

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

HealthSpring, Inc. Political Action Committee

ADDRESS (number and street) 9009 Carothers Parkway  
Suite 501  
Franklin TN 37067

Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** C00463703

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2011 through 06 30 2011

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 JOSEPH F. WAGNER

Signature of Treasurer Electronically Filed by JOSEPH F. WAGNER Date 07 29 2011

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

Office Use Only								<b>FEC FORM 3X</b> (Rev. 12/2004)
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**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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"/>		47624.49
(b) Cash on Hand at Beginning of Reporting Period .....	47624.49	
(c) Total Receipts (from Line 19) .....	61431.57	61431.57
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	109056.06	109056.06
7. Total Disbursements (from Line 31) .....	25900.00	25900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	83156.06	83156.06
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  
HealthSpring, Inc. Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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) .....	59381.52	59381.52
(ii) Unitemized .....	2050.05	2050.05
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	61431.57	61431.57
(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) .....	61431.57	61431.57
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)) .....	61431.57	61431.57
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	61431.57	61431.57

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.....	24900.00	24900.00
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.....	1000.00	1000.00
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))..	25900.00	25900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25900.00	25900.00

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 .....	61431.57	61431.57
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	61431.57	61431.57
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 / 24  
(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

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

**A.**

Full Name (Last, First, Middle Initial)  
Melissa Ahmann

Mailing Address 3601 O'Donnell St

City State Zip Code  
Baltimore MD 21224

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

Name of Employer Healthspring Occupation Chief Actuary, SVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2011

Transaction ID: SA11AI.4853

Amount of Each Receipt this Period  
3000.00

**B.**

Full Name (Last, First, Middle Initial)  
Gregory J. Allen

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 Healthspring Occupation Chief Operating Officer (Division)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

Transaction ID: SA11AI.4855

Amount of Each Receipt this Period  
3000.00

**C.**

Full Name (Last, First, Middle Initial)  
Andy Aronson

Mailing Address 3601 O'Donnell Street

City State Zip Code  
Baltimore MD 21224

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

Name of Employer Healthspring Occupation Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 21 / 2011

Transaction ID: SA11AI.4857

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **6500.00**

**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: PAGE 7 / 24  
(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

**A.**

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

Mailing Address 3601 O'DONNELL STREET

City State Zip Code  
Baltimore MD 21224

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

Name of Employer Healthspring Occupation SVP, Regulatory Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2011

**Transaction ID:** SA11AI.4859

Amount of Each Receipt this Period  
2400.00

**B.**

Full Name (Last, First, Middle Initial)  
Lewis Biggers

Mailing Address 2900 North Loop West, Suite 1300

City State Zip Code  
Houston TX 77092

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

Name of Employer Healthspring Occupation VP, Network Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
03 / 18 / 2011

**Transaction ID:** SA11AI.4861

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Jon Buss

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 Healthspring Occupation VP, Regional Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2011

**Transaction ID:** SA11AI.4908

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3900.00**

**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: PAGE 8 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Beckie Croes

Mailing Address 2900 North Loop West, Suite 1300

City State Zip Code  
Houston TX 77092

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

Name of Employer Healthspring Occupation VP, National Contracts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: MM / DD / YYYY  
05 / 19 / 2011

Transaction ID: SA11AI.4863

Amount of Each Receipt this Period: 2000.00

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

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 Healthspring Occupation VP, Network Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
03 / 17 / 2011

Transaction ID: SA11AI.4865

Amount of Each Receipt this Period: 500.00

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

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 Healthspring Occupation VP, Health Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
03 / 17 / 2011

Transaction ID: SA11AI.4867

Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**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 / 24
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Opella F. Ernest		Date of Receipt
	Mailing Address 9701 W. Higgins Road, Suite 360		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 03 / 18 / 2011
	City	State	Zip Code
	Rosemont	IL	60018
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4869
Name of Employer Healthspring		Occupation SVP, Medical Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Dana Fields		Date of Receipt
	Mailing Address 9009 Carothers Parkway, Suite 501		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 23 / 2011
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4904
Name of Employer Healthspring		Occupation VP, Internal Audit & Risk Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) DAVE FIRDAUS		Date of Receipt
	Mailing Address 3601 O'DONNELL STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 04 / 21 / 2011
	City	State	Zip Code
	BALTIMORE	MD	21224
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4870
Name of Employer Healthspring		Occupation VP, Health Services Business Process	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Andy Flatt		Date of Receipt
	Mailing Address 9009 Carothers Parkway, Suite 501		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 19 / 2011
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4872
Name of Employer Healthspring		Occupation Chief Information Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 2000.00

