

REGISTRATION CENTER
2004 SEP 17 P 12:00

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **HEALTH NET, INCORPORATED POLITICAL ACTION COMMITTEE** TYPE OR FORM **12FB4M5** Example: If typing, type over the lines.

ADDRESS (number and street) **21650 Oxnard Street, 25th Floor**

Check if different than previously reported. (ACC)

Woodland Hills CA 91367

2. FEC IDENTIFICATION NUMBER **C 006230789** CITY **WOODLAND HILLS** STATE **CA** ZIP CODE **91367**

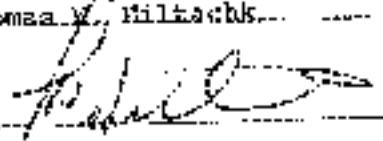
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(a) Monthly Report Due On:					in the State of
	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election)	Nov 20 (M11) (Non-Election)	
(b) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6)	X Sep 20 (M9)	Dec 20 (M12) (Election Year Only)	Jan 31 (YE)	
April 15 Quarterly Report (Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)			
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Election Report for the:		Primary (12P)	General (12G)	Runoff (12R)	
October 15 Quarterly Report (Q3)	Report for the:		Convention (12C)	Special (12S)		
January 31 Year-End Report (YE)	Election on					
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:		General (30G)	Runoff (30R)	Special (30S)	
Termination Report (TER)	Election on					in the State of

5. Covering Period 08 01 2004 through 08 31 2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Thomas V. Hiltachuk**

Signature of Treasurer  Date **09 15 2004**

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

Office Use Only							
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 02/2003)

Page 2

Write or Type Committee Name

Health Nat. Incorporated Political Action Committee

Report Covering the Period: From 08 01 2004 to 06 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		25,626.69
(b) Cash on Hand at Beginning of Reporting Period	30,997.34	
(c) Total Receipts (from Line 19)	1,043.00	40,109.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34,038.34	66,038.34
7. Total Disbursements (from Line 31)	0.00	32,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	34,038.34	34,038.34
9. Debts and Obligations Owed TO the Committee (itemize as on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize as on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a noncandidate 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 (Revised 02/2003)

Page 3

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period: From 09 01 2004 To 09 30 2004

1. 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) Members (use Schedule A)	2,646.00	
(ii) Unitemized	195.00	
(ii) TOTAL (add Lines 11(a)(i) and (ii))	3,041.00	39,628.00
(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)(i), (ii), (b), and (c)) (Carry Totals to Line 53, page 5)	3,041.00	39,628.00
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	783.74
18. Transfers from Nonfederal and Levin Funds		
(a) Non-Federal Account (from Schedule H5)	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))	3,041.00	40,409.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3,041.00	40,409.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 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 H):		
(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 (see 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees	0.00	2,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	29,500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441g(d)) (see Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	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(2)):		
(a) Allocated Federal Election Activity (from Schedule H):		
(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), and 30(c))	0.00	32,000.00
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(i) from Line 31)	0.00	32,000.00

DETAILED SUMMARY PAGE
of Disbursements

FEG Form 3X (Revised 02/2009)

Page 5

III. Net Contributions / Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from line 11 (d), page 3)	3,041.00	39,628.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3,041.00	39,628.00
36. Total Federal Operating Expenditures (add Line 21(a)(5) and Line 21(b))	0.00	0.00
37. Offset 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 3)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:		PAGE 1		OF 14	
(check only one)					
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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 sources.

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

Full Name (Last, First, Middle Initial) A. David Anderson		Date of Receipt 08 11 2004
Mailing Address 21261 Siskiyaw Blvd. City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Chief Sales Officer	Bi-weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 890.00	

Full Name (Last, First, Middle Initial) B. Thomas R. Ash		Date of Receipt 08 11 2004
Mailing Address 123 Technology Drive City State Zip Code Irvine, CA 92610		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Pres. SOS & Managed Care	Bi-weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 890.00	

Full Name (Last, First, Middle Initial) C. Karen S. Avrahasov		Date of Receipt 08 11 2004
Mailing Address 3900 Bala Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Dir. of Communications	Bi-weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 526.00	

SUBTOTAL of Receipts This Page (colored)	240.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)		PAGE 2 OF 14	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Marshall Bentley		Date of Receipt 08 21 2004
Mailing Address 3400 Santa Drive City Knoxville Cordova, CA 95070 State Zip Code		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP & Controller	Bi-Weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 400.00	

