

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

Oct 9 10 13 AM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | | |
|--|--|---|
| 1. NAME OF COMMITTEE (in full) PacificCare Health Systems, Inc. PAC | | 2. FEC IDENTIFICATION NUMBER C00240903 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 25186 | | |
| CITY, STATE and ZIP CODE Santa Ana, CA 92799 | | |
| 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) | | |

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
_____ in the State of _____

(b) Is this Report an Amendment? YES NO

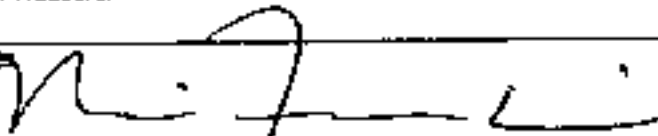
| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|---|
| 5. Covering Period <u>07/01/98</u> through <u>09/30/98</u> | | |
| 6. (a) Cash on Hand January 1, 19 <u>98</u> | | \$ 61,941.49 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 41,467.00 | |
| (c) Total Receipts (from Line 19) | \$ 16,254.94 | \$ 33,608.19 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | \$ 57,721.94 | \$ 95,549.68 |
| 7. Total Disbursements (from Line 20) | \$ 15,900.00 | \$ 53,727.74 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 41,821.94 | \$ 41,821.94 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00 | For further information contact: Federal Election Commission 889 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00 | |

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

Nick Franklin

Signature of Treasurer



Date

10-6-98

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

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

FEC FORM 3X

(revised 8/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

| NAME OF COMMITTEE | REPORT COVERING PERIOD | | |
|---|-------------------------------|---------------------------|------------|
| PacifiCare Health Systems, Inc. PAC | FROM | TO | |
| | 07/01/98 | 09/30/98 | |
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | 9,717.00 | 21,185.00 | 11(a)(i) |
| ii. Unitemized | 6,537.94 | 12,423.19 | 11(a)(ii) |
| iii. Total | 16,254.94 | 33,608.19 | 11(a)(iii) |
| b. Political Party Committees | 0.00 | 0.00 | 11(b) |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 11(c) |
| d. Total Contributions | 16,254.94 | 33,608.19 | 11(d) |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 | 12 |
| 13. All Loans Received | 0.00 | 0.00 | 13 |
| 14. Loan Repayments Received | 0.00 | 0.00 | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | 0.00 | 0.00 | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0.00 | 0.00 | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 | 18 |
| 19. Total Receipts | 16,254.94 | 33,608.19 | 19 |
| 20. Total Federal Receipts | 16,254.94 | 33,608.19 | 20 |
| | | | |
| II. Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | 0.00 | 0.00 | 21(a)(i) |
| ii. Non-Federal Share | 0.00 | 0.00 | 21(a)(ii) |
| b. Other Federal Operating Expenditures | 0.00 | 0.00 | 21(b) |
| c. Total Operating Expenditures | 0.00 | 0.00 | 21(c) |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 13,600.00 | 46,548.91 | 23 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 | 25 |
| 26. Loan Repayments Made | 0.00 | 0.00 | 26 |
| 27. Loans Made | 0.00 | 0.00 | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individual/Persons Other Than Political Committees | 0.00 | 0.00 | 28(a) |
| b. Political Party Committees | 0.00 | 0.00 | 28(b) |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 28(c) |
| d. Total Contribution Refunds | 0.00 | 0.00 | 28(d) |
| 29. Other Disbursements | 2,300.00 | 7,178.83 | 29 |
| 30. Total Disbursements | 15,900.00 | 53,727.74 | 30 |
| 31. Total Federal Disbursements | 15,900.00 | 53,727.74 | 31 |
| | | | |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 16,254.94 | 33,608.19 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 0.00 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from line 32) | 16,254.94 | 33,608.19 | 34 |
| 35. Total Federal Operating Expenditures | 0.00 | 0.00 | 35 |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36 |
| 37. Net Operating Expenditures | 0.00 | 0.00 | 37 |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER 11 a i