<b>B.</b>	Full Name (Last, First, Middle Initial) JEFFREY FOLICK		Date of Receipt
	Mailing Address 3601 O'DONNELL STREET		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 12 / 2011
	City	State	Zip Code
	BALTIMORE	MD	21224
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4909
Name of Employer Healthspring		Occupation Board Member	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 5000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) John T. Fox		Date of Receipt
	Mailing Address 9009 Carothers Parkway, Suite 501		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 19 / 2011
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4874
Name of Employer Healthspring		Occupation Board Member	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 3000.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 10000.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 24  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Herbert A. Fritch

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 CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 624.99

Date of Receipt 06 / 30 / 2011

Transaction ID: SA11AI.4929

Amount of Each Receipt this Period 624.99

Payroll Deduction (\$208.33 Semi-Monthly)

**B.**

Full Name (Last, First, Middle Initial)  
Peter R. Gardner

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 VP, Regional Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 17 / 2011

Transaction ID: SA11AI.4876

Amount of Each Receipt this Period 1500.00

**C.**

Full Name (Last, First, Middle Initial)  
James R. Hailey

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, Part D

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 12 / 2011

Transaction ID: SA11AI.4878

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3124.99**

**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 12 / 24

(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

**A.**

Full Name (Last, First, Middle Initial)  
Henry Hernandez

Mailing Address 11401 SW 40th Street, Suite 400

City State Zip Code  
Franklin TN 37067

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

Name of Employer Occupation  
Healthspring Chief Operating Officer (Division)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 2 / 2 0 1 1

Transaction ID: SA11AI.4880

Amount of Each Receipt this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)  
Scott Huebner

Mailing Address 2900 North Loop West, Suite 1300

City State Zip Code  
Houston TX 77092

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

Name of Employer Occupation  
Healthspring President (EVP)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 1 1

Transaction ID: SA11AI.4882

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)  
Jay L Hurt

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 Chief Operating Officer (Division)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 1

Transaction ID: SA11AI.4884

Amount of Each Receipt this Period

2500.00

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

10500.00

**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: PAGE 13 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Scott Jacobson

Mailing Address 2900 North Loop West, Suite 1300

City State Zip Code  
Houston TX 77092

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

Name of Employer Healthspring Occupation VP, Regional Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 03 / 18 / 2011  
Transaction ID: SA11AI.4886  
Amount of Each Receipt this Period: 1000.00

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

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 Healthspring Occupation VP, Service Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 18 / 2011  
Transaction ID: SA11AI.4888  
Amount of Each Receipt this Period: 500.00

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

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 Healthspring Occupation President, SVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 06 / 30 / 2011  
Transaction ID: SA11AI.4939  
Amount of Each Receipt this Period: 375.00  
Payroll Deduction (\$125 Semi-Monthly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1875.00

**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 14 / 24
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory J. Miller	Date of Receipt MM / DD / YYYY 03 / 17 / 2011
	Mailing Address 9009 Carothers Parkway, Suite 501	<b>Transaction ID:</b> SA11AI.4890
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Healthspring Occupation VP, Network Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael G Mirt	Date of Receipt MM / DD / YYYY 03 / 17 / 2011
	Mailing Address 9009 Carothers Parkway, Suite 501	<b>Transaction ID:</b> SA11AI.4892
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Healthspring Occupation President (Corporate) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) M. Shawn Morris	Date of Receipt MM / DD / YYYY 03 / 17 / 2011
	Mailing Address 9009 Carothers Parkway, Suite 501	<b>Transaction ID:</b> SA11AI.4894
	City State Zip Code Franklin TN 37067	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Healthspring Occupation President (EVP) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	11000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 24
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Theodore Pantaleo		Date of Receipt
	Mailing Address 3601 O'Donnell Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2011
	City	State	Zip Code
	Baltimore	MD	21224
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4910
Name of Employer Healthspring		Occupation VP, Network Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 315.78	315.78
		Payroll Deduction (\$52.63 Semi-Monthly)	

<b>B.</b>	Full Name (Last, First, Middle Initial) Allen C. Perez		Date of Receipt
	Mailing Address 2900 North Loop West, Suite 1300		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 17 / 2011
	City	State	Zip Code
	Houston	TX	77092
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4896
Name of Employer Healthspring		Occupation VP, Regional Operations	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	1000.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Heather R. Peterson		Date of Receipt
	Mailing Address 9009 Carothers Parkway, Suite 501		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 04 / 12 / 2011
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4898
Name of Employer Healthspring		Occupation VP, Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1815.78</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 16 / 24  
(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

