



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Health Net, Incorporated Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		103806.96
(b) Cash on Hand at Beginning of Reporting Period.....	109816.50	
(c) Total Receipts (from Line 19) .....	6926.06	77235.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	116742.56	181042.56
7. Total Disbursements (from Line 31).....	35200.00	99500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	81542.56	81542.56
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Health Net, Incorporated Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

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).....	6772.30	59005.93
(ii) Unitemized .....	153.76	18229.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6926.06	77235.60
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	6926.06	77235.60
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	6926.06	77235.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6926.06	77235.60

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	35000.00	94500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	200.00	5000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35200.00	99500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35200.00	99500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6926.06	77235.60
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6926.06	77235.60
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 216  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Sharon Rae Almany**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21271 Burbank Blvd.  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP Membership  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32401**  
 Amount of Each Receipt this Period  
**25.00**

**B. Jennifer Barrows**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13221 SW 68th Parkway, Suite 200  
 City Portland State OR Zip Code 97223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Occupation Vice President Marketing & Product Dev  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32402**  
 Amount of Each Receipt this Period  
**38.00**

**C. Dennis M. Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Vice President, Real Estate Management  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32403**  
 Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **113.00**  
**TOTAL** This Period (last page this line number only)..... ►

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32401

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32402

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32403

Payroll Deduction

Form/Schedule:

Transaction ID:



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

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

FOR LINE NUMBER: PAGE 9 OF 216  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. John Bell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services Occupation Director, VA Programs, Recovery Audit  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32404**  
 Amount of Each Receipt this Period  
 10.00

**B. Marshall Bentley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 180 Grand Avenue  
 City Oakland State CA Zip Code 94612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP, Legal Affairs  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32405**  
 Amount of Each Receipt this Period  
 25.00

**C. Ray Nan Berry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc. Occupation Chief Quality Officer  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32406**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32404

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32405

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32406

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 12 OF 216
<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)  
**A. Richard Bloomquist**

Mailing Address 222 Central Park Avenue, Suite 184

City Virginia Beach	State VA	Zip Code 23462
------------------------	-------------	-------------------

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

Name of Employer Health Net Federal Services, Inc.	Occupation VP, Optimization
---	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	12	/	2014

**Transaction ID : INCA32408**

Amount of Each Receipt this Period  

25.00
-------

Full Name (Last, First, Middle Initial)  
**B. Steven R. Boettcher**

Mailing Address 21650 Oxnard Street

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation Vice President, Talent Management & Or
--------------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	12	/	2014

**Transaction ID : INCA32409**

Amount of Each Receipt this Period  

35.00
-------

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

Mailing Address 2025 Aerojet Road

City Rancho Cordova	State CA	Zip Code 95742
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FEC ID number of contributing federal political committee. **C**

Name of Employer Health Net Federal Services, Inc.	Occupation VP, Claims Admin & Enroll Svcs
---	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1538.40**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	12	/	2014

**Transaction ID : INCA32410**

Amount of Each Receipt this Period  

76.92
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>136.92</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32408

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32409

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32410

Payroll Deduction

Form/Schedule:

Transaction ID:

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 216  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

Full Name (Last, First, Middle Initial)  
**A. Terry F. Boquet**

Mailing Address 2025 Aerojet Drive

City	State	Zip Code
Rancho Cordova	CA	95742

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

Name of Employer	Occupation
Health Net Federal Services, Inc.	Dir, Finance

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : INCA32411**

Amount of Each Receipt this Period  
**200.00**

Full Name (Last, First, Middle Initial)  
**B. Shannon Borges**

Mailing Address 7755 Center Avenue, Suite 700

City	State	Zip Code
Huntington Beach	CA	92647

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

Name of Employer	Occupation
Health Net of California	Director, Sales IV

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : INCA32412**

Amount of Each Receipt this Period  
**38.00**

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

Mailing Address 7755 Center Avenue, Suite 700

City	State	Zip Code
Huntington Beach	CA	92647

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

Name of Employer	Occupation
Health Net of California	Director, Sales IV

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : INCA32413**

Amount of Each Receipt this Period  
**38.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>96.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32411

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32412

Payroll Deduction



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32413

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 216
<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)  
**A. Mark Brooks**

Mailing Address 11971 Foundation Place, Suite C

City Rancho Cordova	State CA	Zip Code 95670
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FEC ID number of contributing federal political committee. **C**

Name of Employer Health Net, Inc.	Occupation Chief Technology Officer
--------------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M / D D / Y Y Y Y Y
09 / 12 / 2014

**Transaction ID : INCA32414**

Amount of Each Receipt this Period  

99.00
-------

**300.00**

Full Name (Last, First, Middle Initial)  
**B. Patricia A. Buss**

Mailing Address 2107 Wilson Blvd.

City Arlington	State VA	Zip Code 22201
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FEC ID number of contributing federal political committee. **C**

Name of Employer Health Net Federal Services, Inc.	Occupation Senior Medical Director
---	---------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M / D D / Y Y Y Y Y
09 / 12 / 2014

**Transaction ID : INCA32415**

Amount of Each Receipt this Period  

99.00
-------

**50.00**

Full Name (Last, First, Middle Initial)  
**c. Mary T. Buster**

Mailing Address 2025 Aerojet Drive

City Rancho Cordova	State CA	Zip Code 95742
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FEC ID number of contributing federal political committee. **C**

Name of Employer Health Net Inc.	Occupation Director Referral & Auth Ops
-------------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M / D D / Y Y Y Y Y
09 / 12 / 2014

**Transaction ID : INCA32416**

Amount of Each Receipt this Period  

99.00
-------

**19.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>99.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32414

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32415

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32416

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 21 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Robert Bythewood**  
Full Name (Last, First, Middle Initial)

Mailing Address PCS Box 8023

City State Zip Code  
Cherry Point NC 28533

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
09 / 12 / 2014

**Transaction ID : INCA32417**

Amount of Each Receipt this Period  
10.00

**B. Christopher F. Cameron**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City State Zip Code  
Rancho Cordova CA 95742

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

Name of Employer Occupation  
Health Net Federal Services Enterprise Portfolio Management Office

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
09 / 12 / 2014

**Transaction ID : INCA32418**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 11971 Foundation Place, Suite C

City State Zip Code  
Rancho Cordova CA 95670

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

Name of Employer Occupation  
Health Net of California, Inc. Director, Claims

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
09 / 12 / 2014

**Transaction ID : INCA32419**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32417

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32418

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32419

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 24 OF 216
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2107 Wilson Blvd., Suite 900

City State Zip Code  
Arlington VA 22201

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2014

**Transaction ID : INCA32420**

Amount of Each Receipt this Period  
50.00

**B. Theresa Casey**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City State Zip Code  
Woodland Hills CA 91367

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

Name of Employer Occupation  
Health Net, Inc. Director Finance

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2014

**Transaction ID : INCA32421**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 13221 SW 68th Parkway

City State Zip Code  
Tigard OR 97223

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

Name of Employer Occupation  
Health Net of Oregon VP, Provider Network Mgt.

