



**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"/>	<input type="text" value="103806.96"/>	<input type="text" value="103806.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="122669.23"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7136.06"/>	<input type="text" value="40498.33"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="129805.29"/>	<input type="text" value="144305.29"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40500.00"/>	<input type="text" value="55000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="89305.29"/>	<input type="text" value="89305.29"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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).....	6600.30	23900.58
(ii) Unitemized .....	535.76	16597.75
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7136.06	40498.33
(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) .....	7136.06	40498.33
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))..... ▶	7136.06	40498.33
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7136.06	40498.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	40500.00	55000.00
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 .....	0.00	0.00
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)) ..	40500.00	55000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40500.00	55000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

<b>III. Net Contributions/Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7136.06	40498.33
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7136.06	40498.33
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: (check only one)	PAGE 6 OF 186
	<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	

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 ▼ **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31302**

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 ▼ **418.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31303**

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 ▼ **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31304**

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 : INCA31302

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31303

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31304

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 9 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. 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 ▼  
**275.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31306**

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 ▼  
**220.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31307**

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 ▼  
**275.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31309**

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 : INCA31306

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31307

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31309

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 12 OF 186  
(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**

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

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. Vice President, Talent Management & Or

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 385.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31310**

Amount of Each Receipt this Period  
 35.00

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

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, Claims Admin & Enroll Svcs

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 846.12

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31311**

Amount of Each Receipt this Period  
 76.92

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31312**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 131.92

**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 : INCA31310

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31311

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31312

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 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. 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 ▼  
 418.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : INCA31313**  
 Amount of Each Receipt this Period  
 38.00

Full Name (Last, First, Middle Initial)  
**B. Mark Brooks**  
 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, Inc. Chief Technology Officer  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : INCA31314**  
 Amount of Each Receipt this Period  
 30.00

Full Name (Last, First, Middle Initial)  
**C. Patricia A. Buss**  
 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. Senior Medical Director  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : INCA31315**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 118.00  
**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 : INCA31313

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31314

Payroll Deduction



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

Form/Schedule: SA11AI

Transaction ID : INCA31315

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 18 OF 186  
(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**

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

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 ▼  
 209.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31316**

Amount of Each Receipt this Period  
 19.00

Full Name (Last, First, Middle Initial)  
**B. Joseph Capezza**

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 EVP & CFO

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31320**

Amount of Each Receipt this Period  
 40.00

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

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 of California, Inc.      Occupation Director, Claims

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31321**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.00

**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 : INCA31316

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31320

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31321

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 21 OF 186  
(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**

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

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 ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31322**

Amount of Each Receipt this Period  
 50.00

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

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 ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31324**

Amount of Each Receipt this Period  
 30.00

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

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 ▼  
 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31325**

Amount of Each Receipt this Period  
 30.00

**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 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA31322

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31324

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31325

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 24 OF 186  
(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. Daniel C. Chick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 K Street, Suite 1815  
 City State Zip Code  
 Sacramento CA 95814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Net of California, Inc. Director, Government Affairs  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 319.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : INCA31326**  
 Amount of Each Receipt this Period  
 29.00

**B. Patricia Clarey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 22nd Floor  
 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, Chief Regulatory & External Rela  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 418.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : INCA31327**  
 Amount of Each Receipt this Period  
 38.00

**C. 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 ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : INCA31330**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 87.00  
**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 : INCA31326

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31327

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31330

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 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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) <b>A. Ezra Martin Easley, Sr.</b>		Date of Receipt MM / DD / YYYY 05 / 09 / 2014
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA31331</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Health Net Federal Services	Occupation Director, Patient Appointment Services	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Chris D. Ellertson</b>		Date of Receipt MM / DD / YYYY 05 / 09 / 2014
Mailing Address 12897 SW Creekshire Drive		<b>Transaction ID : INCA31333</b>
City Tigard	State OR	Zip Code 97223
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00
Name of Employer Health Net, Inc.	Occupation V.P. Provider Network Management	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. Daria A. Eppley</b>		Date of Receipt MM / DD / YYYY 05 / 09 / 2014
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA31334</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
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 ▼ 550.00	