**A.**

Full Name (Last, First, Middle Initial)  
Jennifer L Puglisi

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 Healthspring Occupation VP, Information Technology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 2 / 2 0 1 1

Transaction ID: SA11AI.4900

Amount of Each Receipt this Period  
500.00

**B.**

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

Mailing Address 3601 O'Donnell Street

City State Zip Code  
Baltimore MD 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 ▼ 1578.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.4912

Amount of Each Receipt this Period  
1578.96

Payroll Deduction (\$263.16 Semi-Monthly)

**C.**

Full Name (Last, First, Middle Initial)  
Wendy A. Richey

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 Healthspring Occupation VP, Regulatory Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 3 / 1 8 / 2 0 1 1

Transaction ID: SA11AI.4902

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2328.96**

**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 17 / 24

(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

**A.**

Full Name (Last, First, Middle Initial)  
Santee Safer

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, Network Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: SA11AI.4906

Amount of Each Receipt this Period

500.00

**B.**

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

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 ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.4945

Amount of Each Receipt this Period

375.00

Payroll Deduction (\$125 Semi-Monthly)

**C.**

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

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 ▼ 249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: SA11AI.4947

Amount of Each Receipt this Period

249.99

Payroll Deduction (\$83.33 Semi-Monthly)

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

1124.99

**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 18 / 24
	<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

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark A Tulloch		Date of Receipt
	Mailing Address 9009 Carothers Parkway, Suite 501		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4949
Name of Employer Healthspring		Occupation EVP, Enterprise Operations & Corp COO	Amount of Each Receipt this Period <input type="text" value="624.99"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="624.99"/>	Payroll Deduction (\$208.33 Semi-Monthly)

<b>B.</b>	Full Name (Last, First, Middle Initial) JOSEPH F. WAGNER		Date of Receipt
	Mailing Address 3601 O'Donnell Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Baltimore	MD	21224
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4913
Name of Employer Healthspring		Occupation VP, Finance (East Region)	Amount of Each Receipt this Period <input type="text" value="236.82"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="236.82"/>	Payroll Deduction (\$39.47 Semi-Monthly)

<b>C.</b>	Full Name (Last, First, Middle Initial) Franklin Stewart Warren		Date of Receipt
	Mailing Address 9009 Carothers Parkway, Suite 501		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	Franklin	TN	37067
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.4950
Name of Employer Healthspring		Occupation SVP, Finance	Amount of Each Receipt this Period <input type="text" value="225.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="225.00"/>	Payroll Deduction (\$75 Se-mi-Monthly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1086.81"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 / 24	
	(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"/> 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

<b>A.</b>	Full Name (Last, First, Middle Initial) Karey L. Witty		Date of Receipt	
	Mailing Address 9009 Carothers Parkway, Suite 501		M M / D D / Y Y Y Y 06 / 30 / 2011	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.4952
	Franklin	TN	37067	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
	C		624.99	
Name of Employer Healthspring		Occupation CFO (Corporate)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll Deduction (\$208.33 Semi-Monthly) Aggregate Year-to-Date ▼ 624.99		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	624.99
<b>TOTAL</b> This Period (last page this line number only) .....	▶	59381.52

# 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 20 / 24

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) BOB CORKER FOR SENATE 2012</p> <p>Mailing Address PO BOX 848</p> <p>City CHATTANOOGA State TN Zip Code 37401</p> <p>Purpose of Disbursement</p> <p>Candidate Name ROBERT P JR CORKER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4832</p> <p>Date of Disbursement 05 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CHARLES A. GONZALEZ CONGRESSIONAL CAMPAIGN</p> <p>Mailing Address PO BOX 12612</p> <p>City SAN ANTONIO State TX Zip Code 78212</p> <p>Purpose of Disbursement</p> <p>Candidate Name CHARLES A. GONZALEZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4840</p> <p>Date of Disbursement 06 / 03 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) DIANE BLACK FOR CONGRESS</p> <p>Mailing Address PO BOX 1437</p> <p>City GALLATIN State TN Zip Code 37066</p> <p>Purpose of Disbursement Debt Retirement</p> <p>Candidate Name DIANE L MRS. BLACK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4819</p> <p>Date of Disbursement 02 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 2400.00</p>