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
570.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2014

**Transaction ID : INCA32422**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32420

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32421

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32422

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 27 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Debra Chase**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21281 Burbank Blvd.  
City Woodland Hills State CA Zip Code 91367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net, Inc. Occupation VP Administrative Services  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
09 / 12 / 2014  
**Transaction ID : INCA32423**  
Amount of Each Receipt this Period  
**300.00**

**B. Daniel C. Chick**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1201 K Street, Suite 1815  
City Sacramento State CA Zip Code 95814  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net of California, Inc. Occupation Director, Government Affairs  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **580.00**

Date of Receipt  
09 / 12 / 2014  
**Transaction ID : INCA32424**  
Amount of Each Receipt this Period  
**29.00**

**C. Patricia Clarey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21650 Oxnard Street  
22nd Floor  
City Woodland Hills State CA Zip Code 91367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net, Inc. Occupation SVP, Chief Regulatory & External Rela  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
09 / 12 / 2014  
**Transaction ID : INCA32425**  
Amount of Each Receipt this Period  
**38.00**

**SUBTOTAL** of Receipts This Page (optional)..... **97.00**  
**TOTAL** This Period (last page this line number only).....

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32423

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32424

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32425

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 30 OF 216
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. William J. Dobbertin**  
Full Name (Last, First, Middle Initial)

Mailing Address 4027 Colonel Glenn Hwy, 4th Floor

City State Zip Code  
Beaver Creek OH 45431

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

Name of Employer Occupation  
Health Net, Inc. Director, Provider Network Management

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2014

**Transaction ID : INCA32427**

Amount of Each Receipt this Period  
10.00

**B. Joanne Dunsmore**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd.

City State Zip Code  
Arlington VA 22201

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2014

**Transaction ID : INCA32428**

Amount of Each Receipt this Period  
20.00

**C. Ezra Martin Easley, Sr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City State Zip Code  
Rancho Cordova CA 95742

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

Name of Employer Occupation  
Health Net Federal Services Director, Patient Appointment Services

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2014

**Transaction ID : INCA32429**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32427

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32428

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32429

Payroll Deduction

Form/Schedule:

Transaction ID:



**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 33 OF 216
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Chris D. Ellertson**  
Full Name (Last, First, Middle Initial)

Mailing Address 12897 SW Creekshire Drive

City Tigard State OR Zip Code 97223

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

Name of Employer Health Net, Inc. Occupation V.P. Provider Network Management

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : INCA32431**

Amount of Each Receipt this Period  
**200.00**

**B. Daria A. Eppley**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation VP, Access to Data

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : INCA32432**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 1015 North Manchester Street

City Arlington State VA Zip Code 22205

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

Name of Employer Health Net Federal Services, LLC Occupation Lawyer

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : INCA32433**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **110.00**

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32431

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32432

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32433

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 36 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. David R. Feniger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Executive Counsel  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **840.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32434**  
 Amount of Each Receipt this Period  
**42.00**

**B. Brian J. Fields**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21550 Oxnard Street, Suite 1080  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Vice President, Asst. General Counsel  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32435**  
 Amount of Each Receipt this Period  
**38.00**

**C. David J. Friedman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3400 Data Drive  
 City Rancho Cordova State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP, State Health Programs  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32436**  
 Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **120.00**  
**TOTAL** This Period (last page this line number only)..... ►

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32434

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32435

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32436

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 39 OF 216
<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. Jenny Geraty</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : INCA32437</b>
Mailing Address 2025 Aerojet Drive		Amount of Each Receipt this Period 19.00
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net Federal Services, Inc.	Occupation Director Performance Development & Sup	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. Paul A. Gilbertson</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : INCA32438</b>
Mailing Address 2025 Aerojet Road		Amount of Each Receipt this Period 75.00
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net Federal Services, Inc.	Occupation Operations Officer	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) <b>C. Jody Giordano</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014 <b>Transaction ID : INCA32439</b>
Mailing Address 21650 Oxnard Street		Amount of Each Receipt this Period 50.00
City Woodland Hills	State CA	Zip Code 91367
FEC ID number of contributing federal political committee. C		
Name of Employer HealthNet of California	Occupation Vice President of Underwriting	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	144.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32437

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32438

Payroll Deduction



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32439

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 42 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Robert R. Green**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova	State CA	Zip Code 95742
------------------------	-------------	-------------------

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : INCA32441**

Amount of Each Receipt this Period  

92.00
-------

**35.00**

**B. Pamela Gregg**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net of California	Occupation Director, Compliance
--	------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : INCA32442**

Amount of Each Receipt this Period  

92.00
-------

**19.00**

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

Mailing Address 180 Grand Avenue

City Oakland	State CA	Zip Code 94612
-----------------	-------------	-------------------

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

Name of Employer Health Net of California	Occupation Director of Sales IV
--	------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : INCA32444**

Amount of Each Receipt this Period  

92.00
-------

**38.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>92.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32441

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32442

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32444

Payroll Deduction

Form/Schedule:

Transaction ID:



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32445

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32446

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32447

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 48 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Jaimee E. Hemphill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Occupation VP, Project Portfolio Planning & Deliv  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32448**  
 Amount of Each Receipt this Period  
 35.00

**B. Nicolas Hiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 N. Finance Center Drive, Suite  
 City Tucson State AZ Zip Code 85710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Pharmacy Services Occupation Director, Pharmacy  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32450**  
 Amount of Each Receipt this Period  
 19.00

**C. Donna Hoffmeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 Wilson Blvd., Suite 900  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc. Occupation Program Officer - VA Services  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32451**  
 Amount of Each Receipt this Period  
 38.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32448

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32450

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32451

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 51 OF 216
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Lisa Hynes**  
Full Name (Last, First, Middle Initial)

Mailing Address 13221 SW 68th Parkway, Suite 200

City Portland	State OR	Zip Code 97223
------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation Manager, Provider Contracting
--------------------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : INCA32454**

Amount of Each Receipt this Period  

25.00
-------

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

Mailing Address 2025 Aerojet Road

City Rancho Cordova	State CA	Zip Code 95742
------------------------	-------------	-------------------

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : INCA32455**

Amount of Each Receipt this Period  

20.00
-------

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

Mailing Address 2025 Aerojet Road

City Rancho Cordova	State CA	Zip Code 95742
------------------------	-------------	-------------------