<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 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA31331

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31333

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31334

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 30 OF 186  
(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**

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

Mailing Address 1015 North Manchester Street

City State Zip Code  
 Arlington VA 22205

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

Name of Employer Occupation  
 Health Net Federal Services, LLC Lawyer

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31335**

Amount of Each Receipt this Period  
 400.00

Full Name (Last, First, Middle Initial)  
**B. David R. Feniger**

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, Inc. Executive Counsel

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 462.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31336**

Amount of Each Receipt this Period  
 42.00

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

Mailing Address 21550 Oxnard Street, Suite 1080

City State Zip Code  
 Woodland Hills CA 91367

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 418.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31337**

Amount of Each Receipt this Period  
 38.00

**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 : INCA31335

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31336

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31337

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 186
	<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	

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. 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 ▼ **440.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31338**

Amount of Each Receipt this Period  
**400.00**

**B. 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 ▼ **209.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31339**

Amount of Each Receipt this Period  
**19.00**

**C. 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 ▼ **825.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31340**

Amount of Each Receipt this Period  
**75.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>134.00</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 : INCA31338

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31339

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31340

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 36 OF 186  
(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**

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

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  
 HealthNet of California Vice President of Underwriting

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31341**

Amount of Each Receipt this Period  
 50.00

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

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. Director, Finance

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31343**

Amount of Each Receipt this Period  
 35.00

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

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 Director, Compliance

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 209.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31344**

Amount of Each Receipt this Period  
 19.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 104.00

**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 : INCA31341

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31343

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31344

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 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. 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 ▼ **418.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31346**

Amount of Each Receipt this Period  
**38.00**

**B. 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 ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31347**

Amount of Each Receipt this Period  
**30.00**

**C. 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 ▼ **440.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31348**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **108.00**

**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 : INCA31346

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31347

Payroll Deduction



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

Form/Schedule: SA11AI

Transaction ID : INCA31348

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 42 OF 186  
(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**

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

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 ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31349**

Amount of Each Receipt this Period  
**50.00**

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

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 ▼ **385.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31350**

Amount of Each Receipt this Period  
**35.00**

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

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 ▼ **209.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31352**

Amount of Each Receipt this Period  
**19.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **104.00**

**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 : INCA31349

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31350

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31352

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 45 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. 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 ▼ **418.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31353**

Amount of Each Receipt this Period  
**38.00**

**B. 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 ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31356**

Amount of Each Receipt this Period  
**25.00**

**C. 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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31357**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **83.00**

**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 : INCA31353

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31356

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31357

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 186
	<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

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. 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 ▼ **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31358**

Amount of Each Receipt this Period  
**200.00**

**B. 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 ▼ **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31359**

Amount of Each Receipt this Period  
**200.00**

**C. 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 ▼ **418.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31360**

Amount of Each Receipt this Period  
**38.00**

**SUBTOTAL** of Receipts This Page (optional)..... **78.00**

**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 : INCA31358

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31359

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31360

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 51 OF 186  
(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**

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

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 VP, Provider Network Management

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 05 / 09 / 2014

**Transaction ID : INCA31362**

Amount of Each Receipt this Period  
 400.00

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

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, Inc. Dir, IT Business Consulting

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 385.00

Date of Receipt  
 05 / 09 / 2014

**Transaction ID : INCA31363**

Amount of Each Receipt this Period  
 35.00

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

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. Vice President, Actuarial Services

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 05 / 09 / 2014

**Transaction ID : INCA31364**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00

**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 : INCA31362

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31363

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31364

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 54 OF 186  
(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**