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

4400.00

**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)  
HealthSpring, Inc. Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
**DIANE BLACK FOR CONGRESS**

Mailing Address PO BOX 1437

City GALLATIN State TN Zip Code 37066

Purpose of Disbursement  
Contribution

Candidate Name  
DIANE L MRS. BLACK

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Transaction ID: SB23.4846

Date of Disbursement

06 / 24 / 2011

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF PAT TOOMEY**

Mailing Address 2720 JORDAN ROAD

City OREFIELD State PA Zip Code 18069

Purpose of Disbursement

Candidate Name  
PATRICK JOSEPH TOOMEY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 00

Transaction ID: SB23.4843

Date of Disbursement

06 / 03 / 2011

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO BOX U

City MARIETTA State GA Zip Code 30060

Purpose of Disbursement

Candidate Name  
J. PHILLIP GINGREY

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: GA District: 11

Transaction ID: SB23.4850

Date of Disbursement

06 / 24 / 2011

Amount of Each Disbursement this Period

1000.00

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

4500.00

**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 22 / 24

<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

A.	Full Name (Last, First, Middle Initial) <b>JIM GERLACH FOR CONGRESS COMMITTEE</b>	<b>Transaction ID: SB23.4847</b>
	Mailing Address <b>PO BOX 87</b>	Date of Disbursement MM / DD / YYYY <b>06 / 24 / 2011</b>
	City <b>UWCHLAND</b> State <b>PA</b> Zip Code <b>19480</b>	Amount of Each Disbursement this Period <b>1000.00</b>
	Purpose of Disbursement	
	Candidate Name <b>JIM GERLACH</b> Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>PA</b> District: <b>06</b>	

B.	Full Name (Last, First, Middle Initial) <b>MARSHA BLACKBURN FOR CONGRESS, INC.</b>	<b>Transaction ID: SB23.4828</b>
	Mailing Address <b>PO BOX 3750</b>	Date of Disbursement MM / DD / YYYY <b>05 / 11 / 2011</b>
	City <b>BRENTWOOD</b> State <b>TN</b> Zip Code <b>37024</b>	Amount of Each Disbursement this Period <b>4500.00</b>
	Purpose of Disbursement	
	Candidate Name <b>MARSHA MRS. BLACKBURN</b> Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>TN</b> District: <b>07</b>	

C.	Full Name (Last, First, Middle Initial) <b>MARSHA BLACKBURN FOR CONGRESS, INC.</b>	<b>Transaction ID: SB23.4831</b>
	Mailing Address <b>PO BOX 3750</b>	Date of Disbursement MM / DD / YYYY <b>05 / 11 / 2011</b>
	City <b>BRENTWOOD</b> State <b>TN</b> Zip Code <b>37024</b>	Amount of Each Disbursement this Period <b>500.00</b>
	Purpose of Disbursement	
	Candidate Name <b>MARSHA MRS. BLACKBURN</b> Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>TN</b> District: <b>07</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 24

<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

<b>A.</b>	Full Name (Last, First, Middle Initial) MCCONNELL SENATE COMMITTEE '14 <hr/> Mailing Address PO BOX 1496 <hr/> City LOUISVILLE State KY Zip Code 40201 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name MITCH MCCONNELL Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00 Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.4822 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 1 1	Amount of Each Disbursement this Period 2500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) ROMNEY FOR PRESIDENT EXPLORATORY COMMITTEE INC. <hr/> Mailing Address 80 HAYDEN AVENUE <hr/> City LEXINGTON State MA Zip Code 02421 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name MITT ROMNEY Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.4835 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 1 1	Amount of Each Disbursement this Period 2500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) TENN POLITICAL ACTION COMMITTEE INC (TENN PAC) <hr/> Mailing Address 228 S WASHINGTON STREET SUITE 115 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement <input type="checkbox"/> <hr/> Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23.4827 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 0 5 / 2 0 1 1	Amount of Each Disbursement this Period 5000.00

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

10000.00

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

24900.00

**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)

PAGE 24 / 24

<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

A.

Full Name (Last, First, Middle Initial)  
Friends of Martin O'Malley

Transaction ID: SB29.4838  
Date of Disbursement

Mailing Address 218 E. Lexington Street

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	1	1

City Baltimore State MD Zip Code 21202

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement

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Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

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

1000.00
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TOTAL This Period (last page this line number only) ..... ►

1000.00
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