

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HealthSpring, Inc. Political Action Committee

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="2011"/>	<input type="text" value="47624.49"/>	<input type="text" value="47624.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="83156.06"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21934.16"/>	<input type="text" value="83365.73"/>
(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="105090.22"/>	<input type="text" value="130990.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="56000.00"/>	<input type="text" value="81900.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="49090.22"/>	<input type="text" value="49090.22"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

HealthSpring, Inc. Political Action Committee

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).....	21934.16	81315.68
(ii) Unitemized	0.00	2050.05
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21934.16	83365.73
(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)	21934.16	83365.73
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))..... ▶	21934.16	83365.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	21934.16	83365.73

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.....	55000.00	79900.00
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	1000.00	2000.00
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)) ..	56000.00	81900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	56000.00	81900.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	21934.16	83365.73
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	21934.16	83365.73
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: PAGE 6 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
HealthSpring, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. Richard K Bailey

Mailing Address 9009 Carothers Parkway, Suite 501

City State Zip Code
 Franklin TN 37067

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

Name of Employer Occupation
 Healthspring VP, Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 12 / 22 / 2011
Transaction ID : SA11AI.4982

Amount of Each Receipt this Period
 325.00

Payroll Deduction (25 bi-monthly)

Full Name (Last, First, Middle Initial)
B. Michelle Bissessar

Mailing Address 11401 SW 40th Street, Suite 400

City State Zip Code
 Miami FL 33165

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

Name of Employer Occupation
 Healthspring VP, HealthServices

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 354.11

Date of Receipt
 12 / 22 / 2011
Transaction ID : SA11AI.4980

Amount of Each Receipt this Period
 291.62

Payroll Deduction (20.83 bi-monthly)

Full Name (Last, First, Middle Initial)
C. Robert Dawson

Mailing Address 2 Chase Corporate Drive
 Suite 300

City State Zip Code
 Birmingham AL 35244

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

Name of Employer Occupation
 HealthSpring Inc President SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.04

Date of Receipt
 12 / 22 / 2011
Transaction ID : SA11AI.4985

Amount of Each Receipt this Period
 500.04

Payroll Deduction (41.67 bi-monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1116.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 22
	<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)
HealthSpring, Inc. Political Action Committee

A. Richard Vernon Dudley
Full Name (Last, First, Middle Initial)

Mailing Address 9009 Carothers Parkway, Suite 501

City	State	Zip Code
Franklin	TN	37067

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

Name of Employer	Occupation
Healthspring	Sales Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11AI.4975

Amount of Each Receipt this Period
270.79

Payroll Deduction (20.83 bi-monthly)

B. Randy K. Fike
Full Name (Last, First, Middle Initial)

Mailing Address 9701 W. Higgins Road, Suite 360

City	State	Zip Code
Rosemont	IL	60018

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

Name of Employer	Occupation
Healthspring	President, SVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11AI.4987

Amount of Each Receipt this Period
541.58

Payroll Deduction (41.66 bi-monthly)

C. Patrick Foley
Full Name (Last, First, Middle Initial)

Mailing Address 2 Chase Corporate Drive
Suite 300

City	State	Zip Code
Birmingham	AL	35244

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

Name of Employer	Occupation
HealthSpring Inc	Chief Operating Officer (Division)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 29 / 2011

Transaction ID : SA11AI.4983

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1312.37
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 22
<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)
HealthSpring, Inc. Political Action Committee

Full Name (Last, First, Middle Initial) A. Brigham Culver Freeze		Date of Receipt 12 / 22 / 2011 Transaction ID : SA11AI.4976
Mailing Address 9009 Carothers Parkway, Suite 501		Amount of Each Receipt this Period 270.79
City Franklin State TN Zip Code 37067	FEC ID number of contributing federal political committee. C	Payroll Deduction (20.83 bi-monthly)
Name of Employer Healthspring Occupation VP, Finance	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28

Full Name (Last, First, Middle Initial) B. Philip A Fridl		Date of Receipt 12 / 22 / 2011 Transaction ID : SA11AI.4977
Mailing Address 9009 Carothers Parkway, Suite 501		Amount of Each Receipt this Period 270.79
City Franklin State TN Zip Code 37067	FEC ID number of contributing federal political committee. C	Payroll Deduction (20.83 bi-monthly)
Name of Employer Healthspring Occupation VP, Regional Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.28