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

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, Medicare Programs

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31365**

Amount of Each Receipt this Period  
 25.00

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

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 VP Call Centers

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31368**

Amount of Each Receipt this Period  
 20.00

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

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 ▼  
 638.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31369**

Amount of Each Receipt this Period  
 58.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 103.00

**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 : INCA31365

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31368

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31369

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 186
	<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

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. 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 ▼ **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31370**

Amount of Each Receipt this Period  
**200.00**

**B. 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 ▼ **209.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31372**

Amount of Each Receipt this Period  
**19.00**

**C. 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 ▼ **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31373**

Amount of Each Receipt this Period  
**50.00**

**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 : INCA31370

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31372

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31373

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 186
	<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	

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. 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 ▼ **209.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31374**

Amount of Each Receipt this Period  
**19.00**

**B. 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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31375**

Amount of Each Receipt this Period  
**20.00**

**C. 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 ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31376**

Amount of Each Receipt this Period  
**25.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>64.00</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 : INCA31374

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31375

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31376

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 186
	<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	

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. 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 ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : INCA31378**  
 Amount of Each Receipt this Period  
 30.00

**B. 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 ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : INCA31379**  
 Amount of Each Receipt this Period  
 40.00

**C. 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 ▼ 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : INCA31380**  
 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 : INCA31378

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31379

Payroll Deduction



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

Form/Schedule: SA11AI

Transaction ID : INCA31380

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 186
	<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	

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. 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 ▼ **211.53**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**  
**Transaction ID : INCA31381**  
 Amount of Each Receipt this Period  
**19.23**

**B. Adrienne Biggert Morrell**  
 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, Inc. Occupation VP Government Relations  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**  
**Transaction ID : INCA31382**  
 Amount of Each Receipt this Period  
**50.00**

**C. Lawrence Naehr**  
 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 VP, Optimization  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**  
**Transaction ID : INCA31383**  
 Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>119.23</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 : INCA31381

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31382

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31383

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 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

**A. Chad S. Niles**  
 Full Name (Last, First, Middle Initial)  
 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 ▼  
 396.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : INCA31385**  
 Amount of Each Receipt this Period  
 36.00

**B. Pierre Pendergrass**  
 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. Attorney at Law  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : INCA31387**  
 Amount of Each Receipt this Period  
 35.00

**C. Lynn Pettitt**  
 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 Inc. Director Pharmacy  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 209.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : INCA31388**  
 Amount of Each Receipt this Period  
 19.00

<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 : INCA31385

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31387

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31388

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 186
	<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

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. 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 ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : INCA31390**  
 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 ▼ 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : INCA31391**  
 Amount of Each Receipt this Period  
 30.00

**C. Charles Rose**  
 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 & Asst. General Counsel  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 09 / 2014  
**Transaction ID : INCA31392**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 : INCA31390

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31391

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31392

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 186
	<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	

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. Matthew M. Ruest**  
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 Market Manager II

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**418.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31394**

Amount of Each Receipt this Period  
**38.00**

**B. Lori R. Scott**  
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 of California VP, Sales Integration & Ops

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**418.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31398**

Amount of Each Receipt this Period  
**38.00**

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

Mailing Address 2370 Kerner Blvd.

City State Zip Code  
San Rafael CA 94901

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1100.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31399**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **176.00**

**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 : INCA31394

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31398

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31399

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 186
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. 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 ▼ **440.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31401**

Amount of Each Receipt this Period  
**400.00**

**B. 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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31402**

Amount of Each Receipt this Period  
**20.00**

**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 ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31403**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **85.00**

**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 : INCA31401

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31402

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31403

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 186  
(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**

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

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 ▼ **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31404**

Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Susan I. Thomas**

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 Director of Business Intelligence

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31406**

Amount of Each Receipt this Period  
**25.00**

Full Name (Last, First, Middle Initial)  
**c. Steven D. Tough**

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 ▼ **550.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31407**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **125.00**

**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 : INCA31404

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31406

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31407

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 186
	<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

