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January 29, 2002

Public Records Office  
Federal Election Commission  
999 F Street, NW  
Washington, D.C. 20463

Dear Filing Officer:

Please find enclosed for filing the original and two copies of:

Form 1\_\_

Form 2\_\_

Form 3\_\_

Form 3X<sub>1</sub>

for Health Net, Inc. Political Action Committee for the period 07/01/01-12/31/01.

Please return an endorsed filed copy in the enclosed self addressed envelope for our records.

Very truly yours,

*Thomas W. Hiltachk*

Thomas W. Hiltachk  
Assistant Treasurer

RECEIVED  
FEC MAIL ROOM  
2002 JAN 30 P 12:25

2002 JAN 30 P 12:25

**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.

12FE4M5

Health Net, Incorporated Political Action Committee

ADDRESS (number and street)

21650 Oxnard Street, 25th floor

Check if different than previously reported. (ACC)

Woodland Hills

CA

91367

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00230789

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(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)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

In the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

In the State of

6. Covering Period

07 01 2001

through

12 31 2001

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. HILGEMAN

Signature of Treasurer

Date

01 29 2002

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

**FEC FORM 3X**  
(Revised 1/01)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period:

From:

07 01 2001

To:

12 31 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2001		8,356.04
(b) Cash on Hand at Beginning of Reporting Period	9,130.04	
(c) Total Receipts (from Line 1B)	7,651.73	8,425.73
(d) Subtotal (add Lines B(b) and B(c) for Column A and Lines B(a) and B(c) for Column B)	16,781.77	16,781.77
7. Total Disbursements (from Line 3B)	4,000.00	4,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12,781.77	12,781.77
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period: From: 02 / 01 / 2001 To: 12 / 31 / 2001

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) .....	6,925.00	
(ii) Unitemized .....	726.73	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	7,651.73	8,425.73
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) .....	7,651.73	8,425.73
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 38, page 4) .....	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 Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	7,651.73	8,425.73
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	7,651.73	8,425.73

**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share .....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees .....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	4,000.00	4,000.00
24. Independent Expenditures (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. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	4,000.00	4,000.00
31. Total Federal Disbursements (subtract Line 21(b)(i) from Line 30) .....	4,000.00	4,000.00

**III. Net Contributions/Operating Expenditures**

32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7,651.73	8,425.73
33. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	7,651.73	8,425.73
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....	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 1 OF 4	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<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

Full Name (Last, First, Middle Initial) <b>A. Jeanine Asplund</b>		Date of Receipt 07 / 31 / 2001	
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 90.00	
FEC ID number of contributing federal political committee C		Bi-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.		Occupation Director, Premium Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. Marshall Bentley</b>		Date of Receipt 07 / 31 / 2001	
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee C		Bi-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.		Occupation VP & Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	

Full Name (Last, First, Middle Initial) <b>C. James L. Thomas</b>		Date of Receipt 07 / 31 / 2001	
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee C		Bi-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.		Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	95.00
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 2 OF 6	
	<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

Full Name (Last, First, Middle Initial) <b>A. Jeanine Asplund</b>		Date of Receipt 08 / 31 / 2001
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation Director, Premium Accounting	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) <b>B. James, L. Thomas</b>		Date of Receipt 08 / 31 / 2001
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation Medical Director	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) <b>C. Jeanine Asplund</b>		Date of Receipt 08 / 30 / 2001
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation Director, Premium Accounting	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	100.00
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 3 OF 6	
<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

Full Name (Last, First, Middle Initial) <b>A. James, L. Thomson</b>		Date of Receipt 09 / 30 / 2001
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Medical Director	31-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 240.00	

Full Name (Last, First, Middle Initial) <b>B. Jeanine Asplund</b>		Date of Receipt 10 / 31 / 2001
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Director, Premium Accounting	31-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 180.00	

Full Name (Last, First, Middle Initial) <b>C. James, L. Thomson</b>		Date of Receipt 10 / 31 / 2001
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Medical Director	31-weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 240.00	

SUBTOTAL of Receipts This Page (optional)	80.00
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 4 OF 6	
<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"/>		<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

