

# 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  
Health Net, Incorporated Political Action Committee

ADDRESS (number and street) 455 Capitol Mall, Suite 801  
 Check if different than previously reported. (ACC)  
Sacramento CA 95814

2. **FEC IDENTIFICATION NUMBER** C00230789  
**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:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 02 01 2008 through 02 29 2008

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 Thomas W. Hiltachk

Signature of Treasurer Electronically Filed by Thomas W. Hiltachk Date 03 05 2008

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							
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Health Net, Incorporated Political Action Committee

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		157785.95
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	166883.55									
(c) Total Receipts (from Line 19) .....	9635.60	18733.20								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	176519.15	176519.15								
7. Total Disbursements (from Line 31) .....	42000.00	42000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	134519.15	134519.15								
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									
	11 07 2006	CA								

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  
Health Net, Incorporated Political Action Committee

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

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	5077.68	7687.68
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	4557.92	11045.52
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9635.60	18733.20
(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) .....	9635.60	18733.20
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)) .....	9635.60	18733.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9635.60	18733.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	42000.00	42000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
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))..	42000.00	42000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42000.00	42000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	9635.60	18733.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9635.60	18733.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)  
Health Net, Incorporated Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) David A. Sandkuhl	Date of Receipt MM / DD / YYYY 02 / 05 / 2008
	Mailing Address 19475 N. Grayhawk Drive, Unit 2079	<b>Transaction ID:</b> INC.A.8963
	City State Zip Code Scottsdale AZ 85255	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Net of Arizona Occupation Medicare Officer Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Karla Austen	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address One Far Mill Crossing	<b>Transaction ID:</b> INC.A.8965
	City State Zip Code Shelton CT 06484	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Net, Inc. Occupation Network Mgt. Officer Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Pamela Ann Bohall	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 2025 Aerojet Road	<b>Transaction ID:</b> INC.A.8973
	City State Zip Code Rancho Cordova CA 95742	Amount of Each Receipt this Period 76.92
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Net Federal Services, Inc. Occupation Enrollment Director Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 307.68	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1676.92
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 47  
(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)  
Health Net, Incorporated Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Thomas Carrato

Mailing Address 2107 Wilson Blvd., Suite 900

City State Zip Code  
Arlington VA 22201

FEC ID number of contributing federal political committee. C

Name of Employer: Health Net Federal Services  
Occupation: Program Officer - DoD

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt MM / DD / YYYY  
02 / 08 / 2008

**Transaction ID:** INC.A.8983

Amount of Each Receipt this Period 50.00

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

Mailing Address 11971 Foundation Place C

City State Zip Code  
Rancho Cordova CA 95670

FEC ID number of contributing federal political committee. C

Name of Employer: Health Net, Inc.  
Occupation: Director Sales

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt MM / DD / YYYY  
02 / 08 / 2008

**Transaction ID:** INC.A.8986

Amount of Each Receipt this Period 50.00

**C.** Full Name (Last, First, Middle Initial)  
Mark S. El Tawil

Mailing Address 2800 N. 44th Street #900

City State Zip Code  
Phoenix AZ 85008

FEC ID number of contributing federal political committee. C

Name of Employer: Health Net, Inc.  
Occupation: President HN Arizona

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt MM / DD / YYYY  
02 / 08 / 2008

**Transaction ID:** INC.A.9002

Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... 300.00

**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 8 / 47
	<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)  
Health Net, Incorporated Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Daria A. Eppley		Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 2025 Aerojet Road		<b>Transaction ID:</b> INC.A.9003
	City Rancho Cordova	State CA	Zip Code 95742
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Health Net Federal Services, Inc. Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation Director Op Research & An Aggregate Year-to-Date ▼ 200.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Barclay Ferguson		Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 21650 Oxnard Street		<b>Transaction ID:</b> INC.A.9004
	City Woodland Hills	State CA	Zip Code 91367
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
	Name of Employer Health Net, Inc. Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation VP, Business Planning & Dev. Aggregate Year-to-Date ▼ 200.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul A. Gilbertson		Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 2025 Aerojet Road		<b>Transaction ID:</b> INC.A.9010
	City Rancho Cordova	State CA	Zip Code 95742
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
	Name of Employer Health Net Federal Services, Inc. Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation VP MCS Support Services Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	175.00
<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 9 / 47
	<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)  
Health Net, Incorporated Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Randal Kirchner		Date of Receipt
	Mailing Address 2025 Aerojet Road		<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 0 2 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Rancho Cordova	CA	95742
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.9029
Name of Employer Health Net Federal Services, Inc.		Occupation VP Program Support	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	<input type="text"/> 50.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Joyce Li		Date of Receipt
	Mailing Address 330 Anita Drive		<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 0 2 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Pasadena	CA	91105
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.9035
Name of Employer Health Net, Inc.		Occupation Chief Actuarial Officer	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	<input type="text"/> 80.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Karin Mayhew		Date of Receipt
	Mailing Address 3400 Data Drive		<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 0 2 / 0 8 / 2 0 0 8
	City	State	Zip Code
	Rancho Cordova	CA	95670
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.9044
Name of Employer Health Net, Inc.		Occupation SVP Organization Effectiveness	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	<input type="text"/> 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 180.00
<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 / 47  
(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)  
Health Net, Incorporated Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Peter McLaughlin