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)
PacifiCare Health Systems, Inc. PAC

| | | | |
|---|---|---|--|
| A. Full Name, Mailing Address and ZIP Code Dan Conrle 1420 W. Mockingbird Lane Dallas, TX 75247 | Name of Employer PacifiCare of Texas | Date (month, day, year) 07/01/98 | Amount of Each Receipt this Period 810.00 |
| | Occupation Vice President, CFO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 810.00 | | |
| B. Full Name, Mailing Address and ZIP Code Cheryl Tanigawa MD 10833 Valley View Street Cypress, CA 90630 | Name of Employer PacifiCare of California | Date (month, day, year) 09/04/98 | Amount of Each Receipt this Period 500.00 |
| | Occupation Medical Director | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00 | | |
| C. Full Name, Mailing Address and ZIP Code Michael Chiarodit 5995 Plaza Drive Cypress, CA 90630 | Name of Employer PacifiCare of California | Date (month, day, year) 09/18/98 | Amount of Each Receipt this Period 210.00 |
| | Occupation Director, Product | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 210.00 | | |
| D. Full Name, Mailing Address and ZIP Code Bradford Bowdus 630 Ramona Drive Corona del Mar, CA 92625 | Name of Employer PacifiCare of California | Date (month, day, year) Payroll Deduction | Amount of Each Receipt this Period 700.00 (\$100.00) Biweekly |
| | Occupation President and CEO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,460.00 | | |
| E. Full Name, Mailing Address and ZIP Code Pat Feyen 1420 W. Mockingbird Lane Suite 800 Dallas, TX 75247 | Name of Employer PacifiCare of Texas | Date (month, day, year) Payroll Deduction | Amount of Each Receipt this Period 350.00 (\$50.00) Biweekly |
| | Occupation President, CEO & RVP | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00 | | |
| F. Full Name, Mailing Address and ZIP Code Alan Hoops 3120 Lake Center Drive Santa Ana, CA 92704 | Name of Employer PacifiCare Health Systems | Date (month, day, year) Payroll Deduction | Amount of Each Receipt this Period 1,050.00 (\$150.00) Biweekly |
| | Occupation President & CEO | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 1,500.00 | | |
| G. Full Name, Mailing Address and ZIP Code Wanda Lee 3100 Lake Center Drive Santa Ana, CA 92704 | Name of Employer PacifiCare Health Systems | Date (month, day, year) Payroll Deduction | Amount of Each Receipt this Period 350.00 (\$50.00) Biweekly |
| | Occupation Senior Vice President, | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 500.00 | | |

SUBTOTAL of Receipts This Page (optional) 3,970.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 5
FOR LINE NUMBER 11 & 1

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)
PacifiCare Health Systems, Inc. PAC

| | | | |
|--|--|-------------------------|------------------------------------|
| A. Full Name, Mailing Address and ZIP Code Michael Reddy 10700 Valley View Street Cypress, CA 90630 | Name of Employer PacifiCare of California | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Director, Cust. Svc. Ctr. | Payroll Deduction | 210.00 (\$30.00) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 300.00 | | Biweekly) |
| B. Full Name, Mailing Address and ZIP Code Neil Toyota 10833 Valley View Street Cypress, CA 90630 | Name of Employer PacifiCare of California | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Sr. Sales Business | Payroll Deduction | 210.00 (\$30.00) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 300.00 | | Biweekly) |
| C. Full Name, Mailing Address and ZIP Code Jon Buss 3110 Lake Center Drive Santa Ana, CA 92704 | Name of Employer Secure Horizons USA | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Vice President, Prov. Svc. | Payroll Deduction | 210.00 (\$30.00) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 270.00 | | Biweekly) |
| D. Full Name, Mailing Address and ZIP Code Joseph Hall 3515 Harbor Blvd. Costa Mesa, CA 92626 | Name of Employer Prescription Solutions | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Director, Business | Payroll Deduction | 210.00 (\$30.00) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 270.00 | | Biweekly) |
| E. Full Name, Mailing Address and ZIP Code Samuel Ho 3100 Lake Center Drive Santa Ana, CA 92704 | Name of Employer PacifiCare Health Systems | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Vice President, Quality | Payroll Deduction | 700.00 (\$100.00) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 900.00 | | Biweekly) |
| F. Full Name, Mailing Address and ZIP Code James Williams 3110 Lake Center Drive Santa Ana, CA 92704 | Name of Employer PacifiCare Health Systems | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Sr. Vice Pres., Info. Tech | Payroll Deduction | 322.00 (\$46.00) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 414.00 | | Biweekly) |
| G. Full Name, Mailing Address and ZIP Code Christopher Wing 7525 S.E. 24th Street Ste. 200 Mercer Island, WA 98040 | Name of Employer PacifiCare of Washington | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation President, CEO & RVP | Payroll Deduction | 525.00 (\$75.00) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 675.00 | | Biweekly) |

