

BELL, MCANDREWS & HILTACHK, LLP
ATTORNEYS AND COUNSELORS AT LAW
488 CAPITOL MALL, SUITE 601
SACRAMENTO, CALIFORNIA 95834

PHONE: 442-7757
FAX (916) 442-7758

CHARLES H. BELL, JR.
COLLEEN C. MCANDREWS
THOMAS W. HILTACHK
BRIAN F. HILDRETH
CHERYL L. LOMBARD
MAUI COUGH
OF COUNSEL

1441 FOURTH STREET
SANTA MONICA, CA 90401
(310) 452-1405
FAX (310) 280-9688
www.bmhllaw.com

May 18, 2004

Public Records Office
Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Dear Filing Officer:

Please find enclosed for filing the original and one copy of:

Form 1___

Form 2___

Form 3___

Form 3X__X

RECEIVED
FEDERAL
OPERATIONS CENTER
MAY 20 4 49 53

for Health Net, Inc. Political Action Committee for the period 04/01/04 - 04/30/04.

Please return an endorsed filed copy in the enclosed self addressed envelope for our records.

Very truly yours,

Thomas W. Hiltachk

Thomas W. Hiltachk
Assistant Treasurer

RECEIVED
FEC MAIL
OPERATIONS CENTER
2004 MAY 20 A 10 52
Office Use Only

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

1. NAME OF COMMITTEE (In full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4ME

Health Net, Incorporated Political Action Committee

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

Check if different than previously reported. (ACC)

Woodland Hills CA 91367

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 000230789

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

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Mid-Year Report (M) or (N)

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Year-End (Dec 31) (M12)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Continuation (12C)

Special (12S)

Election on

in the State of

(d) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

04 03 2004 through 04 30 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 J. Hiltachk

Signature of Treasurer

Date

04 17 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

FEC FORM 3X
(Revised 02/2003)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 02/2003)

Page 2

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period:

From:

04 01 2004

To:

04 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		35,628.60
(b) Cash on Hand at Beginning of Reporting Period	43,566.60	
(c) Total Receipts (from Line 19)	6,006.00	27,444.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	49,572.60	59,072.60
7. Total Disbursements (from Line 21)	11,000.00	14,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	38,572.60	39,572.60
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

Toll Free 800-424-9630
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 02/2003)

Page 3

Write or Type Corrected Name

Health Net, Incorporated Political Action Committee

Report Covering the Period: From: 04 01 2004 To: 04 30 2004

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	4,938.00	
(i) Itemized (use Schedule A)	1,068.00	
(ii) Unitemized	3,870.00	
(ii) TOTAL (add Lines 11(i)(i) and (ii))	6,006.00	27,444.00
(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)(ii), (b), and (c)) (Carry Totals to Line 13, page 5)	6,006.00	27,444.00
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 27, 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 Nonfederal 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))	6,006.00	27,444.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6,006.00	27,444.00

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 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 Affiliates/Other Party Committees	2,500.00	2,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	8,500.00	32,000.00
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 Pledgments 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 H8)		
(i) Federal Share	0.00	0.00
(ii) "Level" 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))	11,000.00	24,500.00
32. Total Federal Disbursements (subtract Line 21(a)(i) and Line 30(a)(i) from Line 31)	11,000.00	14,500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 02/2003)

Page 5

B. 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).....	6,006.00	27,466.00
34. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33).....	6,006.00	27,466.00
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(a))..... ▶	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: (check only one)		PAGE: OF: 10	
	<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 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 V. Calabrese		Date of Receipt 04 22 2004
Mailing Address 405 Lexington Avenue City State Zip Code New York, NY 10017		Amount of Each Receipt This Period 500.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Corporate Marketing	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Aggregate Year-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Joseph Chiarella		Date of Receipt 04 27 2004
Mailing Address 405 Lexington Avenue City State Zip Code New York, NY 10017		Amount of Each Receipt This Period 500.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, New York	Occupation Medical Director	Amount of Each Receipt This Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Aggregate Year-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Katherine Hagail		Date of Receipt 04 22 2004
Mailing Address 1834 EDGEHILL PARK ROAD City State Zip Code Rye, NY 10582-9002		Amount of Each Receipt This Period 1,000.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Ops Systems Strategy	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Aggregate Year-to-Date 1,000.00	

SUBTOTAL of Receipts This Page (optional)	2,000.00
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 (check only one)

