



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Health Net, Incorporated Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="103575.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="103575.55"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6495.06"/>	<input type="text" value="6495.06"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="110070.61"/>	<input type="text" value="110070.61"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="12000.00"/>	<input type="text" value="12000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="98070.61"/>	<input type="text" value="98070.61"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

DETAILED SUMMARY PAGE  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period: From: 01 / 01 / 2016 To: 01 / 31 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1210.00	1210.00
(ii) Unitemized .....	5285.06	5285.06
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	6495.06	6495.06
(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) .....	6495.06	6495.06
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	6495.06	6495.06
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6495.06	6495.06

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	12000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12000.00	12000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12000.00	12000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	6495.06	6495.06
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6495.06	6495.06
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 OF 14
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 2370 Kerner Blvd.

City San Rafael	State CA	Zip Code 94901
--------------------	-------------	-------------------

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	15	/	2016

**Transaction ID : INCA36461**

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address 10540 White Rock Road, Suite 280

City Rancho Cordova	State CA	Zip Code 95670
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation VP, Operations
--------------------------------------	------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	15	/	2016

**Transaction ID : INCA36477**

Amount of Each Receipt this Period  

200.00
--------

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

Mailing Address 21650 Oxnard Street

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

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

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	15	/	2016

**Transaction ID : INCA36478**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA36461

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA36477

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA36478

Payroll Deduction

Form/Schedule:

Transaction ID:



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 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	

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

**A. James E. Woys**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc.. Occupation EVP & COO  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 15 / 2016  
**Transaction ID : INCA36480**  
 Amount of Each Receipt this Period  
 205.00

**B. Steven J. Sell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2370 Kerner Blvd.  
 City San Rafael State CA Zip Code 94901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation President, West Region Health Plan  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2016  
**Transaction ID : INCA36566**  
 Amount of Each Receipt this Period  
 100.00

**C. Virginia E. White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10540 White Rock Road, Suite 280  
 City Rancho Cordova State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP, Operations  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2016  
**Transaction ID : INCA36582**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	505.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA36480

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA36566

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA36582

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 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	

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

**A. Gay Ann Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP State Leg & Reg Compliance  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2016  
**Transaction ID : INCA36583**  
 Amount of Each Receipt this Period  
 100.00

**B. James E. Woys**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc.. Occupation EVP & COO  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 410.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2016  
**Transaction ID : INCA36585**  
 Amount of Each Receipt this Period  
 205.00

**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) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	305.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1210.00

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

Form/Schedule: SA11AI

Transaction ID : INCA36583

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA36585

Payroll Deduction

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Walden for Congress**

Mailing Address P.O. Box 1091

City: Hood River State: OR Zip Code: 97031

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Gregory P. Walden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
01 / 11 / 2016

**Transaction ID : EXPB36369**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Ryan for Congress, Inc.**

Mailing Address P.O. Box 1488

City: Janesville State: WI Zip Code: 53547

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Paul D. Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

MM / DD / YYYY  
01 / 19 / 2016

**Transaction ID : EXPB36370**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Prosperity Action Inc.**

Mailing Address 320 1st Street SE

City: Washington State: DC Zip Code: 22314

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Prosperity Action Inc.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
01 / 28 / 2016

**Transaction ID : EXPB36371**

Amount of Each Disbursement this Period

5000.00

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

12000.00

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

12000.00