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

Name of Employer Health Net Federal Services, Inc.	Occupation Director, Case Management
---	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : INCA32456**

Amount of Each Receipt this Period  

20.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>65.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32454

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32455

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32456

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 54 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Kieffer, George B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Spokesman  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32457**  
 Amount of Each Receipt this Period  
 200.00

**B. Joseph K. Klinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services Occupation Executive Counsel  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32458**  
 Amount of Each Receipt this Period  
 38.00

**C. Anthony J. Koelker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 Wilson Blvd.  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services Occupation VP, Provider Network Management  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32460**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	98.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32457

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32458

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32460

Payroll Deduction

Form/Schedule:

Transaction ID:



**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 57 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. David Kosterman**  
Full Name (Last, First, Middle Initial)

Mailing Address 11971 Foundation Place, Suite C

City Rancho Cordova	State CA	Zip Code 95670
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation Dir, IT Business Consulting
--------------------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : INCA32461**

Amount of Each Receipt this Period  

<b>35.00</b>
--------------

**B. Robert Kuecks**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation Vice President, Actuarial Services
--------------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : INCA32462**

Amount of Each Receipt this Period  

<b>20.00</b>
--------------

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

Mailing Address 21281 Burbank Blvd.

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net Inc.	Occupation VP, Medicare Programs
-------------------------------------	-------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : INCA32463**

Amount of Each Receipt this Period  

<b>25.00</b>
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>80.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32461

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32462

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32463

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 60 OF 216
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Karen M. Ledsky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Central Park Avenue, Suite 184  
 City Virginia Beach State VA Zip Code 23462  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc. Occupation Dir. of Provider Network Mgmt.  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32464**  
 Amount of Each Receipt this Period  
 10.00

**B. Sharon Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3400 Data Drive  
 City Rancho Cordova State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP Org. Effectiveness  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32465**  
 Amount of Each Receipt this Period  
 15.00

**c. Fidel G. Ligsay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services Occupation VP Call Centers  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32466**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 45.00  
**TOTAL** This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32464

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32465

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32466

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 63 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Lori A. Long**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd.

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Health Net Director, Public Policy & Government R

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1160.00

Date of Receipt  
09 / 12 / 2014  
Transaction ID : **INCA32467**

Amount of Each Receipt this Period  
58.00

**B. Denise Louie**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City State Zip Code  
Woodland Hills CA 91367

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

Name of Employer Occupation  
Health Net of California Senior Counsel

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
09 / 12 / 2014  
Transaction ID : **INCA32468**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 21650 Oxnard Street

City State Zip Code  
Woodland Hills CA 91367

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

Name of Employer Occupation  
Health Net, Inc. Asst. Treasurer and Director

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
09 / 12 / 2014  
Transaction ID : **INCA32469**

Amount of Each Receipt this Period  
10.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 88.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32467

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32468

Payroll Deduction



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32469

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 66 OF 216
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Lisa Maher**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Drive

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services Occupation Director, Legal & Reg Compliance

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : INCA32470**

Amount of Each Receipt this Period  
**19.00**

**B. Karin Mayhew**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : INCA32471**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 21281 Burbank Boulevard

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation VP Membership Acct & Eligibility

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : INCA32472**

Amount of Each Receipt this Period  
**19.00**

**SUBTOTAL** of Receipts This Page (optional)..... **88.00**

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32470

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32471

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32472

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 69 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Kevin Meier**  
Full Name (Last, First, Middle Initial)

Mailing Address 13221 SW 68th Parkway

City Tigard State OR Zip Code 97223

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

Name of Employer Health Net of Oregon Occupation Director Sales II

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : INCA32473**

Amount of Each Receipt this Period  
**200.00**

**B. Steven A. Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Drive

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services Occupation VP, Controller

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : INCA32474**

Amount of Each Receipt this Period  
**25.00**

**C. Susan K. W. Misura**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services Occupation Director, Call Center

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : INCA32475**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32473

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32474

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32475

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 72 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Marie Montgomery**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : INCA32476**

Amount of Each Receipt this Period  

40.00
-------

**B. Jennifer A. Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 21281 Burbank Blvd.

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation VP Provider Network Management
--------------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : INCA32477**

Amount of Each Receipt this Period  

40.00
-------

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

Mailing Address 2025 Aerojet Road

City Rancho Cordova	State Ca	Zip Code 95742
------------------------	-------------	-------------------

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

Name of Employer Health Net Federal Services, Inc.	Occupation VP Healthcare Services
---	--------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2014

**Transaction ID : INCA32478**

Amount of Each Receipt this Period  

19.23
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>99.23</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32476

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32477

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32478

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 75 OF 216
<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. Adrienne Biggert Morrell</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014
Mailing Address 2107 Wilson Blvd.		<b>Transaction ID : INCA32479</b>
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Health Net, Inc.	Occupation VP Government Relations	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Lawrence Naehr</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014
Mailing Address 2107 Wilson Blvd.		<b>Transaction ID : INCA32480</b>
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Health Net Federal Services, Inc.	Occupation VP, Optimization	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Gary Neiman</b>		Date of Receipt MM / DD / YYYY 09 / 12 / 2014
Mailing Address 11031 Sun Center Drive		<b>Transaction ID : INCA32481</b>
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 16.00
Name of Employer Health Net, Inc.	Occupation VP, Customer Contact Centers	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32479

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32480

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32481

Payroll Deduction

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 78 OF 216  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Chad S. Niles**  
 Mailing Address 1230 West Washington Street, Suite  
 City State Zip Code  
 Tempe AZ 85281  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Net of Arizona, Inc. Regional Vice President of Large Group  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 720.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32482**  
 Amount of Each Receipt this Period  
 36.00

Full Name (Last, First, Middle Initial)  
**B. Kathy A. O'Brien**  
 Mailing Address 2015 B Aerojet  
 City State Zip Code  
 Rancho Cordova CA 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Net, Inc. VP, Organization Effectiveness  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32483**  
 Amount of Each Receipt this Period  
 10.00

Full Name (Last, First, Middle Initial)  
**C. Pierre Pendergrass**  
 Mailing Address 21650 Oxnard Street  
 City State Zip Code  
 Woodland Hills CA 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Net, Inc. Attorney at Law  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32484**  
 Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 81.00  
**TOTAL** This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32482

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32483

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32484

Payroll Deduction

Form/Schedule:

Transaction ID:



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

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

FOR LINE NUMBER: PAGE 81 OF 216  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Lynn Pettitt**