Full Name (Last, First, Middle Initial) <b>A. Karin Mayhew</b>		Date of Receipt 11 / 19 / 2001	
Mailing Address 3400 Data Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00	
Name of Employer Health Net, Inc.		Occupation SVP Organization Effectiveness	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) <b>B. Jeanine Asplund</b>		Date of Receipt 11 / 30 / 2001	
Mailing Address 3400 Data Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 80.00	
Name of Employer Health Net, Inc.		Occupation Director, Premium Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 480.00	
		Bi-Weekly Payroll Deduction	

Full Name (Last, First, Middle Initial) <b>C. James L Thompson</b>		Date of Receipt 11 / 30 / 2001	
Mailing Address 3400 Data Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 20.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00	
Name of Employer Health Net, Inc.		Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00	
		Bi-Weekly Payroll Deduction	

SUBTOTAL of Receipts This Page (optional)	560.00
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 5 OF 6	
<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)  
Health Net, Incorporated Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Mee-Nha Edgarr</b>		Date of Receipt 12/03/2001
Mailing Address 3400 Dana Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 2,000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation VP Consulting Services	Aggregate Year-to-Date 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Jay K. Gallert</b>		Date of Receipt 12/06/2001
Mailing Address 3400 Dana Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 5,000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation President & CEO	Aggregate Year-to-Date 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Jeanine Asplund</b>		Date of Receipt 12/31/2001
Mailing Address 3400 Dana Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation Director, Premium Accounting	Aggregate Year-to-Date 460.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional)	6,040.00
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 6 OF 6	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	12	<input type="checkbox"/>	14	<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (in full)  
Health Net, Incorporated Political Action Committee

Full Name (Last, First, Middle Initial)  
**A. Karir Kayden**

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  
SVP Organization Effectiveness

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
\$40.00

Date of Receipt  
12/31/2001

Amount of Each Receipt this Period  
\$0.00

Bi-Weekly Payroll Deduction

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

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  
Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
\$40.00

Date of Receipt  
12/31/2001

Amount of Each Receipt this Period  
\$0.00

Bi-Weekly Payroll Deduction

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

Mailing Address  
City State Zip Code

FEC ID number of contributing federal political committee.  
C

Name of Employer  
Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$0.00
TOTAL This Period (last page this line number only)	\$925.00

**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 1 OF 2

21b  22  23  24  25  
 26  27  28a  28b  28c  29

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NAME OF COMMITTEE (in full)  
Health Net, Incorporated Political Action Committee

**A. Keep Our Majority PAC (KOMPAAC)**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 07 11 2001

Mailing Address: P. O. Box 20203  
City: Alexandria, VA 22320  
State: Zip Code:

Purpose of Disbursement: Monetary contribution  
Candidate Name: Keep Our Majority PAC (KOMPAAC)  
Category/Type: 011

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

Amount of Each Disbursement this Period: 1,000.00

**B. The Freedom Project**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 07 11 2001

Mailing Address: 111 C Street SE  
City: Washington, DC 20003  
State: Zip Code:

Purpose of Disbursement: Monetary contribution  
Candidate Name: The Freedom Project  
Category/Type: 015

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

Amount of Each Disbursement this Period: 1,000.00

**C. Volunteer PAC**

Full Name (Last, First, Middle Initial)  
Date of Disbursement: 07 11 2001

Mailing Address: 2000 Glen Echo Road, Suite 107  
City: Nashville, TN 37215  
State: Zip Code:

Purpose of Disbursement: Monetary contribution  
Candidate Name: Volunteer PAC  
Category/Type: 011

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

Amount of Each Disbursement this Period: 1,000.00

SUBTOTAL of Disbursements This Page (optional) ..... 3,000.00

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 2 OF 2

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

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

**A.** Congressman Waxman Campaign Committee

Full Name (Last, First, Middle Initial)  
Congressman Waxman Campaign Committee

Date of Disbursement  
MM/YY : DD : YYYY  
08 : 02 : 2001

Mailing Address  
8665 Wilshire Blvd., #220

City State Zip Code  
Seymour Hills, CA 90211

Purpose of Disbursement  
Monetary contribution

Candidate Name  
Betsy Waxman

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District: 10

Amount of Each Disbursement this Period  
1,000.00

Category/Type  
011

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement  
MM/YY : DD : YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Category/Type

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement  
MM/YY : DD : YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) ..... ▶ 1,000.00

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

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
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The Commission has added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>amp</i> PREPARER	<i>1-30-02</i> DATE PREPARED