PAGE 2 OF 10

<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

Any information copied from such Reports and Statements may not be 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. John P. Sivori		Date of Receipt 04 20 2004
Mailing Address 9312 Lakeshore Court City State Zip Code 8th Street, CA 95798		Amount of Each Receipt This Period 1,000.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net Pharmaceutical Services	Occupation President	Amount of Each Receipt This Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Aggregate Year-to-Date 1,000.00	

Full Name (Last, First, Middle Initial) B. David Anderson		Date of Receipt 04 30 2004
Mailing Address 21221 Buchank 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	Amount of Each Receipt This Period 100.00
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) C. Thomas E. Ash		Date of Receipt 04 30 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. SCS & Managed Care	Amount of Each Receipt This Period 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Aggregate Year-to-Date 100.00	

SUBTOTAL of Receipts This Page (optional)

1,300.00

TOTAL This Period (use 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)
 11 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. Marshall Bentley
 Full Name (Last, First, Middle Initial)
 Mailing Address
 3400 Data Drive
 City Rancho Cordova, CA 95670 State Zip Code
 FEC ID number of contributing federal political committee: C
 Name of Employer: Health Net, Inc. Occupation: VP & Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 200.00
 Date of Receipt: 04 30 2004
 Amount of Each Receipt this Period: 200.00
 Bi-Weekly Payroll Deduction:

B. Jeffrey A. DiGirolamo
 Full Name (Last, First, Middle Initial)
 Mailing Address
 11271 Foundation Place C
 City Rancho Cordova, CA 95670 State Zip Code
 FEC ID number of contributing federal political committee: C
 Name of Employer: Health Net, Inc. Occupation: Director Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 100.00
 Date of Receipt: 04 30 2004
 Amount of Each Receipt this Period: 100.00
 Bi-Weekly Payroll Deduction:

C. Edward P. Cotter, Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 3400 Data Drive
 City Rancho Cordova, CA 95670 State Zip Code
 FEC ID number of contributing federal political committee: C
 Name of Employer: Health Net, Inc. Occupation: VP, Social Medicare Compliance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date: 25.00
 Date of Receipt: 04 30 2004
 Amount of Each Receipt this Period: 25.00
 Bi-Weekly Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) 250.00
 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 10	
	<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. Alida K. Todd		Date of Receipt 04 30 2004
Mailing Address One Fox Hill Crossing City Shelton, CT 06486		Amount of Each Receipt This Period 52.00
State Zip Code		
FEC ID number of contributing federal political committee C		Bi-weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation Director Financial Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 249.00	

Full Name (Last, First, Middle Initial) B. Mark S. B. Jewell		Date of Receipt 04 30 2004
Mailing Address 2200 N. 44th Street #900 City Phoenix, AZ 85008		Amount of Each Receipt This Period 100.00
State Zip Code		
FEC ID number of contributing federal political committee C		Bi-weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation President AZ Arizona	
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. David G. Friedman		Date of Receipt 04 30 2004
Mailing Address 3100 Dura Drive City Rancho Cordova, CA 95670		Amount of Each Receipt This Period 60.00
State Zip Code		
FEC ID number of contributing federal political committee C		Bi-weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP and General Manager	
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)	312.00
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 3 OF 10
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 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. Lisa Kaloustian		Date of Receipt M O D Y Y Y 03 30 2004
Mailing Address 31281 Burbank Blvd. City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation VP Public Relations	2) 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 200.00	

Full Name (Last, First, Middle Initial) B. Adrienne Biggart Morrell		Date of Receipt M O D Y Y Y 04 30 2004
Mailing Address 21650 Canyon Street City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation VP Government Relations	2) 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 240.00	

Full Name (Last, First, Middle Initial) C. David W. Dixon		Date of Receipt M O D Y Y Y 04 30 2004
Mailing Address 3400 Boca Drive City State Zip Code Banning, CA 92506		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation SVP Investor Relations	2) 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 200.00	

SUBTOTAL of Receipts This Page (optional)	100.00
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)

<input checked="" 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
--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

PAGE 1 OF 1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of making 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. Theresa Reynolds

Full Name (Last, First, Middle Initial)
Theresa Reynolds

Mailing Address
2282 Burbank Blvd.
City: Woodland Hills, CA 91367

State: CA Zip Code: 91367

FEC ID number of contributing federal political committee: C

Name of Employer: Health Net, Inc. Occupation: VP Procurement

Receipt For:
 Primary General Other (specify) []