Full Name (Last, First, Middle Initial) B. Russell A. Bentley		Date of Receipt 08 21 2004
Mailing Address 22272 Rockbank Blvd. City Woodland Hills, CA 91367 State Zip Code		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Director of Applications	Bi-Weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. Jeffrey R. Giaciaralli		Date of Receipt 09 21 2004
Mailing Address 21971 Foundation Place C City Knoxville Cordova, CA 95070 State Zip Code		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Director Sales	Bi-Weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 800.00	

SUBTOTAL of Receipts This Page (optional)	200.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:		PAGE 1 OF 14	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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

Full Name (Last, First, Middle Initial) A. Renee E. Claborn		Date of Receipt 08 31 2004
Mailing Address 2290 SE 97th Avenue City Clackamas, OR 97025		Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Director Healthcare Services	Net Excess Excess Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 320.00	

Full Name (Last, First, Middle Initial) B. Edward W. Gotsch, Jr.		Date of Receipt 08 31 2004
Mailing Address 3000 Santa Drive City Reno, NV 89570		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP, Health Medicare Compliance	Net Excess Excess Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 595.00	

Full Name (Last, First, Middle Initial) C. Robert F. Crawford, Jr.		Date of Receipt 08 31 2004
Mailing Address 1220 West Washington Street City Tempe, AZ 85283		Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Director Provider Network Management	Net Excess Excess Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 240.00	

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

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

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

FOR LINE NUMBER:		PAGE 4 OF 14	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

Any information copied from both 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. Maria L. Diets		Date of Receipt 09 31 2004
Mailing Address 12221 SA 68TH Parkway City State Zip Code Tigard, OR 97223		Amount of Each Receipt This Period 30.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Director Product Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 230.00	Bi-weekly payroll deduction

Full Name (Last, First, Middle Initial) B. Alida K. Doda		Date of Receipt 08 31 2004
Mailing Address One Oak Hill Crossing City State Zip Code Shelton, CT 06454		Amount of Each Receipt This Period 34.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Director Financial Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 416.00	Bi-weekly payroll deduction

Full Name (Last, First, Middle Initial) C. Susan M. Inseck-Keisbold		Date of Receipt 08 31 2004
Mailing Address 509 Canal Blvd. City State Zip Code Folsom, California, CA 94504		Amount of Each Receipt This Period 40.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Strategy and Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 320.00	Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional)	332.00
TOTAL This Period (last page this box number only)	

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

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

FOR LINE NUMBER: (check only one)
 PAGE 5 OF 14
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mark S. El Jundi
 Full Name (Last, First, Middle Initial)
 Mailing Address: 2800 N. 44th Street, #500, Phoenix, AZ 85008
 City: Phoenix, AZ 85008
 State: AZ Zip Code: 85008
 Date of Receipt: 08 22 2006
 Amount of Each Receipt this Period: 100.00
 Aggregate Year-to-Date: 100.00
 Receipt For: Primary General Other (specify) _____
 Name of Employer: Health Net, Inc. Occupation: President of Arizona
 20-Week Payroll Deduction

B. David J. Friedman
 Full Name (Last, First, Middle Initial)
 Mailing Address: 3400 Dana Drive, Rancho Cordova, CA 95670
 City: Rancho Cordova, CA 95670
 State: CA Zip Code: 95670
 Date of Receipt: 08 31 2006
 Amount of Each Receipt this Period: 50.00
 Aggregate Year-to-Date: 480.00
 Receipt For: Primary General Other (specify) _____
 Name of Employer: Health Net, Inc. Occupation: SVP and General Manager
 20-Week Payroll Deduction

C. Sharon Lewis
 Full Name (Last, First, Middle Initial)
 Mailing Address: 3400 Dana Drive, Rancho Cordova, CA 95670
 City: Rancho Cordova, CA 95670
 State: CA Zip Code: 95670
 Date of Receipt: 08 31 2006
 Amount of Each Receipt this Period: 30.00
 Aggregate Year-to-Date: 249.00
 Receipt For: Primary General Other (specify) _____
 Name of Employer: Health Net, Inc. Occupation: VP Org. Effectiveness
 20-Week Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 397.00
 TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)		PAGE 4		OF 14
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Lori A. Long		Date of Receipt 08 31 2004
Mailing Address 13201 SW 83th Parkway City State Zip Code Tigard, OR 97223		Amount of Each Receipt this Period 35.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net Oregon	Occupation Manager, Political Relations	is Monthly Payroll Deduction
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 240.00	