Mailing Address 13221 SW 68th Parkway

City State Zip Code  
 Tigard OR 97223

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

Name of Employer Occupation  
 Health Net Inc. Director Pharmacy

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : INCA32485**

Amount of Each Receipt this Period  
 19.00

Full Name (Last, First, Middle Initial)  
**B. John Wade Rindlaub, Jr.**

Mailing Address 21650 Oxnard Street

City State Zip Code  
 Woodland Hills CA 91367

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

Name of Employer Occupation  
 Health Net VP of Marketing

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : INCA32487**

Amount of Each Receipt this Period  
 20.00

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

Mailing Address 2025 Aerojet Road

City State Zip Code  
 Rancho Cordova CA 95742

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

Name of Employer Occupation  
 Health Net Federal Services, Inc. Manager, Data Analysis

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : INCA32488**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 69.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32485

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32487

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32488

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 84 OF 216
<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)  
**A. Matthew M. Ruest**

Mailing Address 2107 Wilson Blvd, Suite 900

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Health Net Market Manager II

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
760.00

Date of Receipt  
09 / 12 / 2014

**Transaction ID : INCA32490**

Amount of Each Receipt this Period  
38.00

Full Name (Last, First, Middle Initial)  
**B. Kelly Ann Sarabia**

Mailing Address 11971 Foundation Place

City State Zip Code  
Rancho Cordova CA 95670

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

Name of Employer Occupation  
Health Net, Inc. Director Payroll

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
09 / 12 / 2014

**Transaction ID : INCA32491**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 21281 Burbank Blvd.

City State Zip Code  
Woodland Hills CA 91367

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

Name of Employer Occupation  
Health Net of California Director Sales Ops

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
09 / 12 / 2014

**Transaction ID : INCA32493**

Amount of Each Receipt this Period  
10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	58.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32490

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32491

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32493

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 87 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 21281 Burbank Blvd.

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net of California	Occupation VP, Sales Integration & Ops
--	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2014

**Transaction ID : INCA32494**

Amount of Each Receipt this Period  

				38.00
--	--	--	--	-------

**B. Steven J. Sell**  
Full Name (Last, First, Middle Initial)

Mailing Address 2370 Kerner Blvd.

City San Rafael	State CA	Zip Code 94901
--------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation President, West Region Health Plan
--------------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2014

**Transaction ID : INCA32495**

Amount of Each Receipt this Period  

				100.00
--	--	--	--	--------

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

Mailing Address 1201 K Street, Suite 1815

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation VP State Leg & Reg Compliance
--------------------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		12		2014

**Transaction ID : INCA32497**

Amount of Each Receipt this Period  

				40.00
--	--	--	--	-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>178.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32494

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32495

Payroll Deduction



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32497

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 90 OF 216
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Michael P. Sobetzko**  
Full Name (Last, First, Middle Initial)

Mailing Address 21271 Burbank Blvd.

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation VP, Business Plan, Ops, Qual & Trng

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : INCA32498**

Amount of Each Receipt this Period  
**200.00**

**B. Larry Tallman**  
Full Name (Last, First, Middle Initial)

Mailing Address 21281 Burbank Blvd.

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net of California Occupation VP Sales

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : INCA32499**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation VP, Organization Effectiveness

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014

**Transaction ID : INCA32500**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>95.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32498

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32499

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32500

Payroll Deduction

Form/Schedule:

Transaction ID:



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32501

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32502

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32503

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 96 OF 216
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Maureen Tresnak**  
Full Name (Last, First, Middle Initial)

Mailing Address 10650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation Vice President, Actuarial Services

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : INCA32504**

Amount of Each Receipt this Period  
**200.00**

**B. Anthony J. Van Goor**  
Full Name (Last, First, Middle Initial)

Mailing Address 11031 Sun Center Drive

City Rancho Cordova State CA Zip Code 95670

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

Name of Employer Health Net Occupation Regional Medical Director, California

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : INCA32506**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address 11971 Foundation Place, Suite C

City Rancho Cordova State CA Zip Code 95670

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

Name of Employer Health Net, Inc. Occupation Director Real Estate Admin.

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2014**

**Transaction ID : INCA32508**

Amount of Each Receipt this Period  
**30.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32504

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32506

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32508

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 99 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Kory M. Wells**  
Full Name (Last, First, Middle Initial)

Mailing Address 3458 Neeley Road

City State Zip Code  
McGuire AFB NJ 08641

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
09 / 12 / 2014  
**Transaction ID : INCA32509**

Amount of Each Receipt this Period  
**19.00**

**B. Scott M. Wert**  
Full Name (Last, First, Middle Initial)

Mailing Address 950 N Finance Center Drive, # 255/

City State Zip Code  
Tuscon AZ 85710

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

Name of Employer Occupation  
Health Net Inc. VP, Pharmacy Services

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
09 / 12 / 2014  
**Transaction ID : INCA32510**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 2025 Aerojet Road

City State Zip Code  
Rancho Cordova CA 95742

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

Name of Employer Occupation  
Health Net Federal Services, Inc. VP, Government Contracts

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
09 / 12 / 2014  
**Transaction ID : INCA32511**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **59.00**

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32509

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32510

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32511

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 102 OF 216
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 10540 White Rock Road, Suite 280

City Rancho Cordova	State CA	Zip Code 95670
------------------------	-------------	-------------------

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		12		2014

**Transaction ID : INCA32512**

Amount of Each Receipt this Period  

200.00
--------

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

Mailing Address 21650 Oxnard Street

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation VP State Leg & Reg Compliance
--------------------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		12		2014

**Transaction ID : INCA32513**

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address 21650 Oxnard Street

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation Director, Call Center
--------------------------------------	-------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		12		2014

**Transaction ID : INCA32514**

Amount of Each Receipt this Period  

25.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>325.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32512

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32513

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32514

Payroll Deduction

Form/Schedule:

Transaction ID:



**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 105 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. James E. Woys**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc.. Occupation EVP & COO  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32515**  
 Amount of Each Receipt this Period  
 205.00

**B. Elizabeth Zande**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Director Provider Network Management  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 12 / 2014  
**Transaction ID : INCA32516**  
 Amount of Each Receipt this Period  
 10.00

**C. Sharon Rae Albany**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21271 Burbank Blvd.  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP Membership  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32523**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32515

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32516

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32523

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 108 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Jennifer Barrows**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13221 SW 68th Parkway, Suite 200

City Portland	State OR	Zip Code 97223
------------------	-------------	-------------------

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

Name of Employer Health Net	Occupation Vice President Marketing & Product Dev
--------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32524**

Amount of Each Receipt this Period  

98.00
-------

**B. Dennis M. Bell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21650 Oxnard Street

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation Vice President, Real Estate Management
--------------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32525**

Amount of Each Receipt this Period  

50.00
-------

**C. John Bell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2025 Aerojet Road

City Rancho Cordova	State CA	Zip Code 95742
------------------------	-------------	-------------------

