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FEC MAIL ROOM  
2001 MAR 16 A 10 20

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1441 FOURTH STREET  
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March 12, 2001

Debbie A. Chacona  
Reports Analysis Division  
Federal Election Commission  
999 E Street, N.W.  
Washington, DC 20463

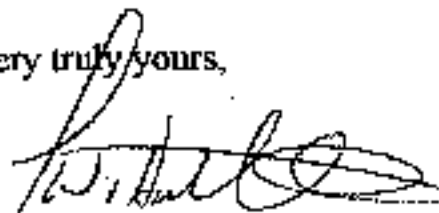
Re: Health Net Incorporated PAC ID# C00230789

Dear Ms. Chacona:

Thank you for your letter in regards to the filing frequency change for the above committee. Please see attached FEC Form 1. The current treasurer is Haley Smith, not Shelly L. Smith. Please make this change in your records and your letters will be receive in a timely manner.

Thank you for your attention to this matter. Please call if you have any questions or concerns.

Very truly yours,



Thomas W. Hiltachk  
Asst. Treasurer

TWH:ljs

cc: Haley Smith  
✓ Mr. John D. Gibson



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

MS-O

Shelly L. Smith, Treasurer  
Health Net Incorporated PAC FKA  
Foundation Health Systems Inc. PAC  
21650 Oxnard Street, 25<sup>th</sup> Floor  
Woodlands Hills, CA 91367

Identification Number: C00230789

MAR 2 2001

Reference: Change in Filing Frequency

Dear Ms. Smith:

The Commission has received notification of your change from a monthly filer to a quarterly filer of receipts and disbursements. Note that during years which have no scheduled federal election, quarterly filers are required only to file semi-annually. Please be advised that under Section 104.5(c) of the Commission regulations, a committee may change its filing frequency no more than once per calendar year. A reporting schedule is provided below for the 2001 calendar year.

Report Type	Coverage Dates	Reports Due For Filing
Mid-Year Report	1/1/01-6/30/01	July 31, 2001
Year End Report	7/1/01-12/31/01	January 31, 2002

If the Commission can be of further assistance to you in this matter, please do not hesitate to write or call (202) 694-1130. Our toll-free number is (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division).

Sincerely,

*Debbie Chacona*

Debbie A. Chacona  
Chief, Party/Nonparty Branch  
Reports Analysis Division

# STATEMENT OF ORGANIZATION

(See reverse side for instructions)

**RECEIVED  
FEC MAIL ROOM**

**2001 JAN 29 A D 15**

**RECEIVED  
FEC MAIL ROOM  
2001 JAN 19 A D 20**

1. (a) NAME OF COMMITTEE IN FULL HEALTH NET, INCORPORATED POLITICAL ACTION COMMITTEE	2. DATE 1/20/01
(b) Number and Street Address 21650 Oxnard Street, 25th Floor	3. FEC Identification Number C00230789
(c) City, State and ZIP Code Woodland Hills, CA 91367	4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**5. TYPE OF COMMITTEE (Check one)**

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
- | Name of Candidate | Candidate Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
|                   |                             |               |                |
- (c) This committee supports/opposes only one candidate \_\_\_\_\_ and is NOT an authorized committee. (name of candidate)
- (d) This committee is a \_\_\_\_\_ committee of the \_\_\_\_\_ Party. (National, State or subordinate) (Democratic, Republican, etc.)
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
HEALTH NET FEDERAL SERVICES, INC. POLITICAL ACTION COMMITTEE	21650 OXNARD STREET, 25th FL. WOODLAND HILLS, CA 91367	AFFILIATED

Type of Connected Organization  
 Corporation  Corporation w/o Capital Stock  Labor Organization  Membership Organization  Trade Association  Cooperative

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name <b>HALEY SMITH</b>	Mailing Address <b>21650 OXNARD STREET, 25TH FLOOR WOODLAND HILLS, CA 91367</b>	Title or Position <b>TREASURER</b>
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8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name <b>HALEY SMITH, TREASURER;</b>	Mailing Address <b>CHARLES ROSE ASST. TREAS.; SAME ADDRESS AS COMMITTEE</b>	Title or Position <b>ASST. TREASURER</b>
Full Name <b>THOMAS W. HILTACHK</b>	Mailing Address <b>455 CAPITOL MALL, SUITE 801 SACRAMENTO, CA 95814</b>	Title or Position <b>ASST. TREASURER</b>

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc. <b>UNION BANK OF CALIFORNIA</b>	Mailing Address and ZIP Code <b>400 CALIFORNIA STREET SAN FRANCISCO, CA 95104</b>
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I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

TYPE OR PRINT NAME OF TREASURER <b>THOMAS W. HILTACHK, ASST. TREAS.</b>	SIGNATURE OF TREASURER 	DATE <b>1/20/01</b>
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
 Federal Election Commission  
 Toll-free (800) 424-9530  
 Local 202-694-1100

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**FEC FORM 1**  
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 3-13-01
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 <i>AL</i> PREPARER	 3-16-01 DATE PREPARED