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. 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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31408**

Amount of Each Receipt this Period  
**200.00**

**B. 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 ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31412**

Amount of Each Receipt this Period  
**30.00**

**C. 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 ▼ **209.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 09 / 2014**

**Transaction ID : INCA31413**

Amount of Each Receipt this Period  
**19.00**

**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 : INCA31408

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31412

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31413

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 87 OF 186  
(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**

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

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 ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31414**

Amount of Each Receipt this Period  
 200.00

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

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 ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31415**

Amount of Each Receipt this Period  
 200.00

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

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 ▼  
 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31416**

Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00

**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 : INCA31414

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31415

Payroll Deduction



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

Form/Schedule: SA11AI

Transaction ID : INCA31416

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 90 OF 186  
(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**

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

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. VP State Leg & Reg Compliance

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31417**

Amount of Each Receipt this Period  
 100.00

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

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, Call Center

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31418**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. James E. Woys**

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.. EVP & COO

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 09 / 2014

**Transaction ID : INCA31419**

Amount of Each Receipt this Period  
 205.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 330.00

**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 : INCA31417

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31418

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31419

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 93 OF 186
	<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	

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 ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31431**  
 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 ▼ 418.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31432**  
 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 ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31433**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	113.00
<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 : INCA31431

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31432

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31433

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 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)  
**A. 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 ▼  
**275.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : INCA31435**

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 ▼  
**220.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : INCA31436**

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 ▼  
**275.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : INCA31438**

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 : INCA31435

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31436

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31438

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 99 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. Steven R. Boettcher**  
 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. Vice President, Talent Management & Or  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 385.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31439**  
 Amount of Each Receipt this Period  
 35.00

Full Name (Last, First, Middle Initial)  
**B. Pamela Ann Bohall**  
 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, Claims Admin & Enroll Svcs  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 846.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31440**  
 Amount of Each Receipt this Period  
 76.92

Full Name (Last, First, Middle Initial)  
**C. 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 ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31441**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **131.92**  
**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 : INCA31439

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31440

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31441

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 : INCA31442

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31443

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31444

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 105 OF 186  
(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**

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

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 ▼  
 209.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : INCA31445**

Amount of Each Receipt this Period  
 19.00

Full Name (Last, First, Middle Initial)  
**B. Joseph Capezza**

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 EVP & CFO

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : INCA31449**

Amount of Each Receipt this Period  
 40.00

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

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 of California, Inc.      Occupation Director, Claims

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : INCA31450**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 79.00

**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 : INCA31445

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31449

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31450

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 186
	<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	

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. Thomas Carrato**

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 ▼  
550.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : INCA31451**

Amount of Each Receipt this Period  
50.00

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

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 ▼  
330.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : INCA31453**

Amount of Each Receipt this Period  
30.00

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

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 ▼  
330.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : INCA31454**

Amount of Each Receipt this Period  
30.00

**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 : INCA31451

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31453

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31454

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 111 OF 186  
(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. Daniel C. Chick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 K Street, Suite 1815  
 City State Zip Code  
 Sacramento CA 95814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Net of California, Inc. Director, Government Affairs  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 319.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31455**  
 Amount of Each Receipt this Period  
 29.00

**B. Patricia Clarey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 22nd Floor  
 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, Chief Regulatory & External Rela  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 418.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31456**  
 Amount of Each Receipt this Period  
 38.00

**C. 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 ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31459**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 87.00  
**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 : INCA31455

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31456

Payroll Deduction



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

Form/Schedule: SA11AI

Transaction ID : INCA31459

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 186
	<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	

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. 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 ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31460**  
 Amount of Each Receipt this Period  
 20.00

**B. 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 ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31462**  
 Amount of Each Receipt this Period  
 20.00

**C. 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 ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31463**  
 Amount of Each Receipt this Period  
 50.00

**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 : INCA31460

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31462

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31463

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 117 OF 186  
(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**