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

Name of Employer Health Net Federal Services	Occupation Director, VA Programs, Recovery Audit
---	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32526**

Amount of Each Receipt this Period  

10.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>98.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32524

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32525

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32526

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 111 OF 216
<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)  
**A. Marshall Bentley**

Mailing Address 180 Grand Avenue

City State Zip Code  
Oakland CA 94612

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

Name of Employer Occupation  
Health Net, Inc. VP, Legal Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : INCA32527**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**B. Ray Nan Berry**

Mailing Address 2025 Aerojet Road

City State Zip Code  
Rancho Cordova CA 95742

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

Name of Employer Occupation  
Health Net Federal Services, Inc. Chief Quality Officer

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : INCA32528**

Amount of Each Receipt this Period  
20.00

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

Mailing Address 222 Central Park Avenue, Suite 184

City State Zip Code  
Virginia Beach VA 23462

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

Name of Employer Occupation  
Health Net Federal Services, Inc. VP, Optimization

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
09 / 26 / 2014  
**Transaction ID : INCA32530**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32527

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32528

Payroll Deduction



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32530

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 114 OF 216
<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. Steven R. Boettcher</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 21650 Oxnard Street		<b>Transaction ID : INCA32634</b>
City Woodland Hills	State CA	Zip Code 91367
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00	
Name of Employer Health Net, Inc.	Occupation Vice President, Talent Management & Or	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) <b>B. Pamela Ann Bohall</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA32531</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 76.92	
Name of Employer Health Net Federal Services, Inc.	Occupation VP, Claims Admin & Enroll Svcs	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40	

Full Name (Last, First, Middle Initial) <b>C. Terry F. Boquet</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 2025 Aerojet Drive		<b>Transaction ID : INCA32532</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Health Net Federal Services, Inc.	Occupation Dir, Finance	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	131.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32634

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32531

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32532

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 117 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Mark Brooks**  
Full Name (Last, First, Middle Initial)

Mailing Address 11971 Foundation Place, Suite C

City Rancho Cordova	State CA	Zip Code 95670
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation Chief Technology Officer
--------------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		26		2014

**Transaction ID : INCA32533**

Amount of Each Receipt this Period  

<b>300.00</b>
---------------

**B. Patricia A. Buss**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd.

City Arlington	State VA	Zip Code 22201
-------------------	-------------	-------------------

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

Name of Employer Health Net Federal Services, Inc.	Occupation Senior Medical Director
---	---------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		26		2014

**Transaction ID : INCA32534**

Amount of Each Receipt this Period  

<b>50.00</b>
--------------

**c. Mary T. Buster**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Drive

City Rancho Cordova	State CA	Zip Code 95742
------------------------	-------------	-------------------

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

Name of Employer Health Net Inc.	Occupation Director Referral & Auth Ops
-------------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		26		2014

**Transaction ID : INCA32535**

Amount of Each Receipt this Period  

<b>19.00</b>
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>99.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32533

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32534

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32535

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 120 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Robert Bythewood**  
Full Name (Last, First, Middle Initial)

Mailing Address PCS Box 8023

City State Zip Code  
Cherry Point NC 28533

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
09 / 26 / 2014  
Transaction ID : **INCA32536**

Amount of Each Receipt this Period  
10.00

**B. Christopher F. Cameron**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City State Zip Code  
Rancho Cordova CA 95742

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

Name of Employer Occupation  
Health Net Federal Services Enterprise Portfolio Management Office

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
09 / 26 / 2014  
Transaction ID : **INCA32537**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 11971 Foundation Place, Suite C

City State Zip Code  
Rancho Cordova CA 95670

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

Name of Employer Occupation  
Health Net of California, Inc. Director, Claims

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
09 / 26 / 2014  
Transaction ID : **INCA32538**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32536

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32537

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32538

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 123 OF 216
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2107 Wilson Blvd., Suite 900

City State Zip Code  
Arlington VA 22201

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

**Transaction ID : INCA32539**

Amount of Each Receipt this Period  
50.00

**B. Theresa Casey**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City State Zip Code  
Woodland Hills CA 91367

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

Name of Employer Occupation  
Health Net, Inc. Director Finance

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

**Transaction ID : INCA32540**

Amount of Each Receipt this Period  
10.00

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

Mailing Address 21281 Burbank Blvd.

City State Zip Code  
Woodland Hills CA 91367

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

Name of Employer Occupation  
Health Net, Inc. VP Administrative Services

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014

**Transaction ID : INCA32541**

Amount of Each Receipt this Period  
30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32539

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32540

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32541

Payroll Deduction

Form/Schedule:

Transaction ID:



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32542

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32543

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32545

Payroll Deduction

Form/Schedule:

Transaction ID:



**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 129 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Joanne Dunsmore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2107 Wilson Blvd.  
City Arlington State VA Zip Code 22201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Federal Services, Inc. Occupation Director, Field Optimization  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014  
**Transaction ID : INCA32546**  
Amount of Each Receipt this Period  
20.00

**B. Ezra Martin Easley, Sr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2025 Aerojet Road  
City Rancho Cordova State CA Zip Code 95742  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Federal Services Occupation Director, Patient Appointment Services  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014  
**Transaction ID : INCA32547**  
Amount of Each Receipt this Period  
20.00

**C. Chris D. Ellertson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12897 SW Creekshire Drive  
City Tigard State OR Zip Code 97223  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net, Inc. Occupation V.P. Provider Network Management  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 26 / 2014  
**Transaction ID : INCA32549**  
Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32546

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32547

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32549

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 132 OF 216
<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. Daria A. Eppley</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA32550</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee.	C	
Name of Employer Health Net Federal Services, Inc.	Occupation VP, Access to Data	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		Amount of Each Receipt this Period 50.00

Full Name (Last, First, Middle Initial) <b>B. Thomas Bertrand Fatouros</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 1015 North Manchester Street		<b>Transaction ID : INCA32551</b>
City Arlington	State VA	Zip Code 22205
FEC ID number of contributing federal political committee.	C	
Name of Employer Health Net Federal Services, LLC	Occupation Lawyer	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
		Amount of Each Receipt this Period 40.00

Full Name (Last, First, Middle Initial) <b>C. David R. Feniger</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA32552</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee.	C	
Name of Employer Health Net, Inc.	Occupation Executive Counsel	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	
		Amount of Each Receipt this Period 42.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	132.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32550

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32551

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32552

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 135 OF 216
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Brian J. Fields**  
Full Name (Last, First, Middle Initial)

Mailing Address 21550 Oxnard Street, Suite 1080

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation Vice President, Asst. General Counsel
--------------------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		26		2014

**Transaction ID : INCA32553**

Amount of Each Receipt this Period  

<b>38.00</b>
--------------

**B. David J. Friedman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3400 Data Drive

City Rancho Cordova	State CA	Zip Code 95670
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation VP, State Health Programs
--------------------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		26		2014