Mailing Address 3636 Nobel Drive #300

City San Diego State CA Zip Code 92122

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

Name of Employer Health Net Federal Services, Inc. Occupation Director Performance Development

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 02 / 08 / 2008

Transaction ID: INC.A.9046

Amount of Each Receipt this Period 76.92

**B.**

Full Name (Last, First, Middle Initial)  
Adrienne Biggert Morrell

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation VP Government Relations

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 08 / 2008

Transaction ID: INC.A.9051

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Bret A. Morris

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation SVP Corporate Controller

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 08 / 2008

Transaction ID: INC.A.9052

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 226.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 47
	<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)  
Health Net, Incorporated Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Lawrence Naehr		Date of Receipt MM / DD / YYYY 02 / 08 / 2008		
	Mailing Address 2025 Aerojet Road		<b>Transaction ID:</b> INC.A.9056		
	City Rancho Cordova	State CA	Zip Code 95742	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Health Net Federal Services, Inc.	Occupation Executive Director			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00				

<b>B.</b>	Full Name (Last, First, Middle Initial) Debra Taylor		Date of Receipt MM / DD / YYYY 02 / 08 / 2008		
	Mailing Address 2025 Aerojet Road		<b>Transaction ID:</b> INC.A.9080		
	City Rancho Cordova	State CA	Zip Code 95742	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Health Net Federal Services, Inc.	Occupation Vice President Human Resources			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00				

<b>C.</b>	Full Name (Last, First, Middle Initial) Linda Tiano		Date of Receipt MM / DD / YYYY 02 / 08 / 2008		
	Mailing Address 21650 Oxnard Street		<b>Transaction ID:</b> INC.A.9082		
	City Woodland Hills	State CA	Zip Code 91367	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Health Net, Inc.	Occupation SVP General Counsel/Sec			
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00				

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	150.00
<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: PAGE 12 / 47  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Health Net, Incorporated Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Franklin Tom

Mailing Address 3400 Data Drive

City Rancho Cordova State CA Zip Code 95670

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

Name of Employer Health Net, Inc. Occupation VP Legal

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 08 / 2008  
**Transaction ID: INC.A.9083**  
 Amount of Each Receipt this Period 50.00

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

Mailing Address 2025 Aerojet Drive

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services Occupation President

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 08 / 2008  
**Transaction ID: INC.A.9084**  
 Amount of Each Receipt this Period 50.00

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

Mailing Address 13221 SW 68th Parkway

City Tigard State OR Zip Code 97223

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

Name of Employer Health Net, Inc. Occupation VP, Operations

Receipt For: 2008  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 02 / 08 / 2008  
**Transaction ID: INC.A.9092**  
 Amount of Each Receipt this Period 200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

**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 13 / 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
Health Net, Incorporated Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Gay Ann Williams	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 2800 N. 44th Street #900	<b>Transaction ID:</b> INC.A.9093
	City State Zip Code Phoenix AZ 85008	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Net, Inc. Occupation VP State Govt Affairs Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) James E. Woys	Date of Receipt MM / DD / YYYY 02 / 08 / 2008
	Mailing Address 2025 Aerojet Road	<b>Transaction ID:</b> INC.A.9094
	City State Zip Code Rancho Cordova CA 95742	Amount of Each Receipt this Period 205.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Net Federal Services, Inc. Occupation Sr. Vice President COO, FHFS Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 820.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Karla Austen	Date of Receipt MM / DD / YYYY 02 / 22 / 2008
	Mailing Address One Far Mill Crossing	<b>Transaction ID:</b> INC.A.9106
	City State Zip Code Shelton CT 06484	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Health Net, Inc. Occupation Network Mgt. Officer Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>380.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 47  
(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
							17