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

Mailing Address 1015 North Manchester Street

City State Zip Code  
 Arlington VA 22205

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

Name of Employer Occupation  
 Health Net Federal Services, LLC Lawyer

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 05 / 23 / 2014  
**Transaction ID : INCA31464**

Amount of Each Receipt this Period  
 400.00

Full Name (Last, First, Middle Initial)  
**B. David R. Feniger**

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, Inc. Executive Counsel

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 462.00

Date of Receipt  
 05 / 23 / 2014  
**Transaction ID : INCA31465**

Amount of Each Receipt this Period  
 42.00

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

Mailing Address 21550 Oxnard Street, Suite 1080

City State Zip Code  
 Woodland Hills CA 91367

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 418.00

Date of Receipt  
 05 / 23 / 2014  
**Transaction ID : INCA31466**

Amount of Each Receipt this Period  
 38.00

**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 : INCA31464

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31465

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31466

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 186
	<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	

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. 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 ▼ **440.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : INCA31467**

Amount of Each Receipt this Period  
**400.00**

**B. 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 ▼ **209.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : INCA31468**

Amount of Each Receipt this Period  
**19.00**

**C. 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 ▼ **825.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : INCA31469**

Amount of Each Receipt this Period  
**75.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **134.00**

**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 : INCA31467

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31468

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31469

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 123 OF 186  
(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**

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

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  
 HealthNet of California Vice President of Underwriting

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : INCA31470**

Amount of Each Receipt this Period  
 50.00

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

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. Director, Finance

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 385.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : INCA31472**

Amount of Each Receipt this Period  
 35.00

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

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 Director, Compliance

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 209.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : INCA31473**

Amount of Each Receipt this Period  
 19.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 104.00

**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 : INCA31470

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31472

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31473

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 126 OF 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. 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 ▼ **418.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : INCA31475**

Amount of Each Receipt this Period  
**38.00**

**B. 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 ▼ **330.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : INCA31476**

Amount of Each Receipt this Period  
**30.00**

**C. 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 ▼ **440.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : INCA31477**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **108.00**

**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 : INCA31475

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31476

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31477

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 186
	<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	

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. 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 ▼ **550.00**

Date of Receipt  
**05 / 23 / 2014**  
**Transaction ID : INCA31478**  
Amount of Each Receipt this Period  
**50.00**

**B. 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 ▼ **385.00**

Date of Receipt  
**05 / 23 / 2014**  
**Transaction ID : INCA31479**  
Amount of Each Receipt this Period  
**35.00**

**C. 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 ▼ **209.00**

Date of Receipt  
**05 / 23 / 2014**  
**Transaction ID : INCA31481**  
Amount of Each Receipt this Period  
**19.00**

**SUBTOTAL** of Receipts This Page (optional)..... **104.00**  
**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 : INCA31478

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31479

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31481

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 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. 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 ▼ **418.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : INCA31482**

Amount of Each Receipt this Period  
**88.00**

**B. 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 ▼ **275.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : INCA31485**

Amount of Each Receipt this Period  
**25.00**

**C. 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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : INCA31486**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **83.00**

**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 : INCA31482

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31485

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31486

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 186
	<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

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. 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 ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014  
**Transaction ID : INCA31487**  
Amount of Each Receipt this Period  
20.00

**B. 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 ▼ 220.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014  
**Transaction ID : INCA31488**  
Amount of Each Receipt this Period  
20.00

**C. 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 ▼ 418.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 23 / 2014  
**Transaction ID : INCA31489**  
Amount of Each Receipt this Period  
38.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.00  
**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 : INCA31487

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31488

Payroll Deduction



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

Form/Schedule: SA11AI

Transaction ID : INCA31489

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 186
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