**Transaction ID : INCA32554**

Amount of Each Receipt this Period  

<b>40.00</b>
--------------

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

Mailing Address 2025 Aerojet Drive

City Rancho Cordova	State CA	Zip Code 95742
------------------------	-------------	-------------------

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09		26		2014

**Transaction ID : INCA32555**

Amount of Each Receipt this Period  

<b>19.00</b>
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>97.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32553

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32554

Payroll Deduction



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32555

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 138 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Paul A. Gilbertson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation Operations Officer

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA32556**

Amount of Each Receipt this Period  
 75.00

**B. Jody Giordano**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer HealthNet of California Occupation Vice President of Underwriting

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA32557**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA32559**

Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 160.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32556

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32557

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32559

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 141 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Pamela Gregg**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net of California	Occupation Director, Compliance
--	------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32560**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											19.00

**B. Anne Hanlon**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 Grand Avenue

City Oakland	State CA	Zip Code 94612
-----------------	-------------	-------------------

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

Name of Employer Health Net of California	Occupation Director of Sales IV
--	------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32562**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											38.00

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

Mailing Address 10540 White Rock Road, Suite 280

City Rancho Cordova	State CA	Zip Code 95670
------------------------	-------------	-------------------

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

Name of Employer Health Net Pharmacy Services	Occupation Director, Pharmacy
--	----------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32563**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>87.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32560

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32562

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32563

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 144 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Eric Hause**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation Vice President - Strategy and Business
--------------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32564**

Amount of Each Receipt this Period  

800.00
--------

**B. Juanell Hefner**  
Full Name (Last, First, Middle Initial)

Mailing Address 11031 Sun Center Drive

City Rancho Cordova	State CA	Zip Code 95670
------------------------	-------------	-------------------

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

Name of Employer MHN - Mental Health Network	Occupation Chief Customer Services Officer
---	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32565**

Amount of Each Receipt this Period  

50.00
-------

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

Mailing Address 21650 Oxnard Street

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net	Occupation VP, Project Portfolio Planning & Deliv
--------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32566**

Amount of Each Receipt this Period  

35.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32564

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32565

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32566

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 147 OF 216
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Nicolas Hiner**  
Full Name (Last, First, Middle Initial)

Mailing Address 950 N. Finance Center Drive, Suite

City Tucson	State AZ	Zip Code 85710
----------------	-------------	-------------------

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

Name of Employer Health Net Pharmacy Services	Occupation Director, Pharmacy
--	----------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32568**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											19.00

**B. Donna Hoffmeier**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd., Suite 900

City Arlington	State VA	Zip Code 22201
-------------------	-------------	-------------------

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

Name of Employer Health Net Federal Services, Inc.	Occupation Program Officer - VA Services
---	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32570**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											38.00

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

Mailing Address 13221 SW 68th Parkway, Suite 200

City Portland	State OR	Zip Code 97223
------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation Manager, Provider Contracting
--------------------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32572**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>82.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32568

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32570

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32572

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 150 OF 216
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Diane C. Iverson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP, Operations  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32573**  
 Amount of Each Receipt this Period  
 20.00

**B. Elita Johnston**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc. Occupation Director, Case Management  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32574**  
 Amount of Each Receipt this Period  
 20.00

**C. Kieffer, George B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Spokesman  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32575**  
 Amount of Each Receipt this Period  
 20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	60.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32573

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32574

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32575

Payroll Deduction

Form/Schedule:

Transaction ID:



**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 153 OF 216
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Joseph K. Klinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services Occupation Executive Counsel

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **760.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA32576**

Amount of Each Receipt this Period  
**38.00**

**B. Anthony J. Koelker**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd.

City Arlington State VA Zip Code 22201

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

Name of Employer Health Net Federal Services Occupation VP, Provider Network Managment

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA32578**

Amount of Each Receipt this Period  
**40.00**

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

Mailing Address 11971 Foundation Place, Suite C

City Rancho Cordova State CA Zip Code 95670

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

Name of Employer Health Net, Inc. Occupation Dir, IT Business Consulting

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA32579**

Amount of Each Receipt this Period  
**35.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>113.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32576

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32578

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32579

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 156 OF 216
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Robert Kuecks**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21650 Oxnard Street  
City Woodland Hills State CA Zip Code 91367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net, Inc. Occupation Vice President, Actuarial Services  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2014  
**Transaction ID : INCA32580**  
Amount of Each Receipt this Period  
20.00  
Aggregate Year-to-Date ▼  
400.00

**B. Arthur H. Kummer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21281 Burbank Blvd.  
City Woodland Hills State CA Zip Code 91367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Inc. Occupation VP, Medicare Programs  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2014  
**Transaction ID : INCA32581**  
Amount of Each Receipt this Period  
25.00  
Aggregate Year-to-Date ▼  
500.00

**C. Karen M. Ledsky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 222 Central Park Avenue, Suite 184  
City Virginia Beach State VA Zip Code 23462  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Federal Services, Inc. Occupation Dir. of Provider Network Mgmt.  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 26 / 2014  
**Transaction ID : INCA32582**  
Amount of Each Receipt this Period  
10.00  
Aggregate Year-to-Date ▼  
200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 55.00  
**TOTAL** This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32580

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32581

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32582

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 159 OF 216
<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)  
**A. Sharon Lewis**

Mailing Address 3400 Data Drive

City Rancho Cordova State CA Zip Code 95670

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

Name of Employer Health Net, Inc. Occupation VP Org. Effectiveness

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : INCA32583**

Amount of Each Receipt this Period  
**15.00**

Full Name (Last, First, Middle Initial)  
**B. Fidel G. Ligsay**

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services Occupation VP Call Centers

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : INCA32584**

Amount of Each Receipt this Period  
**20.00**

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

Mailing Address 2107 Wilson Blvd.

