Zip Code 37215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Healthways, Inc. Occupation Senior Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 625.05

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2012  
**Transaction ID : SA11AI.6183**  
 Amount of Each Receipt this Period  
 41.67  
 Payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 108.34  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

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**

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

Mailing Address 1936 Bristol Court

City Brentwood State TN Zip Code 37027

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

Name of Employer Healthways, Inc. Occupation Executive VP/CSO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **538.44**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2012  
**Transaction ID : SA11AI.6220**

Amount of Each Receipt this Period  
**38.46**

Payroll deduction

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

Mailing Address 1936 Bristol Court

City Brentwood State TN Zip Code 37027

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

Name of Employer Healthways, Inc. Occupation Executive VP/CSO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **576.90**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 20 / 2012  
**Transaction ID : SA11AI.6185**

Amount of Each Receipt this Period  
**38.46**

Payroll deduction

**C. Charles Wochomurka III**  
Full Name (Last, First, Middle Initial)

Mailing Address 2009 John J Court

City Franklin State TN Zip Code 37067

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

Name of Employer Healthways, Inc. Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 06 / 2012  
**Transaction ID : SA11AI.6224**

Amount of Each Receipt this Period  
**30.00**

Payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>106.92</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 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**

**A.** Full Name (Last, First, Middle Initial)  
**Charles Wochomurka III**

Mailing Address 2009 John J Court

City Franklin State TN Zip Code 37067

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

Name of Employer Healthways, Inc. Occupation Senior Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **07 / 20 / 2012**

**Transaction ID : SA11AI.6189**

Amount of Each Receipt this Period **30.00**

Payroll deduction

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>714.10</b>