Full Name (Last, First, Middle Initial) C. Herbert A. Fritch		Date of Receipt 12 / 22 / 2011 Transaction ID : SA11AI.4994
Mailing Address 9009 Carothers Parkway, Suite 501		Amount of Each Receipt this Period 2708.29
City Franklin State TN Zip Code 37067	FEC ID number of contributing federal political committee. C	Payroll Deduction (208.33 bi-monthly)
Name of Employer Healthspring Occupation CEO	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.28

SUBTOTAL of Receipts This Page (optional).....▶	3249.87
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 22
<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)
HealthSpring, Inc. Political Action Committee

A. Lyle E Hill
Full Name (Last, First, Middle Initial)

Mailing Address 9009 Carothers Pkwy

City Franklin State TN Zip Code 37067

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

Name of Employer Healthspring Occupation VP, Medicare Data Quality

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11AI.4989

Amount of Each Receipt this Period
541.71

Payroll Deduction (41.67 bi-monthly)

B. Teresa R. Jordan
Full Name (Last, First, Middle Initial)

Mailing Address 2900 North Loop West, Suite 1300

City Houston State TX Zip Code 77092

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

Name of Employer Healthspring Occupation SVP, General Counsel - Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11AI.4988

Amount of Each Receipt this Period
541.58

Payroll Deduction (41.66 bi-monthly)

C. Arthur W. Licon
Full Name (Last, First, Middle Initial)

Mailing Address 9701 W. Higgins Road, Suite 360

City Rosemont State IL Zip Code 60018

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

Name of Employer Healthspring Occupation VP, Sales & Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11AI.4978

Amount of Each Receipt this Period
270.79

Payroll Deduction (20.83 bi-monthly)

SUBTOTAL of Receipts This Page (optional).....▶	1354.08
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 22
(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)
HealthSpring, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)
A. David Q Martin

Mailing Address 2900 North Loop West, Suite 1300

City Houston	State TX	Zip Code 77092
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FEC ID number of contributing federal political committee. **C**

Name of Employer Healthspring	Occupation VP, Business Support
----------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.28**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

Transaction ID : SA11AI.4979

Amount of Each Receipt this Period
270.79

Payroll Deduction (20.83 bi-monthly)

Full Name (Last, First, Middle Initial)
B. Albert R Maury

Mailing Address 11401 SW 40th Street, Suite 400

City Miami	State FL	Zip Code 33165
---------------	-------------	-------------------

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

Name of Employer Healthspring	Occupation President, SVP
----------------------------------	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2125.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

Transaction ID : SA11AI.4993

Amount of Each Receipt this Period
1750.00

Payroll Deduction (125 bi-monthly)

Full Name (Last, First, Middle Initial)
C. Josephine Marie Merrell

Mailing Address 9009 Carothers Parkway, Suite 501

City Franklin	State TN	Zip Code 37067
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FEC ID number of contributing federal political committee. **C**

Name of Employer Healthspring	Occupation VP, Administration
----------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.56**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

Transaction ID : SA11AI.4974

Amount of Each Receipt this Period
541.58

Payroll Deduction (\$41.66 bi-monthly)

SUBTOTAL of Receipts This Page (optional).....▶	2562.37
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 22
	<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)
HealthSpring, Inc. Political Action Committee

A. Theodore Pantaleo
Full Name (Last, First, Middle Initial)

Mailing Address 3601 O'Donnell Street

City Baltimore State MD Zip Code 21224

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

Name of Employer Healthspring Occupation VP, Network Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **947.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11AI.4971

Amount of Each Receipt this Period
631.56

Payroll Deduction (\$52.63 bi-monthly)

B. Thomas C. Rekart
Full Name (Last, First, Middle Initial)

Mailing Address 3601 O'Donnell Street

City Baltimore State MD Zip Code 21224

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

Name of Employer Healthspring Occupation EVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3421.08**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.4972

Amount of Each Receipt this Period
1842.12

Payroll Deduction (\$263.16 bi-monthly)

C. Sandra Rivera
Full Name (Last, First, Middle Initial)

Mailing Address 11401 SW 40th Street, Suite 400

City Miami State FL Zip Code 33165

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

Name of Employer Healthspring Occupation VP, Service Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **354.11**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11AI.4981

Amount of Each Receipt this Period
291.62

Payroll Deduction (20.83 bi-monthly)

SUBTOTAL of Receipts This Page (optional).....▶	2765.30
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 12 OF 22
	<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)
HealthSpring, Inc. Political Action Committee