City Arlington State VA Zip Code 22201

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

Name of Employer Health Net Occupation Director, Public Policy & Government R

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1160.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 26 / 2014**

**Transaction ID : INCA32585**

Amount of Each Receipt this Period  
**58.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>93.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32583

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32584

Payroll Deduction



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32585

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 162 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Denise Louie**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net of California Occupation Senior Counsel

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA32586**

Amount of Each Receipt this Period  
**200.00**

**B. Kevin R. Low**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation Asst. Treasurer and Director

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA32587**

Amount of Each Receipt this Period  
**10.00**

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

Mailing Address 2025 Aerojet Drive

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services Occupation Director, Legal & Reg Compliance

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA32588**

Amount of Each Receipt this Period  
**19.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>49.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32586

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32587

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32588

Payroll Deduction

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 165 OF 216  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Karin Mayhew**

Mailing Address 21650 Oxnard Street

City State Zip Code  
 Woodland Hills CA 91367

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA32589**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Rose V. Megian**

Mailing Address 21281 Burbank Boulevard

City State Zip Code  
 Woodland Hills CA 91367

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

Name of Employer Occupation  
 Health Net, Inc. VP Membership Acct & Eligibility

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA32590**

Amount of Each Receipt this Period  
 19.00

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

Mailing Address 13221 SW 68th Parkway

City State Zip Code  
 Tigard OR 97223

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

Name of Employer Occupation  
 Health Net of Oregon Director Sales II

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : INCA32591**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 89.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32589

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32590

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32591

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 168 OF 216
<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. Steven A. Miller</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 2025 Aerojet Drive		<b>Transaction ID : INCA32592</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee.	C	
Name of Employer Health Net Federal Services	Occupation VP, Controller	Amount of Each Receipt this Period 950.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Susan K. W. Misura</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA32593</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee.	C	
Name of Employer Health Net Federal Services	Occupation Director, Call Center	Amount of Each Receipt this Period 30.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>C. Marie Montgomery</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 21650 Oxnard Street		<b>Transaction ID : INCA32594</b>
City Woodland Hills	State CA	Zip Code 91367
FEC ID number of contributing federal political committee.	C	
Name of Employer Health Net, Inc.	Occupation SVP & Corporate Controller	Amount of Each Receipt this Period 40.00
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	95.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32592

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32593

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32594

Payroll Deduction

Form/Schedule:

Transaction ID:



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32595

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32596

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32597

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 174 OF 216
<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. Lawrence Naehr</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 2107 Wilson Blvd.		<b>Transaction ID : INCA32598</b>
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Health Net Federal Services, Inc.	Occupation VP, Optimization	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Gary Neiman</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 11031 Sun Center Drive		<b>Transaction ID : INCA32599</b>
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 16.00	
Name of Employer Health Net, Inc.	Occupation VP, Customer Contact Centers	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. Chad S. Niles</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 1230 West Washington Street, Suite		<b>Transaction ID : INCA32600</b>
City Tempe	State AZ	Zip Code 85281
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 36.00	
Name of Employer Health Net of Arizona, Inc.	Occupation Regional Vice President of Large Group	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	102.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32598

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32599

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32600

Payroll Deduction

Form/Schedule:

Transaction ID:



**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 177 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Kathy A. O'Brien**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2015 B Aerojet  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP, Organization Effectiveness  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32601**  
 Amount of Each Receipt this Period  
 10.00

**B. Pierre Pendergrass**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Attorney at Law  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32602**  
 Amount of Each Receipt this Period  
 35.00

**C. Lynn Pettitt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13221 SW 68th Parkway  
 City Tigard State OR Zip Code 97223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Inc. Occupation Director Pharmacy  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32603**  
 Amount of Each Receipt this Period  
 19.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	64.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32601

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32602

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32603

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 180 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. John Wade Rindlaub, Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Occupation VP of Marketing  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32605**  
 Amount of Each Receipt this Period  
 200.00

**B. Jeff W. Robertson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc. Occupation Manager, Data Analysis  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32606**  
 Amount of Each Receipt this Period  
 30.00

**C. Matthew M. Ruest**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 Wilson Blvd, Suite 900  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Occupation Market Manager II  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32608**  
 Amount of Each Receipt this Period  
 38.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	88.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32605

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32606

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32608

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 183 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Kelly Ann Sarabia**  
Full Name (Last, First, Middle Initial)

Mailing Address 11971 Foundation Place

City Rancho Cordova	State CA	Zip Code 95670
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation Director Payroll
--------------------------------------	--------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32609**

Amount of Each Receipt this Period  

10.00
-------

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

Mailing Address 21281 Burbank Blvd.

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net of California	Occupation Director Sales Ops
--	----------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32611**

Amount of Each Receipt this Period  

10.00
-------

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

Mailing Address 21281 Burbank Blvd.

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net of California	Occupation VP, Sales Integration & Ops
--	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
760.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32612**

Amount of Each Receipt this Period  

38.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	58.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32609

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32611

Payroll Deduction



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32612

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 186 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Steven J. Sell**  
Full Name (Last, First, Middle Initial)

Mailing Address 2370 Kerner Blvd.

City San Rafael	State CA	Zip Code 94901
--------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation President, West Region Health Plan
--------------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32613**

Amount of Each Receipt this Period  

100.00
--------

**B. Jeffrey Lee Shelton**  
Full Name (Last, First, Middle Initial)

Mailing Address 1201 K Street, Suite 1815

City Sacramento	State CA	Zip Code 95814
--------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation VP State Leg & Reg Compliance
--------------------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32615**

Amount of Each Receipt this Period  

40.00
-------

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

Mailing Address 21281 Burbank Blvd.

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net of California	Occupation VP Sales
--	------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32616**

Amount of Each Receipt this Period  

25.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>165.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32613

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32615

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32616

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 189 OF 216
<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. Debra Taylor</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA32617</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee.	C	
Name of Employer Health Net Federal Services, Inc.	Occupation VP, Organization Effectiveness	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
		Amount of Each Receipt this Period 50.00

Full Name (Last, First, Middle Initial) <b>B. Jacqueline B. Thames</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 950 N. Finance Center, Drive, Suit		<b>Transaction ID : INCA32618</b>
City Tucson	State AZ	Zip Code 85710
FEC ID number of contributing federal political committee.	C	
Name of Employer Health Net Inc.	Occupation Director, Contracts	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
		Amount of Each Receipt this Period 15.00

Full Name (Last, First, Middle Initial) <b>C. Susan I. Thomas</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA32619</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee.	C	
Name of Employer Health Net, Inc.	Occupation Director of Business Intelligence	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Amount of Each Receipt this Period 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32617

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32618

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32619

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 192 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Steven D. Tough**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Drive  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services Occupation President - Government Programs  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32620**  
 Amount of Each Receipt this Period  
 50.00

**B. Maureen Tresnak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Vice President, Actuarial Services  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32621**  
 Amount of Each Receipt this Period  
 20.00

**C. Anthony J. Van Goor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11031 Sun Center Drive  
 City Rancho Cordova State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Occupation Regional Medical Director, California  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32623**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32620

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32621

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32623

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 195 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Richard A. Weirich**  
Full Name (Last, First, Middle Initial)

Mailing Address 11971 Foundation Place, Suite C

City Rancho Cordova	State CA	Zip Code 95670
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation Director Real Estate Admin.
--------------------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32625**