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

Full Name (Last, First, Middle Initial) <b>A. Anthony J. Koelker</b>		Date of Receipt 05 / 23 / 2014
Mailing Address 2107 Wilson Blvd.		<b>Transaction ID : INCA31491</b>
City Arlington	State VA	Zip Code 22201
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 400.00	
Name of Employer Health Net Federal Services	Occupation VP, Provider Network Management	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Full Name (Last, First, Middle Initial) <b>B. David Kosterman</b>		Date of Receipt 05 / 23 / 2014
Mailing Address 11971 Foundation Place, Suite C		<b>Transaction ID : INCA31492</b>
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 35.00	
Name of Employer Health Net, Inc.	Occupation Dir, IT Business Consulting	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 385.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Kuecks</b>		Date of Receipt 05 / 23 / 2014
Mailing Address 21650 Oxnard Street		<b>Transaction ID : INCA31493</b>
City Woodland Hills	State CA	Zip Code 91367
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Health Net, Inc.	Occupation Vice President, Actuarial Services	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<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 : INCA31491

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31492

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31493

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 141 OF 186  
(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. 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 ▼ **275.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 23 / 2014**  
**Transaction ID : INCA31494**  
 Amount of Each Receipt this Period  
**25.00**

**B. 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 ▼ **220.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 23 / 2014**  
**Transaction ID : INCA31497**  
 Amount of Each Receipt this Period  
**20.00**

**C. Lori A. Long**  
 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 Occupation Director, Public Policy & Government R  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **638.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 23 / 2014**  
**Transaction ID : INCA31498**  
 Amount of Each Receipt this Period  
**58.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **103.00**  
**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 : INCA31494

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31497

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31498

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 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**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 ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31499**  
 Amount of Each Receipt this Period  
 200.00

**B. 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 ▼ 209.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31501**  
 Amount of Each Receipt this Period  
 19.00

**C. 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 ▼ 550.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31502**  
 Amount of Each Receipt this Period  
 50.00

**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 : INCA31499

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31501

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31502

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 147 OF 186  
(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**

Full Name (Last, First, Middle Initial)  
**A. 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 ▼  
 209.00

Date of Receipt  
 05 / 23 / 2014  
**Transaction ID : INCA31503**

Amount of Each Receipt this Period  
 19.00

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
 220.00

Date of Receipt  
 05 / 23 / 2014  
**Transaction ID : INCA31504**

Amount of Each Receipt this Period  
 20.00

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

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 VP, Controller

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 05 / 23 / 2014  
**Transaction ID : INCA31505**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 64.00

**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 : INCA31503

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31504

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31505

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 186
	<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	

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) <b>A. Susan K. W. Misura</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2014
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA31507</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	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	
		Amount of Each Receipt this Period 30.00

Full Name (Last, First, Middle Initial) <b>B. Marie Montgomery</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2014
Mailing Address 21650 Oxnard Street		<b>Transaction ID : INCA31508</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	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
		Amount of Each Receipt this Period 40.00

Full Name (Last, First, Middle Initial) <b>C. Jennifer A. Moore</b>		Date of Receipt MM / DD / YYYY 05 / 23 / 2014
Mailing Address 21281 Burbank Blvd.		<b>Transaction ID : INCA31509</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 VP Provider Network Management	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	
		Amount of Each Receipt this Period 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<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 : INCA31507

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31508

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31509

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 186
	<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	

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. 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 ▼ **211.53**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2014**  
**Transaction ID : INCA31510**  
 Amount of Each Receipt this Period  
**19.23**

**B. Adrienne Biggert Morrell**  
 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, Inc. Occupation VP Government Relations  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2014**  
**Transaction ID : INCA31511**  
 Amount of Each Receipt this Period  
**50.00**

**C. Lawrence Naehr**  
 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 VP, Optimization  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2014**  
**Transaction ID : INCA31512**  
 Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>119.23</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 : INCA31510

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31511

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31512

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 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Chad S. Niles**  
Full Name (Last, First, Middle Initial)

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 ▼  
396.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : INCA31514**