SUBTOTAL of Receipts This Page (optional) 2,387.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 5
FOR LINE NUMBER 1111

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NAME OF COMMITTEE (In Full)
PacifiCare Health Systems, Inc. PAC

| | | | |
|---|--|--|---|
| A. Full Name, Mailing Address and ZIP Code Joseph De Vita 35 W. Broadway Salt Lake City, UT 84101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PacifiCare of Utah | Date (month, day, year) Payroll | Amount of Each Receipt this Period 210.00 (\$30.00) |
| | Occupation Vice President, Finance | Deduction | |
| Aggregate Year-to-Date > \$ 240.00 | | Biweekly | |
| B. Full Name, Mailing Address and ZIP Code Laurie Greenberg 525 Central Park Drive #350 Oklahoma City, OK 73105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PacifiCare of Oklahoma | Date (month, day, year) Payroll | Amount of Each Receipt this Period 280.00 (\$40.00) |
| | Occupation Director, Medical | Deduction | |
| Aggregate Year-to-Date > \$ 320.00 | | Biweekly | |
| C. Full Name, Mailing Address and ZIP Code John Kao 3120 Lake Center Drive Santa Ana, CA 92704 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PacifiCare Health Systems | Date (month, day, year) Payroll | Amount of Each Receipt this Period 210.00 (\$30.00) |
| | Occupation Sr. Vice Pres., Corp. | Deduction | |
| Aggregate Year-to-Date > \$ 240.00 | | Biweekly | |
| D. Full Name, Mailing Address and ZIP Code W. Joseph Arbanas 5408 Bay Road Freeland, WA 98249 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PacifiCare Health Systems | Date (month, day, year) Payroll | Amount of Each Receipt this Period 210.00 (\$30.00) |
| | Occupation Vice President, Human | Deduction | |
| Aggregate Year-to-Date > \$ 600.00 | | Biweekly | |
| E. Full Name, Mailing Address and ZIP Code Ronald Davis 8 Meadowgrass Irvine, CA 92714 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PacifiCare Health Systems | Date (month, day, year) Payroll | Amount of Each Receipt this Period 280.00 (\$40.00) |
| | Occupation Senior Vice President, | Deduction | |
| Aggregate Year-to-Date > \$ 530.00 | | Biweekly | |
| F. Full Name, Mailing Address and ZIP Code Fred Derancy 3657 Cliffsite Drive Rancho Palos Verdes, CA 90274 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PacifiCare Health Systems | Date (month, day, year) Payroll | Amount of Each Receipt this Period 70.00 (\$10.00) |
| | Occupation Director, Human | Deduction | |
| Aggregate Year-to-Date > \$ 320.00 | | Biweekly | |
| G. Full Name, Mailing Address and ZIP Code Patricia Douglass 2068 Dublin Drive Glendale, CA 91206 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PacifiCare Health Systems | Date (month, day, year) Payroll | Amount of Each Receipt this Period 350.00 (\$50.00) |
| | Occupation Director, Government | Deduction | |
| Aggregate Year-to-Date > \$ 900.00 | | Biweekly | |

GRAND TOTAL of Receipts This Page (optional)

1,610.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 5
FOR LINE NUMBER 11 a f

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NAME OF COMMITTEE (in Full)
PacifiCare Health Systems, Inc. PAC

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|--|-------------------------|------------------------------------|
| Gene Drahinski 2947 Calle Guadalupe San Clemente, CA 92673 | PacifiCare Health Systems | | |
| | Occupation Vice President, Health | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 600.00 | Payroll Deduction | 210.00 (\$30.00 Biweekly) |
| Robert Franklin 318 Snug Harbor Newport Beach, CA 92663 | PacifiCare Health Systems | | |
| | Occupation Senior Vice President | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 823.00 | Payroll Deduction | 350.00 (\$50.00 Biweekly) |
| Burke Gumbiner 371 Orchid Avenue Corona del Mar, CA 92625 | PacifiCare Health Systems | | |
| | Occupation Conversion Executive | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 450.00 | Payroll Deduction | 175.00 (\$25.00 Biweekly) |
| Joy Higa 2132-B Monterey Boulevard Hermosa Beach, CA 90254 | PacifiCare Health Systems | | |
| | Occupation Project Manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 230.00 | Payroll Deduction | 105.00 (\$15.00 Biweekly) |
| Leeba Lessin 13972 Midvale Whittier, CA 90602 | PacifiCare Health Systems | | |
| | Occupation Vice President, Provider | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 600.00 | Payroll Deduction | 210.00 (\$30.00 Biweekly) |
| Linda Lyons 14886 De La Valle Place Del Mar, CA 92014 | PacifiCare Health Systems | | |
| | Occupation Senior Vice President, | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 690.00 | Payroll Deduction | 280.00 (\$40.00 Biweekly) |
| Janet Newport 2421 East 16th Street #4 Newport Beach, CA 92663 | PacifiCare Health Systems | | |
| | Occupation Vice President, | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 360.00 | Payroll Deduction | 140.00 (\$20.00 Biweekly) |

