

RECEIVED
FEC MAIL ROOM
2002 AUG 20 P 2:49

BELL, McANDREWS, HILTACHK & DAVIDIAN, LLP

ATTORNEYS AND COUNSELORS AT LAW

455 CAPITOL MALL, SUITE 801

SACRAMENTO, CALIFORNIA 95814

(916) 442-7757

FAX (916) 442-7759

CHARLES H. BELL, JR.
COLLEEN C. McANDREWS
THOMAS W. HILTACHK
BEN DAVIDIAN
JOSEPH A. GUARDARRANA
ALLISON R. HAYWARD
OF COUNSEL

1441 FOURTH STREET
SANTA MONICA, CA 90401
(310) 450-1408
FAX (310) 200-2886
www.bmsllaw.com

August 19, 2002

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

Dear Filing Officer:

Please find enclosed for filing the original and one copy of:

Form 1___

Form 2___

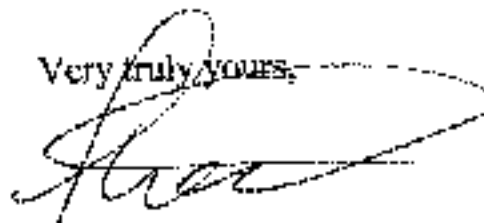
Form 3___

Form 3X X

for Health Net, Inc. Political Action Committee for the period 07/01/02-07/31/02.

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

Very truly yours,



Thomas W. Hiltachk
Assistant Treasurer

2002 AUG 20 10 57 AM '02

RECEIVED
FEC MAIL ROOM

2002 AUG 20 P 2:49

**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.

12FB4NS

Health, Neb. Incorporated Political Action Committee

ADDRESS (number and street)

21650 Concord Street, 25th Floor

Check if different than previously reported (ACC)

Woodland Hills

CA

91367

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

CD0210789

3. IS THIS REPORT

NEW

(N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On:

Feb 28 (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 PRS-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

5. Covering Period

07/01/2002

through

07/31/2002

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 R. Hiltachik

Signature of Treasurer

Date

07/19/2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §497c.

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 2002

To:

07 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		12,751.77
(b) Cash on Hand at Beginning of Reporting Period	5,752.53	
(c) Total Receipts (from Line 19)	2,242.46	12,993.22
(e) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7,994.99	25,644.99
7. Total Disbursements (from Line 30)	1,700.00	19,400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6,244.99	6,244.99
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 3M)

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period:

From:

07 01 2002

To:

07 31 2002

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 (see Schedule A)	1,058.46	
(ii) Unitemized	194.00	
(iii) TOTAL (add Lines 11(A)(i) and (ii))	1,242.46	11,863.22
(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)	1,242.46	11,863.22
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 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	1,000.00	1,000.00
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)	2,242.46	12,863.22
20. Total Federal Receipts (subtract Line 18 from Line 19)	2,242.46	12,863.22

DETAILED SUMMARY PAGE

of Disbursements

FEI 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 H ⁴):		
(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	1,000.00	18,500.00
24. Independent Expenditures (see Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §411a(d)) (see 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	200.00
(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	200.00
29. Other Disbursements	700.00	700.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	1,700.00	19,400.00
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	1,700.00	19,400.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	1,242.46	11,863.22
33. Total Contribution Refunds (from Line 28(d))	0.00	200.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	1,242.46	11,663.22
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
36. Offset 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: OF 6	
<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) A. Patricia Clancy		Date of Receipt 07/31/2002
Mailing Address 21650 Concord Street 22nd Floor City: Woodland Hills, CA 91367		Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee C		Bi-Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 606.00	

Full Name (Last, First, Middle Initial) B. Peter G. Duggan		Date of Receipt 07/31/2002
Mailing Address 21650 Concord Street City: Woodland Hills, CA 91367		Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee C		Bi-Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP Commercial Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. David J. Friedman		Date of Receipt 07/31/2002
Mailing Address 3400 Dana Drive City: Rancho Cordova, CA 95670		Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee C		Bi-Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation SVE and General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

SUBTOTAL of Receipts This Page (optional)	120.00
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 Debited Salary Page		FOR LINE NUMBER: (check only one)		PAGE 2 OF 2	
<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	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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) A. Lisa J. Haines		Date of Receipt 07 31 2002
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 38.46
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Dir. Public Relations	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 263.22	

Full Name (Last, First, Middle Initial) B. Lisa Kalmation		Date of Receipt 07 31 2002
Mailing Address 21281 Burbank Blvd. City Woodland Hills, CA 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 VP Public Relations	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 325.00	