Amount of Each Receipt this Period  

69.00
-------

**B. Kory M. Wells**  
Full Name (Last, First, Middle Initial)

Mailing Address 3458 Neeley Road

City McGuire AFB	State NJ	Zip Code 08641
---------------------	-------------	-------------------

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

Name of Employer Health Net Federal Services, Inc.	Occupation Director, Field Optimization
---	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32626**

Amount of Each Receipt this Period  

19.00
-------

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

Mailing Address 950 N Finance Center Drive, # 255/

City Tuscon	State AZ	Zip Code 85710
----------------	-------------	-------------------

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

Name of Employer Health Net Inc.	Occupation VP, Pharmacy Services
-------------------------------------	-------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2014

**Transaction ID : INCA32627**

Amount of Each Receipt this Period  

20.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>69.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32625

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32626

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32627

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 198 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Robert, S. Westbrook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc. Occupation VP, Government Contracts  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32628**  
 Amount of Each Receipt this Period  
 200.00

**B. Virginia E. White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10540 White Rock Road, Suite 280  
 City Rancho Cordova State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP, Operations  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32629**  
 Amount of Each Receipt this Period  
 200.00

**C. Gay Ann Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP State Leg & Reg Compliance  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32630**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	320.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32628

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32629

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32630

Payroll Deduction

Form/Schedule:

Transaction ID:



**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 201 OF 216
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Lawrence Wong**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Director, Call Center  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32631**  
 Amount of Each Receipt this Period  
 25.00

**B. James E. Woys**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc.. Occupation EVP & COO  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32632**  
 Amount of Each Receipt this Period  
 205.00

**C. Elizabeth Zande**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Director Provider Network Management  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 26 / 2014  
**Transaction ID : INCA32633**  
 Amount of Each Receipt this Period  
 10.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32631

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA32632

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32633

Payroll Deduction

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 204 OF 216  
(check only one)

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

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

**A. Michael P. Sobetzko**  
Full Name (Last, First, Middle Initial)

Mailing Address 21271 Burbank Blvd.

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation VP, Business Plan, Ops, Qual & Trng
--------------------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	30	/	2014

**Transaction ID : INCA32635**

Amount of Each Receipt this Period  
20.00

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

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  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

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

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  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	20.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6772.30

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA32635

Payroll Deduction

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Ami Bera for Congress**

Mailing Address P.O. Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Amerish Bera**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

Transaction ID : EXPB32165

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Becerra for Congress**

Mailing Address P.O. Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Xavier Becerra**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 34

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

Transaction ID : EXPB32157

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Blumenauer for Congress**

Mailing Address 830 NE Holladay, Suite 105

City Portland State OR Zip Code 97232

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Earl Blumenauer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OR District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

Transaction ID : EXPB32155

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Devin Nunes Campaign Committee**

Mailing Address P.O. Box 6545

City State Zip Code  
Visalia CA 93290

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Devin G. Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 22

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : EXPB32160**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Friends of John Boehner**

Mailing Address 7908 Cincinnati Dayton Road, Suite

City State Zip Code  
West Chester OH 45069

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**John A. Boehner**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : EXPB32156**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Judy Chu for Congress**

Mailing Address 6380 Wilshire Boulevard, Suite 161

City State Zip Code  
Los Angeles CA 90048

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Judy Chu**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 27

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : EXPB32161**

Amount of Each Disbursement this Period

1000.00

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

5500.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : EXPB32156

Contribution made through joint fundraising committee Boehner for Speaker

Form/Schedule:

Transaction ID:



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Kurt Schrader for Congress**

Mailing Address P.O. Box 3314

City Oregon City State OR Zip Code 97045

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Kurt Schrader**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OR District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : EXPB32158**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Kyrsten Sinema for Congress**

Mailing Address P.O. Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Kyrsten Sinema**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AZ District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : EXPB32153**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C. Kyrsten Sinema for Congress**

Mailing Address P.O. Box 25879

City Tempe State AZ Zip Code 85285

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Kyrsten Sinema**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AZ District: 09

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : EXPB32154**

Amount of Each Disbursement this Period

2000.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Lucille Roybal-Allard for Congress**

Mailing Address 6 E Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Lucille Roybal-Allard**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 40

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : EXPB32166**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Ron Barber for Congress**

Mailing Address P.O. Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Ronald Barber**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : EXPB32162**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Ron Barber for Congress**

Mailing Address P.O. Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Ronald Barber**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : EXPB32163**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Salmon for Congress**

Mailing Address P.O. Box 1290

City: Mesa State: AZ Zip Code: 85211

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Matt Salmon**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AZ District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

Transaction ID : EXPB32159

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Scalise for Congress**

Mailing Address P.O. Box 23219

City: Jefferson State: LA Zip Code: 70183

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Steve Scalise**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: LA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

Transaction ID : EXPB32152

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Scott Peters for Congress**

Mailing Address P.O. Box 70980

City: Washington State: DC Zip Code: 20024

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Scott Peters**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 52

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

Transaction ID : EXPB32164

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Health Net, Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Victory in November Election PAC (VINE PAC)**

Mailing Address 700 13th Street NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Victory in November Election PAC (VINE PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : EXPB32151**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Leadership of Today and Tomorrow**

Mailing Address 700 13th Street NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Leadership of Today and Tomorrow**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2014

**Transaction ID : EXPB32168**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Duncan D. Hunter for Congress**

Mailing Address P.O. Box 1545

City El Cajon State CA Zip Code 92022

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Duncan D. Hunter**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 50

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2014

**Transaction ID : EXPB32517**

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Doug LaMalfa Committee**

Mailing Address 2150 River Plaza Drive, Suite 150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Doug LaMalfa**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

**Transaction ID : EXPB32518**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Peninsula PAC**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Peninsula PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

**Transaction ID : EXPB32520**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. People for Derek Kilmer**

Mailing Address P.O. Box 1381

City Tacoma State WA Zip Code 98402

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Derek Kilmer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: WA District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

**Transaction ID : EXPB32519**

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. The Committee for the Preservation of Capitalism**

Mailing Address P.O. Box 65314

City Washington State DC Zip Code 20035

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**The Committee for the Preservation of Capitalism**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

**Transaction ID : EXPB32521**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Tony Cardenas for Congress**

Mailing Address 3700 Wilshire Boulevard, Suite 105

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Tony Cardenas**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 29

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : EXPB32522**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

3500.00

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

35000.00

# 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Tom O'Halleran for Senate**

Mailing Address P.O. Box 20375

City Sedona State AZ Zip Code 86341

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name  
**Tom O'Halleran**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2014

Transaction ID : EXPB32167

Amount of Each Disbursement this Period

200.00
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Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

200.00
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200.00
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: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB29

Transaction ID : EXPB32167

Contribution to non-federal candidate for Arizona State Senate, District 6

Form/Schedule:

Transaction ID: