

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 455 Capitol Mall, Suite 801 Sacramento CA 95814 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00230789 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period 01 01 2008 through 01 31 2008

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 W. Hiltachk

Signature of Treasurer Electronically Filed by Thomas W. Hiltachk Date 02 12 2008

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

Table with 7 columns and 1 row for Office Use Only

FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Health Net, Incorporated Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		157785.95
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	157785.95									
(c) Total Receipts (from Line 19)	9097.60	9097.60								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	166883.55	166883.55								
7. Total Disbursements (from Line 31)	0.00	0.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	166883.55	166883.55								
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									
	11 07 2006	CA								

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**

Write or Type Committee Name
Health Net, Incorporated Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	2610.00	2610.00
(i) Itemized (use Schedule A)	6487.60	6487.60
(ii) Unitemized	9097.60	9097.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	9097.60	9097.60
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 Transfer (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))	9097.60	9097.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9097.60	9097.60

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

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	9097.60	9097.60
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9097.60	9097.60
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: PAGE 6 / 14

(check only one)

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

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.

Full Name (Last, First, Middle Initial)
Karla Austen

Mailing Address One Far Mill Crossing

City State Zip Code
Shelton CT 06484

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

Name of Employer Occupation
Health Net, Inc. Network Mgt. Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 0 8

Transaction ID: INC.A.8699

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Mark S. El Tawil

Mailing Address 2800 N. 44th Street #900

City State Zip Code
Phoenix AZ 85008

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

Name of Employer Occupation
Health Net, Inc. President HN Arizona

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 0 8

Transaction ID: INC.A.8736

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)
Bret A. Morris

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. SVP Corporate Controller

Receipt For: 2008
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 1 1 / 2 0 0 8

Transaction ID: INC.A.8785

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) ▶

400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 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

<p>A. Full Name (Last, First, Middle Initial) Virginia E. White</p> <p>Mailing Address 13221 SW 68th Parkway</p> <p>City State Zip Code Tigard OR 97223</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Health Net, Inc.</p> <p>Occupation VP, Operations</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt 01 / 11 / 2008</p> <p>Transaction ID: INC.A.8824</p> <p>Amount of Each Receipt this Period 200.00</p>
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<p>B. Full Name (Last, First, Middle Initial) James E. Woys</p> <p>Mailing Address 2025 Aerojet Road</p> <p>City State Zip Code Rancho Cordova CA 95742</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Health Net Federal Services, Inc.</p> <p>Occupation Sr. Vice President COO, FHFS</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 410.00</p>	<p>Date of Receipt 01 / 11 / 2008</p> <p>Transaction ID: INC.A.8826</p> <p>Amount of Each Receipt this Period 205.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Kelly F. Craven</p> <p>Mailing Address 1800 Old Meadow Road, Apt. 319</p> <p>City State Zip Code McLean VA 22102</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Health Net Federal Services</p> <p>Occupation VP, Government Relations</p> <p>Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 01 / 17 / 2008</p> <p>Transaction ID: INC.A.8698</p> <p>Amount of Each Receipt this Period 1000.00</p>
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SUBTOTAL of Receipts This Page (optional)	1405.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 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

A. Full Name (Last, First, Middle Initial)
Karla Austen

Mailing Address One Far Mill Crossing

City State Zip Code
Shelton CT 06484

FEC ID number of contributing federal political committee. C

Name of Employer Health Net, Inc. Occupation Network Mgt. Officer

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt M M / D D / Y Y Y Y
01 / 25 / 2008

Transaction ID: INC.A.8828

Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Mark S. El Tawil

Mailing Address 2800 N. 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 President HN Arizona

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt M M / D D / Y Y Y Y
01 / 25 / 2008

Transaction ID: INC.A.8865

Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Bret A. Morris

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 Health Net, Inc. Occupation SVP Corporate Controller

Receipt For: 2008
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt M M / D D / Y Y Y Y
01 / 25 / 2008

Transaction ID: INC.A.8915

Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional) 400.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 / 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial) Virginia E. White		Date of Receipt MM / DD / YYYY 01 / 25 / 2008
Mailing Address 13221 SW 68th Parkway		Transaction ID: INC.A.8955
City State Zip Code Tigard OR 97223	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00
Name of Employer Health Net, Inc.	Occupation VP, Operations	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) James E. Woys		Date of Receipt MM / DD / YYYY 01 / 25 / 2008
Mailing Address 2025 Aerojet Road		Transaction ID: INC.A.8957
City State Zip Code Rancho Cordova CA 95742	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 205.00
Name of Employer Health Net Federal Services, Inc.	Occupation Sr. Vice President COO, FHFS	
Receipt For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

SUBTOTAL of Receipts This Page (optional)	▶	405.00
TOTAL This Period (last page this line number only)	▶	2610.00

Image# 28930595372

Form/Schedule: **SA11AI** Payroll Deduction
Transaction ID: **INC.A.8957**

Form/Schedule: **SA11AI** Payroll Deduction
Transaction ID: **INC.A.8955**

Image# 28930595373

Form/Schedule: **SA11AI** Payroll Deduction
Transaction ID: **INC.A.8915**

Form/Schedule: **SA11AI** Payroll Deduction
Transaction ID: **INC.A.8865**

Image# 28930595374

Form/Schedule: **SA11AI** Payroll Deduction
Transaction ID: **INC.A.8828**

Form/Schedule: **SA11AI** Payroll Deduction
Transaction ID: **INC.A.8826**

Image# 28930595375

Form/Schedule: **SA11AI** Payroll Deduction
Transaction ID: **INC.A.8824**

Form/Schedule: **SA11AI** Payroll Deduction
Transaction ID: **INC.A.8785**

Image# 28930595376

Form/Schedule: **SA11AI** Payroll Deduction
Transaction ID: **INC.A.8736**

Form/Schedule: **SA11AI** Payroll Deduction
Transaction ID: **INC.A.8699**