Full Name (Last, First, Middle Initial) C. Susan M. Klarner		Date of Receipt 07 31 2002
Mailing Address 125 Technology Drive City Irvine, CA 92718		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net Dental	Occupation VP Provider Services	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional)	138.46
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 1 OF 1
 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. Karin Mayhew
 Full Name (Last, First, Middle Initial)
 Mailing Address
 3400 Data Drive
 City State Zip Code
 Rancho Cordova, CA 95670
 Date of Receipt
 10/27/2002
 Amount of Each Receipt this Period
 40.00
 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
 300.00

B. Timothy J. Moore
 Full Name (Last, First, Middle Initial)
 Mailing Address
 3400 Data Drive
 City State Zip Code
 Rancho Cordova, CA 95670
 Date of Receipt
 10/27/2002
 Amount of Each Receipt this Period
 600.00
 FEC ID number of contributing federal political committee
 C
 Name of Employer
 Health Net, Inc.
 Occupation
 Chief Medical Officer
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date
 600.00

C. David M. Olson
 Full Name (Last, First, Middle Initial)
 Mailing Address
 3400 Data Drive
 City State Zip Code
 Rancho Cordova, CA 95670
 Date of Receipt
 10/27/2002
 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 Investor Relations
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date
 350.00

SUBTOTAL of Receipts This Page (optional) 170.00
 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"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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) A. Steven Ruffin		Date of Receipt 07/31/2002
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 VP & Chief Medical Officer	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Lee Shelton		Date of Receipt 07/31/2002
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation VP State Govt. Affairs	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Thomas V. Smith		Date of Receipt 07/31/2002
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 Dir. Natl. Mgt. and Events	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	130.00
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 8	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12		
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Franklin Tom		Date of Receipt 06/27/03
Mailing Address 3400 Dana Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee C		Bi-Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP Legal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) B. Jennifer Hurbert Vargas		Date of Receipt 06/27/03
Mailing Address 3400 Dana Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee C		Bi-Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation SVP General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. Curtis Rescoe		Date of Receipt 06/27/03
Mailing Address 21550 Emerald Street City State Zip Code Wagland Hills, CA 91367		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee C		Bi-Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation SVP General Counsel/Secy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

2003 JUN 27 10:33 AM 770

**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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 17

All information copied from such Reports and Statements may not be sent or used by any person for the purpose of making 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) A. Michael White		Date of Receipt 07/31/2003
Mailing Address 3400 Dana Drive City State Zip Code Palo Alto, CA 94301		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee C	Name of Employer Health Net, Inc.	Occupation SVP Treasurer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 750.00	Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address City State Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address City State Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee C	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (use page this line number only)	1,050.46

**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 1

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

Full Name (Last, First, Middle Initial)

A. Steve Israel for Congress Committee

Mailing Address

15 Ormond Street

City

State

Zip Code

Dix Hills, NY 11746

FEC ID number of contributing federal political committee

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

07/15/2002

Amount of Each Receipt this Period

1,000.00

Voided check

Full Name (Last, First, Middle Initial)

B.

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

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)

1,000.00

TOTAL This Period (last page this line number only)

1,000.00

**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 1

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 28	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c
<input type="checkbox"/> 29				

Any information copied from such Reports and Statements may not be read 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)
Search Net, Incorporated Political Action Committee

Full Name (Last, First, Middle Initial) A. Friends of Chris Dodd 2004		Date of Disbursement Month: 07 Year: 2002
Mailing Address P. O. Box 378781		Amount of Each Disbursement this Period 1,000.00
City: West Hartford, CT Zip Code: 06122		
Purpose of Disbursement Monetary Contribution		Category/Type 011
Candidate Name Christopher J. Dodd		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code		
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code		
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

2002-07-23 10:37:03 41.45.55

**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 1

<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25
<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c

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) A. Arizonans for Greene		Date of Disbursement Jan 20 2002
Mailing Address P. O. Box 32244		Amount of Each Disbursement this Period 300.00
City State Zip Code Phoenix, AZ 85064		
Purpose of Disbursement Attorney General, State of Arizona		Category/Type
Candidate Name John Greene		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AZ District		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code		
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District		


Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code		
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District		

SUBTOTAL of Disbursements This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

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 8-20-02
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C)
<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	
 PREPARER		8-20-02 DATE PREPARED

03 . 770 . 4167
 03 . 770 . 4167