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NAME OF COMMITTEE (In Full)  
Health Net, Incorporated Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Pamela Ann Bohall

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation Enrollment Director

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 02 / 22 / 2008  
**Transaction ID: INC.A.9114**  
 Amount of Each Receipt this Period 76.92

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Carrato

Mailing Address 2107 Wilson Blvd., Suite 900

City Arlington State VA Zip Code 22201

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

Name of Employer Health Net Federal Services Occupation Program Officer - DoD

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 22 / 2008  
**Transaction ID: INC.A.9124**  
 Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey A. Cinciarelli

Mailing Address 11971 Foundation Place C

City Rancho Cordova State CA Zip Code 95670

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

Name of Employer Health Net, Inc. Occupation Director Sales

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 22 / 2008  
**Transaction ID: INC.A.9127**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 176.92

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 47

(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)  
Health Net, Incorporated Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark S. El Tawil

Mailing Address 2800 N. 44th Street #900

City State Zip Code  
Phoenix AZ 85008

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

Name of Employer Occupation  
Health Net, Inc. President HN Arizona

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: INC.A.9143

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Daria A. Eppley

Mailing Address 2025 Aerojet Road

City State Zip Code  
Rancho Cordova CA 95742

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

Name of Employer Occupation  
Health Net Federal Services, Inc. Director Op Research & An

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: INC.A.9144

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Barclay Ferguson

Mailing Address 21650 Oxnard Street

City State Zip Code  
Woodland Hills CA 91367

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

Name of Employer Occupation  
Health Net, Inc. VP, Business Planning & Dev.

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 0 8

Transaction ID: INC.A.9145

Amount of Each Receipt this Period

50.00

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

300.00

**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 16 / 47		
	<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

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NAME OF COMMITTEE (In Full)  
Health Net, Incorporated Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Paul A. Gilbertson		Date of Receipt MM / DD / YYYY 02 / 22 / 2008		
	Mailing Address 2025 Aerojet Road		<b>Transaction ID:</b> INC.A.9151		
	City Rancho Cordova	State CA	Zip Code 95742	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Health Net Federal Services, Inc. Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation VP MCS Support Services Aggregate Year-to-Date ▼ 300.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Randal Kirchner		Date of Receipt MM / DD / YYYY 02 / 22 / 2008		
	Mailing Address 2025 Aerojet Road		<b>Transaction ID:</b> INC.A.9170		
	City Rancho Cordova	State CA	Zip Code 95742	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Health Net Federal Services, Inc. Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation VP Program Support Aggregate Year-to-Date ▼ 200.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Joyce Li		Date of Receipt MM / DD / YYYY 02 / 22 / 2008		
	Mailing Address 330 Anita Drive		<b>Transaction ID:</b> INC.A.9176		
	City Pasadena	State CA	Zip Code 91105	Amount of Each Receipt this Period 80.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Health Net, Inc. Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Occupation Chief Actuarial Officer Aggregate Year-to-Date ▼ 320.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	205.00
<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: PAGE 17 / 47  
(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)  
Health Net, Incorporated Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Karin Mayhew

Mailing Address 3400 Data Drive

City Rancho Cordova State CA Zip Code 95670

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

Name of Employer Health Net, Inc. Occupation SVP Organization Effectiveness

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 22 / 2008

**Transaction ID: INC.A.9185**

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Peter McLaughlin

Mailing Address 3636 Nobel Drive #300

City San Diego State CA Zip Code 92122

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

Name of Employer Health Net Federal Services, Inc. Occupation Director Performance Development

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 307.68

Date of Receipt 02 / 22 / 2008

**Transaction ID: INC.A.9187**

Amount of Each Receipt this Period 76.92

**C.**

Full Name (Last, First, Middle Initial)  
Adrienne Biggert Morrell

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation VP Government Relations