SUBTOTAL of Receipts This Page (optional) 1,470.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
PacifiCare Health Systems, Inc. PAC

| | | | |
|---|--|--|---|
| <p>A. Full Name, Mailing Address and ZIP Code Ben Slinger 8204 Westlawn Avenue Los Angeles, CA 90701</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer PacifiCare Health Systems</p> <p>Occupation Director, Public Relations</p> <p>Aggregate Year-to-Date > \$ 400.00</p> | <p>Date (month, day, year)</p> <p>Payroll Deduction</p> | <p>Amount of Each Receipt this Period 140.00 (\$20.00 Biweekly)</p> |
| <p>B. Full Name, Mailing Address and ZIP Code Glenn Terwilliger 29628 Woodbrook Drive Agoura Hills, CA 91301</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer PacifiCare Health Systems</p> <p>Occupation Underwriting, Vice</p> <p>Aggregate Year-to-Date > \$ 400.00</p> | <p>Date (month, day, year)</p> <p>Payroll Deduction</p> | <p>Amount of Each Receipt this Period 140.00 (\$20.00 Biweekly)</p> |
| <p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |
| <p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p> | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p> | <p>Date (month, day, year)</p> | <p>Amount of Each Receipt this Period</p> |

SUBTOTAL of Receipts This Page (optional) **280.00**

TOTAL This Period (last page this line number only) **9,717.00**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
PacifiCare Health Systems, Inc. PAC

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Friends of Sam Johnson 1912 Avenue K Suite 206 Plano, TX 75075 | Sam Johnson, U.S. HOUSE 3rd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 07/20/98 | 1,000.00 |
| B. Full Name, Mailing Address and ZIP Code Next American Century PAC 1155 21st St., N.W. Suite 300 Washington, DC 20036 | Rep. Pryce's leadership PAC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 08/04/98 | 1,000.00 |
| C. Full Name, Mailing Address and ZIP Code Bill Schroeder to Congress 6436 West Frost Drive Littleton, CO 80128 | Bill Schroeder, U.S. HOUSE CO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 08/06/98 | 500.00 |
| D. Full Name, Mailing Address and ZIP Code Steuholm for Congress P. O. Box 5879 Abilene, TX 79608-5879 | Charles Steuholm, U.S. HOUSE 17th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 08/13/98 | 500.00 |
| E. Full Name, Mailing Address and ZIP Code Texas Health Plan PAC 1115 San Jacinto Suite 275 Austin, TX 78701 | TX. Assoc. of Health Plans PAC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 08/13/98 | 400.00 |
| F. Full Name, Mailing Address and ZIP Code Campbell Victory Fund P. O. Box 480166 Denver, CO 80248 | Ben Campbell, U.S. SENATE CO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 08/17/98 | 2,000.00 |
| G. Full Name, Mailing Address and ZIP Code Wilson for President 160 Newport Center Drive Newport Beach, CA 92660 | Pete Wilson, GOVERNOR OF CA CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 08/18/98 | 200.00 |
| H. Full Name, Mailing Address and ZIP Code Randy Hoffman for Congress P. O. Box 16751 Oakland, CA 94616-6751 | Hoffman, U.S. HOUSE 24th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 08/18/98 | 500.00 |
| I. Full Name, Mailing Address and ZIP Code Friends of John Boehner 7908-1 Cincinnati Dayton Road West Chester, OH 45069 | John Boehner, U.S. HOUSE 8th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 08/25/98 | 1,000.00 |

SUBTOTAL of Disbursements This Page (optional)

7,100.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 23

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)
PacifiCare Health Systems, Inc. PAC