Amount of Each Receipt this Period  
36.00

**B. Pierre Pendergrass**  
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. Attorney at Law

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
385.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : INCA31516**

Amount of Each Receipt this Period  
35.00

**C. Lynn Pettitt**  
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 Inc. Director Pharmacy

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
209.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
05 / 23 / 2014

**Transaction ID : INCA31517**

Amount of Each Receipt this Period  
19.00

**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 : INCA31514

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31516

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31517

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 186
	<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

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. 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 ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31519**  
 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 ▼ 330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31520**  
 Amount of Each Receipt this Period  
 30.00

**C. Charles Rose**  
 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 & Asst. General Counsel  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31521**  
 Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<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 : INCA31519

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31520

Payroll Deduction



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

Form/Schedule: SA11AI

Transaction ID : INCA31521

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 186
	<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

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. Matthew M. Ruest**  
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 Market Manager II

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**418.00**

Date of Receipt  
05 / 23 / 2014

**Transaction ID : INCA31523**

Amount of Each Receipt this Period  
**38.00**

**B. Lori R. Scott**  
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 of California VP, Sales Integration & Ops

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**418.00**

Date of Receipt  
05 / 23 / 2014

**Transaction ID : INCA31527**

Amount of Each Receipt this Period  
**38.00**

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

Mailing Address 2370 Kerner Blvd.

City State Zip Code  
San Rafael CA 94901

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

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

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1100.00**

Date of Receipt  
05 / 23 / 2014

**Transaction ID : INCA31528**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **176.00**

**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 : INCA31523

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31527

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31528

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 186  
(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**

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

Mailing Address 1201 K Street, Suite 1815

City State Zip Code  
 Sacramento CA 95814

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : INCA31530**

Amount of Each Receipt this Period  
 400.00

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

Mailing Address 21271 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, Business Plan, Ops, Qual & Trng

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : INCA31531**

Amount of Each Receipt this Period  
 20.00

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

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 VP Sales

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : INCA31532**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

**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 : INCA31530

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31531

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31532

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 186
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. 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 ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

**Transaction ID : INCA31533**

Amount of Each Receipt this Period  

50.00
-------

**B. Susan I. Thomas**  
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 Director of Business Intelligence
--------------------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

**Transaction ID : INCA31535**

Amount of Each Receipt this Period  

25.00
-------

**c. 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 ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

**Transaction ID : INCA31536**

Amount of Each Receipt this Period  

50.00
-------

<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 : INCA31533

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31535

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31536

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 171 OF 186  
(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**

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

Mailing Address 10650 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. Vice President, Actuarial Services

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : INCA31537**

Amount of Each Receipt this Period  
 200.00

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

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, Inc. Director Real Estate Admin.

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : INCA31541**

Amount of Each Receipt this Period  
 30.00

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

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 ▼  
 209.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 23 / 2014

**Transaction ID : INCA31542**

Amount of Each Receipt this Period  
 19.00

**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 : INCA31537

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31541

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31542

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 174 OF 186  
(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. 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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2014**  
**Transaction ID : INCA31543**  
 Amount of Each Receipt this Period  
**200.00**

**B. 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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2014**  
**Transaction ID : INCA31544**  
 Amount of Each Receipt this Period  
**200.00**

**C. 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 ▼ **2200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2014**  
**Transaction ID : INCA31545**  
 Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **240.00**  
**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 : INCA31543

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31544

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31545

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 177 OF 186  
(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**

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

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. VP State Leg & Reg Compliance

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31546**

Amount of Each Receipt this Period  
100.00

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

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, Call Center

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31547**

Amount of Each Receipt this Period  
25.00

Full Name (Last, First, Middle Initial)  
**C. James E. Woys**

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.. EVP & COO

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2255.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 23 / 2014  
**Transaction ID : INCA31548**

Amount of Each Receipt this Period  
205.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6600.30

