

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2003 JAN 27 A 10:29

Office Use Only

1. NAME OF COMMITTEE (In full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines. 12FB4M5 Health Rep. Incorporated Political Action Committee

ADDRESS (number and street) 23550 Oxnard Street, 25th Floor Woodland Hills CA 91357

2. FEC IDENTIFICATION NUMBER 00023-0789 CITY STATE ZIP CODE 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the Election on: Primary, General, Runoff, Conviction, Special (d) 30-Day POST-Election Report for the Election on: General, Runoff, Special

5. Covering Period 11/26/2002 through 12/31/2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Theresa R. Hiltach Signature of Treasurer Date 10/22/2003

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period:

From:

11 26 2002

To:

12 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on hand January 1, 2002		13,781.77
(b) Cash on Hand at Beginning of Reporting Period	16,980.60	
(c) Total Receipts (from Line 19)	3,351.00	31,499.83
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	20,331.60	44,201.60
7. Total Disbursements (from Line 30)	500.00	24,450.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	19,831.60	19,831.60
9. Debt and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debt and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 104)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name:

Health Net, Incorporated Political Action Committee

Report Covering the Period:

From:

11 26 2002

To:

12 31 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) from:		
(a) Individuals/Persons Other Than Political Committees:		
(i) Itemized (use Schedule A)	3,262.00	
(ii) Unitemized	1,089.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	3,351.00	30,499.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	3,351.00	30,499.83
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	1,000.00
17. Other Federal Receipts (Dividends, interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	3,351.00	31,499.83
20. Total Federal Receipts (subtract Line 16 from Line 19)	3,351.00	31,499.83

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	23,500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441e(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	200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	200.00
29. Other Disbursements	500.00	750.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	500.00	24,450.00
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	500.00	24,450.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	3,351.00	30,499.83
33. Total Contribution Refunds (from Line 28(d))	0.00	200.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	3,351.00	30,299.83
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 1 OF 1
(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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

Full Name (Last, First, Middle Initial) A. Jennifer B. Moore		Date of Receipt 12 30 2002
Mailing Address 21551 Burbank Blvd. City: Woodland Hills, CA 91367		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Provider Network Management	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. Patricia Clancy		Date of Receipt 12 30 2002
Mailing Address 21650 Grand Street, 2nd Floor City: Woodland Hills, CA 91367		Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Government Relations	31-Weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 1,096.00	

Full Name (Last, First, Middle Initial) C. Edward P. Collier, Jr.		Date of Receipt 12 30 2002
Mailing Address 3000 Dela Drive City: Rancho Cordova, CA 95670		Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP, Natl Medicare Compliance	31-Weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 315.00	

SUBTOTAL of Receipts This Page (optional)	420.00
TOTAL This Period (last page this line number only)	420.00

2002 RELEASE UNDER E.O. 14176

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

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

FOR LINE NUMBER: (check only one)		PAGE		OF
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>
<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>
<input type="checkbox"/>	17			

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

Full Name (Last, First, Middle Initial) A. Alida K. Jgard		Date of Receipt 12 30 2002
Mailing Address One Bay Hill Crossing City Shelton, CT 06484		Amount of Each Receipt this Period \$2.00
State Zip Code		
FEC ID number of contributing federal political committee C		55-Weeks Payroll Deduction
Name of Employer Health Net, Inc.	Occupation Director Financial Analysis	
Receipt For <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.00	

Full Name (Last, First, Middle Initial) B. David J. Friedmann		Date of Receipt 12 30 2002
Mailing Address 3400 Dana Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period \$0.00
State Zip Code		
FEC ID number of contributing federal political committee C		34-Weeks Payroll Deduction
Name of Employer Health Net, Inc.	Occupation SVP and General Manager	
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Robert Gediman		Date of Receipt 12 10 2002
Mailing Address 21650 Orange Street City Woodland Hills, CA 91367		Amount of Each Receipt this Period \$00.00
State Zip Code		
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Corporate Reporting	
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional)	\$2.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 3 OF 8

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (or Full)
Health Net, Incorporated Political Action Committee

Full Name (Last, First, Middle Initial) A. Lisa C. Raines		Date of Receipt 12 30 2002
Mailing Address 3000 DATE DRIVE City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Dir. Public Relations	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 493.63	

Full Name (Last, First, Middle Initial) B. Lisa Kalloulian		Date of Receipt 12 30 2002
Mailing Address 51281 Burbank Blvd. City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Public Relations	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 925.00	

Full Name (Last, First, Middle Initial) C. Susan N. Zlarnar		Date of Receipt 12 30 2002
Mailing Address 125 Technology Drive City State Zip Code Irvine, CA 92718		Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee C		
Name of Employer Health End Dental	Occupation VP Provider Services	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 610.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 1 OF 1	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 17
<input type="checkbox"/> 12	<input checked="" type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 18	<input type="checkbox"/> 19

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

Full Name (Last, First, Middle Initial) A. Marie Meyhen		Date of Receipt 12/30/2002
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period \$0.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation SVP Organization Effectiveness	Bi-weekly Payroll Deduction
Receipt For: <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. Timothy J. Monroe		Date of Receipt 12/30/2002
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period \$0.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation Chief Medical Officer	Bi-weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000.00	

Full Name (Last, First, Middle Initial) C. David M. Olaso		Date of Receipt 12/30/2002
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period \$0.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation SVP Investor Relations	Bi-weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	170.00
TOTAL This Period (last page this line number only)	170.00

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

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

FOR LINE NUMBER: **PAGE 5 OF 8**

<input 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 Raffin

Full Name (Last, First, Middle Initial)
Mailing Address
3400 Data Drive
City State Zip Code
Rancho Cordova, CA 95670

Date of Receipt
12 30 2002

Amount of Each Receipt This Period
400.00

FEC ID number of contributing federal political committee
C

Name of Employer
Health Net, Inc.