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Royce Campaign Committee Post Office Box 6765 Fullerton, CA 92834 | Ed Royce, U.S. HOUSE 39th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 09/01/98 | 500.00 |
| Royce Campaign Committee Post Office Box 6765 Fullerton, CA 92834 | Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 09/02/98 | -500.00 |
| Royce Campaign Committee Post Office Box 6765 Fullerton, CA 92834 | Ed Royce, U.S. HOUSE 39th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 09/02/98 | 1,000.00 |
| The New Democrat Network 501 Capitol Court Washington, DC 20002 | PAC contribution re: fundraiser for Rep. Dooley Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 09/03/98 | 1,000.00 |
| Friends of Sam Johnson 1912 Avenue K Suite 206 Plano, TX 75075 | Sam Johnson, U.S. HOUSE 3rd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 09/03/98 | 500.00 |
| J.D. Hayworth for Congress P. O. Box 14273 Scottsdale, AZ 85267 | J.D. Hayworth, U.S. HOUSE 6th AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 09/11/98 | 500.00 |
| Xavier Becerra for Congress P. O. Box 75214 Washington, DC 20013-5214 | Xavier Becerra, U.S. HOUSE 30th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 09/11/98 | 500.00 |
| Mait Fong, U.S. Senate Committee 770 L Street Rm. 900 Sacramento, CA 95814 | Mait Fong, U.S. SENATE CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 09/14/98 | 1,000.00 |
| Ensign for Senate 405 South Decatur Las Vegas, NV 89107 | John Ensign, U.S. HOUSE 1th NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 09/18/98 | 500.00 |

SUBTOTAL of Disbursements This Page (optional)

5,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER 23

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)
PacifiCare Health Systems, Inc. PAC

| A. Full Name, Mailing Address and ZIP Code Brian Bilbray for Congress 970 Seacoast Drive Imperial Beach, CA 91932 | Purpose of Disbursement Brian Bilbray, U.S. HOUSE 49th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | Date (month, day, year) 09/22/98 | Amount of Each Disbursement This Period 1,000.00 |
|--|---|--|---|
| B. Full Name, Mailing Address and ZIP Code Republican Majority Fund P. O. Box 19897 Alexandria, VA 22320-0897 | Purpose of Disbursement Senator Don Nickles Leadership PAC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | Date (month, day, year) 09/22/98 | Amount of Each Disbursement This Period 1,000.00 |
| C. Full Name, Mailing Address and ZIP Code Republican Majority Fund P. O. Box 19897 Alexandria, VA 22320-0897 | Purpose of Disbursement Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | Date (month, day, year) 09/28/98 | Amount of Each Disbursement This Period -1,000.00 |
| D. Full Name, Mailing Address and ZIP Code Pete Sessions for Congress P. O. Box 38585 Dallas, TX 75238-0585 | Purpose of Disbursement Sessions, U.S. HOUSE 5th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | Date (month, day, year) 09/30/98 | Amount of Each Disbursement This Period 500.00 |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|--|-----------|
| SUBTOTAL of Disbursements This Page (optional) | 1,500.00 |
| TOTAL This Period (last page this line number only) | 13,600.00 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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)
PacifiCare Health Systems, Inc. PAC

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Elect Susan Gerard 126 W. Northview Avenue Phoenix, AZ 85021 | Susan Gerard, STATE HOUSE REP. 18th AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 07/14/98 | 300.00 |
| B. Full Name, Mailing Address and ZIP Code Texans for John Cornyn P. O. Box 161255 Austin, TX 78716-1255 | Cornyn, ATTORNEY GENERAL TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 08/13/98 | 1,000.00 |
| C. Full Name, Mailing Address and ZIP Code The Republican Senate Campaign Committee 57 E. Gay Street Columbus, OH 43215 | Contribution to State party Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 09/03/98 | 500.00 |
| D. Full Name, Mailing Address and ZIP Code Friends of Kyle Janek 3323 Richmond #C Houston, TX 77098 | Janek, STATE HOUSE REP. 134th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998 | 09/30/98 | 500.00 |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

SUBTOTAL of Disbursements This Page (optional)

2,300.00

TOTAL This Period (last page this line number only)

2,300.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

| | |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> Hand Delivered | Date of Receipt <i>10-9-98</i> |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED |
| <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>SEP</i> PREPARER | <i>10-9-98</i> DATE PREPARED |