Full Name (Last, First, Middle Initial) B. Karin Gardner		Date of Receipt 08 31 2004
Mailing Address 2400 Dana Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation SVP Organization Effectiveness	is Monthly Payroll Deduction
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. Adrienne Higgins Morrell		Date of Receipt 08 31 2004
Mailing Address 21630 Oxnard Street City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Government Relations	is Monthly Payroll Deduction
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 560.00	

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

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

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

FOR LINE NUMBER: PAGE 2 OF 14
(check only one)

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

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

A. SEAYE W. Murphy

Full Name (Last, First, Middle Initial)
Date of Receipt: 08 31 2004

Mailing Address
49 Wall Street, 6th Floor
City: New York, NY 10005
State: Zip Code:

FEC ID number of contributing federal political committee: C
Amount of Each Receipt this Period: 50.00

Name of Employer: Health Net, Inc. Occupation: Director Sales
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 236.00
Net Monthly Payroll Deduction:

B. David W. Olson

Full Name (Last, First, Middle Initial)
Date of Receipt: 08 31 2004

Mailing Address
2400 Data Drive
City: Rancho Cordova, CA 95670
State: Zip Code:

FEC ID number of contributing federal political committee: C
Amount of Each Receipt this Period: 50.00

Name of Employer: Health Net, Inc. Occupation: SVP Investor Relations
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 430.00
Net Monthly Payroll Deduction:

C. SHAWN RAJEND

Full Name (Last, First, Middle Initial)
Date of Receipt: 08 31 2004

Mailing Address
2400 Data Drive
City: Rancho Cordova, CA 95670
State: Zip Code:

FEC ID number of contributing federal political committee: C
Amount of Each Receipt this Period: 40.00

Name of Employer: Health Net, Inc. Occupation: VP & Chief Medical Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date: 520.00
Net Monthly Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) 130.00

TOTAL This Period (next page this line number only)

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

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

FOR LINE NUMBER: (check only one)		PAGE 2 OF 14	
<input type="checkbox"/> 8	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 12
			<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Tereza Reynolds		Date of Receipt 05 31 2004
Mailing Address 21280 Burbank Blvd. City Woodland Hills, CA 91367		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Procurement	Monthly Payroll Deductions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) C	Aggregate Year-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Carol B. Richey		Date of Receipt 05 31 2004
Mailing Address 21650 Oxford Street City Woodland Hills, CA 91367		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Sr. Vice President, Controller	Monthly Payroll Deductions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) C	Aggregate Year-to-Date 1,600.00	

Full Name (Last, First, Middle Initial) C. Sieberg 20110		Date of Receipt 05 31 2004
Mailing Address 21650 Oxford Street City Woodland Hills, CA 91367		Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Business Development	Monthly Payroll Deductions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) C	Aggregate Year-to-Date 180.00	

SUBTOTAL of Receipts This Page (optional)	330.00
TOTAL This Period (last page line number only)	

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

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

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

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

Full Name (Last, First, Middle Initial) A. Linda Salzman		Date of Receipt 08 31 2004
Mailing Address 21650 Oxford Street City Woodland Hills, CA 91367		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation RVP Corporate Business Planning	SI Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 355.00	

Full Name (Last, First, Middle Initial) B. Dijan Barzafsedeh		Date of Receipt 08 31 2004
Mailing Address 10834 International Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VE Information Technology	SI Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 450.00	

Full Name (Last, First, Middle Initial) C. Jonathan H. Scheff		Date of Receipt 08 31 2004
Mailing Address 2025 Arcotet Road City Rancho Cordova, CA 95642		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net Federal Services, Inc.	Occupation Chief Medical Officer	SI Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	210.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FDC LINE NUMBER: (check only one)		PAGE 10 OF 14	
<input checked="" type="checkbox"/> 13a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ann Servais		Date of Receipt 08 31 2004
Mailing Address 405 Lexington Avenue City New York, NY 10174		Amount of Each Receipt This Period 30.00
FEC ID number of contributing federal political committee C		
Name of Employer Director Sales	Occupation Health Net, Inc.	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 340.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Lee Shelton		Date of Receipt 08 31 2004
Mailing Address 3400 Dana Drive City Rancho Cordova, CA 95670		Amount of Each Receipt This Period 50.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP STATE GOVT. AFFAIRS	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 400.00	