Aggregate Year-to-Date: 200.00

Date of Receipt: 09 30 2004

Amount of Each Receipt this Period: 200.00

91-Weekly Payroll Deduction

B. Carol P. Richey

Full Name (Last, First, Middle Initial)
Carol P. Richey

Mailing Address
2650 Grand Street
City: Woodland Hills, CA 91367

State: CA Zip Code: 91367

FEC ID number of contributing federal political committee: C

Name of Employer: Health Net, Inc. Occupation: Sr. Vice President, Controller

Receipt For:
 Primary General Other (specify) []

Aggregate Year-to-Date: 500.00

Date of Receipt: 09 30 2004

Amount of Each Receipt this Period: 500.00

91-Weekly Payroll Deduction

C. Eliza Barratzenoh

Full Name (Last, First, Middle Initial)
Eliza Barratzenoh

Mailing Address
10834 International Drive
City: Rancho Cordova, CA 95670

State: CA Zip Code: 95670

FEC ID number of contributing federal political committee: C

Name of Employer: Health Net, Inc. Occupation: VP Information Technology

Receipt For:
 Primary General Other (specify) []

Aggregate Year-to-Date: 200.00

Date of Receipt: 09 30 2004

Amount of Each Receipt this Period: 200.00

91-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this line number only) 300.00

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

Use separate schedule(s) for each category of the Debited Summary Page		FOR LINE NUMBER: (check only one)		PAGE 5 OF 3	
<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	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

Any information obtained from such Reports and Statements may not be used 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		Date of Receipt M O Y Y 04 30 2004	
Mailing Address 3400 Dana Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt This Period \$5.00	
FEC ID number of contributing federal political committee C		Bi-weekly Payroll Deduction	
Name of Employer Health Net, Inc.	Occupation VP State Govt. Affairs	Aggregate Year-to-Date 200.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>			

Full Name (Last, First, Middle Initial) B. Ricky Lee Simmons		Date of Receipt M O Y Y 04 30 2004	
Mailing Address 22721 Burbank Blvd City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt This Period \$5.00	
FEC ID number of contributing federal political committee C		Bi-weekly Payroll Deduction	
Name of Employer Health Net, Inc.	Occupation VP Information Systems	Aggregate Year-to-Date 345.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>			

Full Name (Last, First, Middle Initial) C. Joanna Tully Stetten		Date of Receipt M O Y Y 04 30 2004	
Mailing Address 7330 Sandy Beach 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		Bi-weekly Payroll Deduction	
Name of Employer Health Net, Inc.	Occupation VP Network & Delivery Sys. Management	Aggregate Year-to-Date 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>			

SUBTOTAL of Receipts This Page (optional)	\$305.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of line Deleted Summary Page

FOR LINE NUMBER: PAGE 8 OF 10

(check only one)

<input checked="" 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
--	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Robert S. Taketomo

Full Name (Last, First, Middle Initial)
Mailing Address
31221 Burbank Blvd.
City
Newland Hills, CA 91357

Date of Receipt
M O N T H D A Y Y E A R
04 10 2004

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 Pharmacy

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
740.00

Bi-weekly Payroll Deduction

B. Franklin Ton

Full Name (Last, First, Middle Initial)
Mailing Address
3400 Dana Drive
City
Rancho Cordova, CA 95670

Date of Receipt
M O N T H D A Y Y E A R
04 20 2004

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee: C

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
400.00

Bi-weekly Payroll Deduction

C. Jennifer Humber: Varoud

Full Name (Last, First, Middle Initial)
Mailing Address
3400 Dana Drive
City
Rancho Cordova, CA 95670

Date of Receipt
M O N T H D A Y Y E A R
04 20 2004

Amount of Each Receipt this Period
400.00

FEC ID number of contributing federal political committee: C

Name of Employer: Health Net, Inc. Occupation: Sr General Manager

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
400.00

Bi-weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 360.00

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 8 OF 17	
<input checked="" type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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. Gail Matce

Mailing Address
21650 Concord Street
City: Concord, State: CA, Zip Code: 91267

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

Name of Employer: Health Net, Inc.
Occupation: VP Organizational Effectiveness

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date: **200.00**

Date of Receipt
04 30 2004

Amount of Each Receipt this Period
50.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Cortez Meaten