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 22 / 2008

**Transaction ID: INC.A.9192**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **176.92**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 47
	<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)  
Health Net, Incorporated Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Bret A. Morris		Date of Receipt
	Mailing Address 21650 Oxnard 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 0 2 / 2 2 / 2 0 0 8
	City	State	Zip Code
	Woodland Hills	CA	91367
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.9193
Name of Employer Health Net, Inc.		Occupation SVP Corporate Controller	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	100.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Lawrence Naehr		Date of Receipt
	Mailing Address 2025 Aerojet Road		<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 0 2 / 2 2 / 2 0 0 8
	City	State	Zip Code
	Rancho Cordova	CA	95742
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.9197
Name of Employer Health Net Federal Services, Inc.		Occupation Executive Director	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	50.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Debra Taylor		Date of Receipt
	Mailing Address 2025 Aerojet Road		<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 0 2 / 2 2 / 2 0 0 8
	City	State	Zip Code
	Rancho Cordova	CA	95742
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> INC.A.9221
Name of Employer Health Net Federal Services, Inc.		Occupation Vice President Human Resources	Amount of Each Receipt this Period
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	50.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 47  
(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)  
Health Net, Incorporated Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Linda Tiano

Mailing Address 21650 Oxnard Street

City State Zip Code  
Woodland Hills CA 91367

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

Name of Employer Health Net, Inc. Occupation SVP General Counsel/Sec

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

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

Transaction ID: INC.A.9223

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Franklin Tom

Mailing Address 3400 Data Drive

City State Zip Code  
Rancho Cordova CA 95670

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

Name of Employer Health Net, Inc. Occupation VP Legal

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

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

Transaction ID: INC.A.9224

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Steven D. Tough

Mailing Address 2025 Aerojet Drive

City State Zip Code  
Rancho Cordova CA 95742

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

Name of Employer Health Net Federal Services Occupation President

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

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

Transaction ID: INC.A.9225

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **150.00**

**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 20 / 47  
(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)  
Health Net, Incorporated Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Virginia E. White

Mailing Address 13221 SW 68th Parkway

City State Zip Code  
Tigard OR 97223

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

Name of Employer Health Net, Inc. Occupation VP, Operations

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	0	8

**Transaction ID:** INC.A.9233

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Gay Ann Williams

Mailing Address 2800 N. 44th Street #900

City State Zip Code  
Phoenix AZ 85008

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

Name of Employer Health Net, Inc. Occupation VP State Govt Affairs

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	0	8

**Transaction ID:** INC.A.9234

Amount of Each Receipt this Period  
75.00

**C.**

Full Name (Last, First, Middle Initial)  
James E. Woys

Mailing Address 2025 Aerojet Road

City State Zip Code  
Rancho Cordova CA 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation Sr. Vice President COO, FHFS

Receipt For: 2008  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 820.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	0	8

**Transaction ID:** INC.A.9235

Amount of Each Receipt this Period  
205.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>480.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>5077.68</b>

**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)  
Health Net, Incorporated Political Action Committee

A.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: EXP.B.8960 Date of Disbursement
	Mailing Address 120 Maryland Avenue, NE	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Monetary contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="011"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Ike Skelton for Congress Committee	Transaction ID: EXP.B.8959 Date of Disbursement
	Mailing Address P. O. Box A	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Harrisonville State MO Zip Code 64701	Amount of Each Disbursement this Period
	Purpose of Disbursement Monetary contribution Candidate Name Ike Skelton	<input type="text" value="2000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 04	Category/Type <input type="text" value="011"/>
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: EXP.B.8961 Date of Disbursement
	Mailing Address 320 First Street, SE	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Monetary contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Category/Type <input type="text" value="011"/>
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="12000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
Health Net, Incorporated Political Action Committee

A.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: EXP.B.8962 Date of Disbursement
	Mailing Address 425 2nd Street, NE	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Monetary contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: EXP.B.8964 Date of Disbursement
	Mailing Address 430 S. Capitol Street, SE	<input type="text" value="02"/> / <input type="text" value="07"/> / <input type="text" value="2008"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Monetary contribution Candidate Name	<input type="text" value="5000.00"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Committee to Elect McHugh	Transaction ID: EXP.B.9097 Date of Disbursement
	Mailing Address 104 Hume Avenue	<input type="text" value="02"/> / <input type="text" value="20"/> / <input type="text" value="2008"/>
	City Alexandria State VA Zip Code 22301	Amount of Each Disbursement this Period
	Purpose of Disbursement Monetary contribution Candidate Name John M. McHugh	<input type="text" value="3500.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 23	<input type="text" value="011"/> Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="13500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

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<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)  
Health Net, Incorporated Political Action Committee