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

Form/Schedule: SA11AI

Transaction ID : INCA31546

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31547

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31548

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

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. Charles Boustany, Jr. MD for Congress, Inc.**

Mailing Address P.O. Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Charles Boustany**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : EXPB31173**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Devin Nunes Campaign Committee**

Mailing Address P.O. Box 6545

City Visalia State CA Zip Code 93290

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Devin G. Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		05		2014

**Transaction ID : EXPB31175**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. Holding Onto Oregon's Priorities Political Action Committee**

Mailing Address P.O. Box 3314

City Portland State OR Zip Code 97208

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Holding Onto Oregon's Priorities Political Action Committee**

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
05		05		2014

**Transaction ID : EXPB31180**

Amount of Each Disbursement this Period

5000.00
---------

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00
---------

**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

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. Issa for Congress**

Mailing Address P.O. Box 760

City Vista State CA Zip Code 92085

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Darrell E. Issa**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 49

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2014

**Transaction ID : EXPB31176**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Majority Committee PAC -- MC PAC**

Mailing Address P.O. Box 10134

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Majority Committee PAC -- MC PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2014

**Transaction ID : EXPB31177**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. New Pac**

Mailing Address P.O. Box 7480

City Visalia State CA Zip Code 93290

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**New Pac**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2014

**Transaction ID : EXPB31178**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

11000.00

**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

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. New Pioneers PAC**

Mailing Address 228 South Washington Street, Suite

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**New Pioneers PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2014

**Transaction ID : EXPB31179**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Strickland for Congress**

Mailing Address P.O. Box 630446

City Simi Valley State CA Zip Code 93063

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Anthony A. Strickland**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 25

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2014

**Transaction ID : EXPB31174**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Valadao for Congress**

Mailing Address 504 Van Ness Avenue

City Fresno State CA Zip Code 93721

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**David Valadao**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

MM / DD / YYYY  
05 / 05 / 2014

**Transaction ID : EXPB31172**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

**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

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. Swalwell for Congress**

Mailing Address P.O. Box 2847

City State Zip Code  
Dublin CA 94568

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Eric Michael Swalwell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 15

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 06 / 2014

**Transaction ID : EXPB31181**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Cantor for Congress**

Mailing Address P.O. Box 17813

City State Zip Code  
Richmond VA 23226

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Eric Cantor**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 12 / 2014

**Transaction ID : EXPB31301**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Bennet for Colorado**

Mailing Address P.O. Box 3078

City State Zip Code  
Denver CO 80201

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Michael F. Bennet**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : EXPB31423**

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

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. Denham for Congress**

Mailing Address 2150 River Plaza Drive, Suite 150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name  
**Jeff Denham**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 10

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	4

Transaction ID : EXPB31421

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. Friends of John Thune**

Mailing Address P.O. Box 841

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name  
**John R. Thune**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SD District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	6

Transaction ID : EXPB31426

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. Julia Brownley for Congress**

Mailing Address P.O. Box 2018

City Thousand Oaks State CA Zip Code 91358

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name  
**Julia Brownley**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 26

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	4

Transaction ID : EXPB31424

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0




**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

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. Nancy Pelosi for Congress**

Mailing Address 700 13th Street NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Nancy Pelosi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

**Transaction ID : EXPB31427**

Amount of Each Disbursement this Period

2500.00
---------

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

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

**Transaction ID : EXPB31428**

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		22		2014

**Transaction ID : EXPB31425**

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

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. Sherman for Congress**

Mailing Address 777 South Figueroa Street, Suite 4

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Brad Sherman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 30

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 22 / 2014

**Transaction ID : EXPB31422**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Anna Eshoo for Congress**

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Anna Eshoo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 18

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2014

**Transaction ID : EXPB31430**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Mark DeSaulnier for Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Mark DeSaulnier**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 11

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 27 / 2014

**Transaction ID : EXPB31429**

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00

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

40500.00