Full Name (Last, First, Middle Initial) C. Richey Lee Simmons		Date of Receipt 08 31 2004
Mailing Address 21271 Surber's Blvd City Woodland Hills, CA 91367		Amount of Each Receipt This Period 86.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Information Systems	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 608.00	

SUBTOTAL of Receipts This Page (optional)	166.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)		PAGE 11 OF 14	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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

Full Name (Last, First, Middle Initial) A. Thomas V. Zeith		Date of Receipt 08 21 2004
Mailing Address 2400 Dana Drive City State Zip Code Rancho Conejo, CA 95610		Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Dir. Natl. Reg. and Events	50-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. Michael P. Sobczako		Date of Receipt 08 31 2004
Mailing Address 21271 Washburn Blvd. City State Zip Code Woodlawn Hills, CA 91367		Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Director of Operations Quality & Train	50-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 220.00	

Full Name (Last, First, Middle Initial) C. Joanne Tully Staffen		Date of Receipt 08 31 2004
Mailing Address 1120 Sandy Plains Avenue City State Zip Code Las Vegas, NV 89131		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Network & Delivery Sys. Management	50-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 800.00	

SUBTOTAL of Receipts This Page (optional)	280.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)		PAGE 12 OF 16	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Robert T. Baker		Date of Receipt 08 23 2004
Mailing Address 21201 Burbank Blvd City Woodland Hills, CA 91367		Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Pharmacy	Eligibility Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 990.00	

Full Name (Last, First, Middle Initial) B. Franklin Fox		Date of Receipt 08 11 2004
Mailing Address 3400 Dora Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Legal	Eligibility Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 800.00	

Full Name (Last, First, Middle Initial) C. Donald Rumbold Vargas		Date of Receipt 08 31 2004
Mailing Address 3400 Dora Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation SVP General Manager	Eligibility Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 800.00	

SUBTOTAL of Receipts This Page (optional)	260.00
TOTAL This Period (see page this line number only)	

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

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

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

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

Full Name (Last, First, Middle Initial) A. Bill Galtz		Date of Receipt 08 31 2004
Mailing Address 21650 Orchard Street City Woodland Hills, CA 91367 State Zip Code		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Organizational Effectiveness	Bi-weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Aggregate Year-to-Date 400.00	

Full Name (Last, First, Middle Initial) B. Richard A. Weirich		Date of Receipt 08 31 2004
Mailing Address 11971 Foundation Place, Suite C City Rancho Cordova, CA 95670 State Zip Code		Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Director Real Estate Admin.	Bi-weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Aggregate Year-to-Date 340.00	

Full Name (Last, First, Middle Initial) C. Curtis Keaton		Date of Receipt 08 31 2004
Mailing Address 21650 Orchard Street City Woodland Hills, CA 91367 State Zip Code		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation SVP General Counsel/Secy	Bi-weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Aggregate Year-to-Date 600.00	

SUBTOTAL of Receipts This Page (optional)	490.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 11 OF 14
(check only one)

<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. <u>Say Ann Williams</u>		Date of Receipt 08 31 2004
Mailing Address 2800 N. 44th Street #900 City State Zip Code Phoenix, AZ 85008		Amount of Each Receipt This Period 50.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP State Govt Affairs	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 400.00	

Full Name (Last, First, Middle Initial) B. <u>Benjamin Willis</u>		Date of Receipt 08 31 2004
Mailing Address 21650 Canyon Street City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt This Period 39.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VE Leadership Development	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 104.00	

Full Name (Last, First, Middle Initial) C. <u>Christopher D. Kidd</u>		Date of Receipt 08 31 2004
Mailing Address 21281 Burbank Blvd. City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt This Period 200.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net of California	Occupation Executive VP, Reg. Health Plans	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 1,500.00	

SUBTOTAL of Receipts This Page (optional)	250.00
TOTAL This Period (last page this line number only)	2,815.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/G)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fedex</i>	Shipping Date <i>9-16-04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>[Signature]</i> PREPARER	<i>9-17-04</i> DATE PREPARED