Occupation
VP & Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date
400.00

Bi-weekly Payroll Deduction

B. Carol P. Ribbey

Full Name (Last, First, Middle Initial)
Mailing Address
21650 Oranied Street
City State Zip Code
Woodland Hills, CA 91367

Date of Receipt
12 30 2002

Amount of Each Receipt This Period
200.00

FEC ID number of contributing federal political committee
C

Name of Employer
Health Net, Inc.

Occupation
Sr. Vice President, Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date
400.00

Bi-weekly Payroll Deduction

C. Jeffrey Lee Shelton

Full Name (Last, First, Middle Initial)
Mailing Address
3400 Data Drive
City State Zip Code
Rancho Cordova, CA 95670

Date of Receipt
12 30 2002

Amount of Each Receipt This Period
50.00

FEC ID number of contributing federal political committee
C

Name of Employer
Health Net, Inc.

Occupation
VP State Govt. Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date
50.00

Bi-weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 290.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)		PAGE <u>6</u> OF <u>8</u>	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Thomas V. Smith		Date of Receipt 12/30/2002
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95675		Amount of Each Receipt This Period 480.00
FEC ID number of contributing federal political committee C		NI-Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation Dir. Natl. Mgt. and Events	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

Full Name (Last, First, Middle Initial) B. Joanna Tully Steffen		Date of Receipt 12/30/2002
Mailing Address 7320 Sandy Plains Avenue City Las Vegas, NV 89131		Amount of Each Receipt This Period 190.00
FEC ID number of contributing federal political committee C		NI-Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP Network & Delivery Sys. Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Robert T. Takahama		Date of Receipt 12/30/2002
Mailing Address 21221 Burbank Blvd. City Woodland Hills, CA 91367		Amount of Each Receipt This Period 60.00
FEC ID number of contributing federal political committee C		NI-Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP Pharmacy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 480.00	

SUBTOTAL of Receipts This Page (optional)	290.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 1 OF 1
(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. Franklin Tom
 Full Name (Last, First, Middle Initial)
 Mailing Address
 3400 Data Drive
 City State Zip Code
 Rancho Cordova, CA 95670
 Date of Receipt
 12 30 2002
 Amount of Each Receipt This Period
 100.00
 Name of Employer: Health Net, Inc. Occupation: VP Legal
 Receipt For: Other (specify) Primary General
 Aggregate Year-to-Date: 1,256.00
 Bi-Weekly Payroll Deduction

B. Jennifer Elizabeth Vazquez
 Full Name (Last, First, Middle Initial)
 Mailing Address
 3400 Data Drive
 City State Zip Code
 Rancho Cordova, CA 95670
 Date of Receipt
 12 30 2002
 Amount of Each Receipt This Period
 100.00
 Name of Employer: Health Net, Inc. Occupation: SVP General Manager
 Receipt For: Other (specify) Primary General
 Aggregate Year-to-Date: 1,200.00
 Bi-Weekly Payroll Deduction

C. Curtis Werten
 Full Name (Last, First, Middle Initial)
 Mailing Address
 21650 Oxnard Street
 City State Zip Code
 Woodland Hills, CA 91367
 Date of Receipt
 12 30 2002
 Amount of Each Receipt This Period
 100.00
 Name of Employer: Health Net, Inc. Occupation: SVP General Counsel/Secy
 Receipt For: Other (specify) Primary General
 Aggregate Year-to-Date: 1,300.00
 Bi-Weekly Payroll Deduction

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

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

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

FOR LINE NUMBER:		PAGE		OF	
(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	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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

Full Name (Last, First, Middle Initial) A. Michael White		Date of Receipt 12/30/2002
Mailing Address 1400 Duca Drive City State Zip Code Sancho Cordova, CA 95470		Amount of Each Receipt This Period 100.00
FEC ID number of contributing federal political committee C	Name of Employer Health Net, Inc.	Occupation SVP TREASURER
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 1,250.00	Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) B. Christopher P. Ming		Date of Receipt 12/30/2002
Mailing Address 21265 Buena Vista Blvd. City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt This Period 200.00
FEC ID number of contributing federal political committee C	Name of Employer Health Net of California	Occupation Executive VP, Reg. Health Plans & Sp
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 400.00	Bi-Weekly Payroll Deduction

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

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	2,250.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER (check only one)	PAGE 1 OF 1
	<input type="checkbox"/> 21a <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 26a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input checked="" type="checkbox"/> 29	

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

Full Name (Last, First, Middle Initial) A. Health Net Federal Services, Inc. PAC	Date of Disbursement 12/19/2008
Mailing Address 21500 Oxnard Street City: Woodland Hills, CA 91367	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Transfer of contribution from David LeMay	Category/Type
Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	

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

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

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input checked="" type="checkbox"/>	Hand Delivered	Date of Receipt <i>1-27-03</i>
<input type="checkbox"/>	First Class Mail	POSTMARKED
<input type="checkbox"/>	Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/>	No Postmark	
<input type="checkbox"/>	Postmark Illegible	
<input type="checkbox"/>	Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/>	Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/>	Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/>	Electronic Filing	
 <i>AL</i>	PREPARER	<i>1-27-03</i> DATE PREPARED