Mailing Address
21650 Concord Street
City: Concord, State: CA, Zip Code: 91267

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

Name of Employer: Health Net, Inc.
Occupation: SVP General Counsel/Secy

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date: **200.00**

Date of Receipt
04 30 2004

Amount of Each Receipt this Period
100.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Michael White

Mailing Address
3400 Dana Drive
City: Rancho Cordova, State: CA, Zip Code: 91267

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

Name of Employer: Health Net, Inc.
Occupation: SVP Treasurer

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date: **200.00**

Date of Receipt
04 30 2004

Amount of Each Receipt this Period
100.00

Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) **50.00**

TOTAL This Period (list 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)
 1a 1b 1c 1d
 1e 1f 1g

PAGE 10 OF 10

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. Gay Ann Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address
 2600 W. 44th Street #900
 City State Zip Code
 Phoenix, AZ 85008
 FEC ID number of contributing federal political committee: C.
 Name of Employer: Health Net, Inc.
 Occupation: VA State GOVT Affairs
 Receipt For:
 Primary General
 Other (specify):

Date of Receipt
 MONTH DAY YEAR
 04 20 2004
 Amount of Each Receipt this Period
 \$50.00
 Is Receipt Payment Deductible

B. Christopher P. Rice
 Full Name (Last, First, Middle Initial)
 Mailing Address
 21281 Bushbank Blvd.
 City State Zip Code
 Woodland Hills, CA 91367
 FEC ID number of contributing federal political committee: C.
 Name of Employer: Health Net of California
 Occupation: Executive VP, Reg. Health Services
 Receipt For:
 Primary General
 Other (specify):

Date of Receipt
 MONTH DAY YEAR
 04 20 2004
 Amount of Each Receipt this Period
 \$50.00
 Is Receipt Payment Deductible

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee: C.
 Name of Employer
 Occupation
 Receipt For:
 Primary General
 Other (specify):

Date of Receipt
 MONTH DAY YEAR
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	\$50.00
TOTAL This Period (last page this line number only)	\$50.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 2 OF 1
	<input type="checkbox"/> 21a	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 28d	<input type="checkbox"/> 30a	

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. BIZBAC		Date of Disbursement M O D Y Y Y 04 07 2009
Mailing Address 1241 East Gibson Road, Suite 109 City State Zip Code Phoenix, AZ 850145529		Amount of Each Disbursement this Period 2,500.00
Purpose of Disbursement Transfer:	Category/Type 008	
Candidate Name BIZBAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶	
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	2,500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)						PAGE 2 OF 2	
	<input type="checkbox"/> 21a	<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"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 28	<input type="checkbox"/> 29	<input type="checkbox"/> 30a	

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. America's Health Insurance Plans PAC (AHIP PAC)		Date of Disbursement M O Y 04 01 2004
Mailing Address 602 Penn. Avenue, NW, #500, South City State Zip Code Washington, DC 20004		Amount of Each Disbursement this Period 5,000.00
Purpose of Disbursement Monetary contribution	Category/Type 011	
Candidate Name America's Health Insurance Plans PAC (AHIP PAC)		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶	
State: District:		

Full Name (Last, First, Middle Initial) B. Health Net, Incorporated Federal Services PAC		Date of Disbursement M O Y 04 01 2004
Mailing Address 21050 Coronado Street, 25th Floor City State Zip Code Woodland Hills, CA 91367		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Intermediary cont. for 50th Secretary	Category/Type 011	
Candidate Name Health Net, Incorporated Federal Services PAC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶	
State: District:		

Full Name (Last, First, Middle Initial) C. Glacier PAC		Date of Disbursement M O Y 04 13 2004
Mailing Address 818 Connecticut Avenue, NW, Suite 6 City State Zip Code Washington, DC 20004		Amount of Each Disbursement this Period 2,000.00
Purpose of Disbursement Monetary contribution	Category/Type 011	
Candidate Name Glacier PAC		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	2,500.00
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)

PAGE 2 OF 2

<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 28
<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. Evan Bayh Committee		Date of Disbursement M O Y 04 14 2004
Mailing Address 550 Pt. Wayne Avenue City State Zip Code Indianapolis, IN 46204		Amount of Each Disbursement this Period 1,000.00
Purpose of Disbursement monetary contribution	Category/Type 011	
Candidate Name Evan Bayh		
Office Sought <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
State: IN District:		

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

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

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	8,500.00

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/C)
<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): FEDEX	Shipping Date 5-18-04
<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>JA</i> PREPARER (5/2004)	5-20-04 DATE PREPARED