A. Ashok John Sudarshan
Full Name (Last, First, Middle Initial)

Mailing Address 9009 Carothers Parkway, Suite 501

City	State	Zip Code
Franklin	TN	37067

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

Name of Employer	Occupation
Healthspring	SVP, Service Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

Transaction ID : SA11AI.4992

Amount of Each Receipt this Period
1625.00

Payroll Deduction (125 bi-monthly)

B. Terry W Terrill Jr
Full Name (Last, First, Middle Initial)

Mailing Address 9009 Carothers Parkway, Suite 501

City	State	Zip Code
Franklin	TN	37067

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

Name of Employer	Occupation
Healthspring	SVP, Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1333.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

Transaction ID : SA11AI.4991

Amount of Each Receipt this Period
1083.29

Payroll Deduction (83.33 bi-monthly)

C. Mark A Tulloch
Full Name (Last, First, Middle Initial)

Mailing Address 9009 Carothers Parkway, Suite 501

City	State	Zip Code
Franklin	TN	37067

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

Name of Employer	Occupation
Healthspring	EVP, Enterprise Operations & Corp COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3333.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2011

Transaction ID : SA11AI.4996

Amount of Each Receipt this Period
2708.29

Payroll Deduction (208.33 bi-monthly)

SUBTOTAL of Receipts This Page (optional).....▶	5416.58
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 22
	<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)
HealthSpring, Inc. Political Action Committee

A. JOSEPH F. WAGNER
Full Name (Last, First, Middle Initial)

Mailing Address 3601 O'Donnell Street

City Baltimore State MD Zip Code 21224

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

Name of Employer Healthspring Occupation VP, Finance (East Region)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **710.46**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11AI.4973

Amount of Each Receipt this Period
473.64

Payroll Deduction (\$39.47 bi-monthly)

B. Franklin Stewart Warren
Full Name (Last, First, Middle Initial)

Mailing Address 9009 Carothers Parkway, Suite 501

City Franklin State TN Zip Code 37067

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

Name of Employer Healthspring Occupation SVP, Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11AI.4990

Amount of Each Receipt this Period
975.00

Payroll Deduction (75 bi-monthly)

C. Karey L. Witty
Full Name (Last, First, Middle Initial)

Mailing Address 9009 Carothers Parkway, Suite 501

City Franklin State TN Zip Code 37067

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

Name of Employer Healthspring Occupation CFO (Corporate)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3333.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 22 / 2011

Transaction ID : SA11AI.4997

Amount of Each Receipt this Period
2708.29

Payroll Deduction (208.33 bi-monthly)

SUBTOTAL of Receipts This Page (optional).....▶	4156.93
TOTAL This Period (last page this line number only).....▶	21934.16

**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)
HealthSpring, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILL NELSON FOR U S SENATE

Mailing Address 972 W WHITMIRE DRIVE

City MELBOURNE State FL Zip Code 32935

Purpose of Disbursement

Candidate Name
BILL NELSON

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2011

Transaction ID : **SB23.5033**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BOB CORKER FOR SENATE 2012

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement

Candidate Name
ROBERT P CORKER

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2011

Transaction ID : **SB23.5041**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

C. BOB CORKER FOR SENATE 2012

Mailing Address PO BOX 848

City CHATTANOOGA State TN Zip Code 37401

Purpose of Disbursement

Candidate Name
ROBERT P CORKER

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 14 / 2011

Transaction ID : **SB23.5042**

Amount of Each Disbursement this Period

5000.00

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

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

11500.00

**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"/> 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)
HealthSpring, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
12 / 14 / 2011

Transaction ID : **SB23.5036**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. CANTOR FOR CONGRESS

Mailing Address P.O. BOX 17813

City RICHMOND State VA Zip Code 23226

Purpose of Disbursement

Candidate Name

ERIC CANTOR

Office Sought: House Senate President
State: VA District: 07

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2011

Transaction ID : **SB23.5010**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.