A.	Full Name (Last, First, Middle Initial) Dave Camp for Congress	Transaction ID: EXP.B.9099 Date of Disbursement
	Mailing Address 2501 Wisconsin Avenue, NW #304	<input type="text" value="02"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Washington State DC Zip Code 20007	Amount of Each Disbursement this Period
	Purpose of Disbursement Monetary contribution	<input type="text" value="2500.00"/>
	Candidate Name Dave Camp	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Jackie Speier for Congress	Transaction ID: EXP.B.9096 Date of Disbursement
	Mailing Address 2350 Taylor Street, Suite 7	<input type="text" value="02"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City San Francisco State CA Zip Code 94133	Amount of Each Disbursement this Period
	Purpose of Disbursement Monetary contribution	<input type="text" value="5000.00"/>
	Candidate Name Jackie Speier	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Walden for Congress	Transaction ID: EXP.B.9098 Date of Disbursement
	Mailing Address P. O. Box 1091	<input type="text" value="02"/> <input type="text" value="20"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Hood River State OR Zip Code 97031	Amount of Each Disbursement this Period
	Purpose of Disbursement Monetary contribution	<input type="text" value="1500.00"/>
	Candidate Name Gregory Paul Walden	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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)

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<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)  
Health Net, Incorporated Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Wyden for Senate Mailing Address P. O. Box 3498 City Portland State OR Zip Code 97208 Purpose of Disbursement Monetary contribution Candidate Name Ronald Wyden Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District:	Transaction ID: EXP.B.9100 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 8
	Amount of Each Disbursement this Period 2500.00 Category/Type 011
<b>B.</b> Full Name (Last, First, Middle Initial) Congressman Bill Young Campaign Committee Mailing Address 7981 10th Avenue South City St. Petersburg State FL Zip Code 33707-2703 Purpose of Disbursement Monetary Contribution Candidate Name Bill Young Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: FL District: 10	Transaction ID: EXP.B.9103 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 1000.00 Category/Type 011
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Mark Warner Mailing Address 10 G Street NE, Suite 470 City Washington State DC Zip Code 20002 Purpose of Disbursement Monetary Contribution Candidate Name Mark R. Warner Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District:	Transaction ID: EXP.B.9101 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 8
	Amount of Each Disbursement this Period 2000.00 Category/Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 47

<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)

Health Net, Incorporated Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Senate Majority Fund

Mailing Address 507 Capitol Court NE, #100

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Monetary Contribution

Candidate Name

011  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: EXP.B.9102

Date of Disbursement

02 / 27 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

42000.00

**Image# 28990550026**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9235**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9234**

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**Image# 28990550027**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9233**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9225**

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**Image# 28990550028**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9224**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9223**

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**Image# 28990550029**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9221**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9197**

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**Image# 28990550030**

Form/Schedule: **SA11AI** Payroll Deduction

Transaction ID: **INC.A.9193**

Form/Schedule: **SA11AI** Payroll Deduction

Transaction ID: **INC.A.9192**

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**Image# 28990550031**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9187**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9185**

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**Image# 28990550032**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9176**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9170**

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**Image# 28990550033**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9151**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9145**

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**Image# 28990550034**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9144**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9143**

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**Image# 28990550035**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9127**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9124**

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**Image# 28990550036**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9114**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9106**

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**Image# 28990550037**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9094**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9093**

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**Image# 28990550038**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9092**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9084**

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**Image# 28990550039**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9083**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9082**

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**Image# 28990550040**

Form/Schedule: **SA11AI** Payroll Deduction

Transaction ID: **INC.A.9080**

Form/Schedule: **SA11AI** Payroll Deduction

Transaction ID: **INC.A.9056**

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**Image# 28990550041**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9052**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9051**

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**Image# 28990550042**

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Transaction ID: **INC.A.9046**

Form/Schedule: **SA11AI** Payroll Deduction

Transaction ID: **INC.A.9044**

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**Image# 28990550043**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9035**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9029**

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**Image# 28990550044**

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Transaction ID: **INC.A.9010**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9004**

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**Image# 28990550045**

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Transaction ID: **INC.A.9003**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.9002**

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**Image# 28990550046**

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Transaction ID: **INC.A.8986**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.8983**

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**Image# 28990550047**

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Transaction ID: **INC.A.8973**

Form/Schedule: **SA11AI** Payroll Deduction  
Transaction ID: **INC.A.8965**

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