Mailing Address PO BOX 80126

City LAFAYETTE State LA Zip Code 70598

Purpose of Disbursement

Candidate Name

CHARLES BOUSTANY

Office Sought: House Senate President
State: LA District: 07

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 05 / 2011

Transaction ID : **SB23.5001**

Amount of Each Disbursement this Period

500.00

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

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

8000.00

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

Use separate schedule(s)
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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)
HealthSpring, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. COOPER FOR CONGRESS

Mailing Address C/O DGLF CPAS & BUSINESS ADVISORS
P.O. BOX 198087

City NASHVILLE State TN Zip Code 37219

Purpose of Disbursement

Candidate Name
JAMES H.S. COOPER

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TN District: 05

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2011

Transaction ID : SB23.5016

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE
SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement

Candidate Name
DAVID LEE CAMP

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MI District: 04

Date of Disbursement

MM / DD / YYYY
12 / 29 / 2011

Transaction ID : SB23.5054

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. DIANE BLACK FOR CONGRESS

Mailing Address PO BOX 1437

City GALLATIN State TN Zip Code 37066

Purpose of Disbursement

Candidate Name
DIANE L BLACK

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TN District: 06

Date of Disbursement

MM / DD / YYYY
10 / 06 / 2011

Transaction ID : SB23.5019

Amount of Each Disbursement this Period

1000.00

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

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

7500.00

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

Use separate schedule(s)
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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)
HealthSpring, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN THUNE

Mailing Address PO BOX 841

City SIOUX FALLS State SD Zip Code 57101

Purpose of Disbursement

Candidate Name
JOHN R THUNE

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 01 / 2011

Transaction ID : **SB23.5055**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PAT TOOMEY

Mailing Address 2720 JORDAN ROAD

City OREFIELD State PA Zip Code 18069

Purpose of Disbursement

Candidate Name
PATRICK JOSEPH TOOMEY

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 15 / 2011

Transaction ID : **SB23.5029**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

Candidate Name
ORRIN G HATCH

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

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2011

Transaction ID : **SB23.5013**

Amount of Each Disbursement this Period

5000.00

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

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

7000.00

**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"/> 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)
HealthSpring, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO BOX 87

City UWCHLAND State PA Zip Code 19480

Purpose of Disbursement

Candidate Name
JIM GERLACH

Office Sought: House
 Senate
 President
State: PA District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	14	/	2011

Transaction ID : **SB23.5043**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement

Candidate Name
KEVIN MCCARTHY

Office Sought: House
 Senate
 President
State: CA District: 22

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	29	/	2011

Transaction ID : **SB23.4998**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PETE SESSIONS FOR CONGRESS

Mailing Address PO BOX 823047

City DALLAS State TX Zip Code 75382

Purpose of Disbursement

Candidate Name
PETE SESSIONS

Office Sought: House
 Senate
 President
State: TX District: 32

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	14	/	2011

Transaction ID : **SB23.5044**

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

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**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)
HealthSpring, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. PRICE FOR CONGRESS

Mailing Address P.O. BOX 425

City ROSWELL State GA Zip Code 30077

Purpose of Disbursement

Candidate Name
THOMAS EDMUNDS PRICE

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2011

Transaction ID : SB23.5020

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. REPUBLICAN OPERATION TO SECURE AND KEEP A MAJORITY (ROSKAM PAC)

Mailing Address P. O. BOX 1011

City WHEATON State IL Zip Code 60187

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		14		2011

Transaction ID : SB23.5048

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. TENNESSEE SENATE VICTORY FUND

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		25		2011

Transaction ID : SB23.5004

Amount of Each Disbursement this Period

6000.00

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

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

10500.00

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**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)
HealthSpring, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address PO BOX 13026

City AUSTIN State TX Zip Code 78711

Purpose of Disbursement

Candidate Name
JOHN CORNYN

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	01	/	2011

Transaction ID : SB23.5026

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. THE HAWKEYE PAC

Mailing Address PO BOX 192

City DES MOINES State IA Zip Code 50301

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
11	/	17	/	2011

Transaction ID : SB23.5030

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. THE HAWKEYE PAC

Mailing Address PO BOX 192

City DES MOINES State IA Zip Code 50301

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
12	/	14	/	2011

Transaction ID : SB23.5032

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

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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)
HealthSpring, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement

Candidate Name
VERNON BUCHANAN

Office Sought: House
 Senate
 President
State: FL District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	14	/	2011

Transaction ID : SB23.5038

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

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
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Amount of Each Disbursement this Period

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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
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Amount of Each Disbursement this Period

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

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

1000.00

55000.00

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

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NAME OF COMMITTEE (In Full)
HealthSpring, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee to Elect Earl Ray Tomblin 2011

Mailing Address PO Box 11530

City Charleston State WV Zip Code 25339

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 / D D / Y Y Y Y Y Y
08 / 25 / 2011

Transaction ID : SB29.5008

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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 / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

1000.00