

BELL, McANDREWS & HILTACHK, LLP

ATTORNEYS AND COUNSELORS AT LAW

455 CAPITOL HALL, SUITE 601  
SACRAMENTO, CALIFORNIA 95814

(916) 442-7757  
FAX (916) 442-3759

RECEIVED  
FEDERAL  
OPERATIONS CENTER

2004 OCT 18 AM 10:47  
100 FOURTH STREET  
SANTA MONICA, CA 90401  
(310) 452-1400  
FAX (310) 250-2600  
www.brilllaw.com

CHARLES H. BELL, JR.  
COLLEEN C. McANDREWS  
THOMAS W. HILTACHK  
BRIAN T. HILDRETH  
SHERYL I. LOMBARD  
JIMMIE B. JOHNSON

PAUL GOURN  
OF COUNSEL

October 15, 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\_\_\_

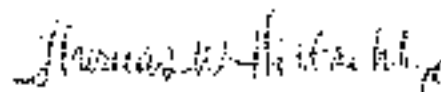
Form 3\_\_\_

Form 3X\_\_X

for Health Net, Inc. Political Action Committee for the period 09/01/04 - 09/30/04.

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

Very truly yours,



Thomas W. Hiltachk  
Assistant Treasurer

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For Other Than An Authorized Committee

FEDERAL  
OPERATIONS CENTER  
2004 OCT 15 A 047  
Office Use Only

1. NAME OF COMMITTEE (In full) TYPE OR REPORT Example: If typed, type over the 500s. 12FE4165

Health Net, Incorporated Political Action Committee

ADDRESS (number and street) 21550 Oxnard Street, 25th floor

Check if different than previously reported. (ACC)

Woodland Hills CA 91367

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C00230789

3 IS THIS REPORT NEW OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(a) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11)
	(b) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12)
April 15 Quarterly Report (Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
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				in the State of
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 05/01/2004 through 09/30/2004

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 W. Hilligach

Signature of Treasurer *[Signature]* Date 10/15/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only							
-----------------	--	--	--	--	--	--	--

**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: 09 01 2004 To: 09 30 2004

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2004		25,628.60
	(b) Cash on Hand at Beginning of Reporting Period	34,036.34	
	(c) Total Receipts (from Line 18)	3,061.00	43,420.74
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	37,097.34	69,059.34
7.	Total Disbursements (from Line 31)	17,000.00	49,000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	20,097.34	20,059.34
9.	Debt and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debt 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  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-4100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Revised 02/2003)

Page 3

Write or Type Committee Name

Health War, Incorporated Political Action Committee

Report Covering the Period: From: 09 01 2004 To: 09 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		
(i) Itemized (use Schedule A)	2,746.00	
(ii) Unitemized	335.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	3,081.00	42,689.00
(b) Political Party Committees	0.00	0.00
(c) Other Federal 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)	3,081.00	42,689.00
12. Transfers From Affiliated/Other Party Committee	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	781.74
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))	3,081.00	43,470.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3,081.00	43,470.74

**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 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 Affiliate/Other Party Committees .....	0.00	2,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	17,000.00	45,500.00
24. Independent Expenditures (see Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(j)) (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 H4)		
(i) Federal Share .....	0.00	0.00
(ii) Levant 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)) .....	17,000.00	45,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) From Line 31) .....	17,000.00	49,000.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Revised 02/2008)

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)	3,061.00	2,689.00
34. Total Contribution Refunds (from line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3,061.00	2,689.00
36. Total Federal Operating Expenditures (see Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Other 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 1 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

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. David Anderson		Date of Receipt M O D Y Y Y 09 30 2004	
Mailing Address 23267 Burbank Blvd. City Woodland Hills, CA 91367		State	Zip Code
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 100.00	
Name of Employer Health Net, Inc.	Occupation Chief Sales Officer	21-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 900.00		

Full Name (Last, First, Middle Initial) B. Thomas B. Ash		Date of Receipt M O D Y Y Y 09 30 2004	
Mailing Address 123 Technology Drive City Irvine, CA 92618		State	Zip Code
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 100.00	
Name of Employer Health Net, Inc.	Occupation Prod. Mgr & Managed Care	21-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		

Full Name (Last, First, Middle Initial) C. Karen S. Arrighetti		Date of Receipt M O D Y Y Y 09 30 2004	
Mailing Address 3043 Santa Anita City Rancho Cordova, CA 95670		State	Zip Code
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period 90.00	
Name of Employer Health Net, Inc.	Occupation Dir. of communication	21-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 350.00		

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

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

Use separate schedules for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 2 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 16
<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19

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

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

Full Name (Last, First, Middle Initial) A. Marshall Bentley		Date of Receipt 05 30 2004
Mailing Address 3400 Jada Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 50.00
State Zip Code		
FEC ID number of contributing federal political committee C		BI Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP & Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 50.00	

Full Name (Last, First, Middle Initial) B. Russell A. Neerall		Date of Receipt 05 30 2004
Mailing Address 21271 Sorbent Blvd. City Woodland Hills, CA 91367		Amount of Each Receipt this Period 50.00
State Zip Code		
FEC ID number of contributing federal political committee C		BI Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation Director IS Applications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 50.00	

Full Name (Last, First, Middle Initial) C. Jeffrey A. Cincaparalli		Date of Receipt 05 30 2004
Mailing Address 11971 Foundation Place C City Rancho Cordova, CA 95670		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 Director Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 100.00	

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



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

Use separate schedules for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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

PAGE 3 OF 14

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

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

**A. Kenne D. Cleborn**

Full Name (Last, First, Middle Initial)  
Date of Receipt: 09 30 2004

Mailing Address  
14901 SE 87th Avenue  
City: Clatsamas, OR Zip Code: 97015

FEC ID number of contributing federal political committee: C

Name of Employer: Health Net, Inc. Occupation: Director Healthcare Services

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: 369.00

Amount of Each Receipt This Period: 40.00

St-Weekly Payroll Deduction

**B. Edward P. Collier, Jr.**

Full Name (Last, First, Middle Initial)  
Date of Receipt: 09 30 2004

Mailing Address  
3400 Duna Drive  
City: Rancho Cordova, CA Zip Code: 95690

FEC ID number of contributing federal political committee: C

Name of Employer: Health Net, Inc. Occupation: VP, Natl Medicare Compliance

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: 655.00

Amount of Each Receipt This Period: 50.00

St-Weekly Payroll Deduction

**C. Robert F. Crawford, Jr.**

Full Name (Last, First, Middle Initial)  
Date of Receipt: 09 30 2004

Mailing Address  
1230 West Washington Street  
City: Tempe, AZ Zip Code: 85281

FEC ID number of contributing federal political committee: C

Name of Employer: Health Net, Inc. Occupation: Director Provider Network Management

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: 280.00

Amount of Each Receipt This Period: 40.00

St-Weekly Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional) ..... 170.00

**TOTAL** This Period (last page this line number only) ..... 170.00

**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 11	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	11c	<input type="checkbox"/>	18
<input type="checkbox"/>		<input type="checkbox"/>		<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. Maria L. Dixon		Date of Receipt 05 20 2004	
Mailing Address 13221 GA 88th Parkway City Tigard, OR 97223		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee C		el-Weekly Payroll Deduction	
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 260.00	

Full Name (Last, First, Middle Initial) B. Allison M. Dudd		Date of Receipt 08 20 2004	
Mailing Address One Star Hill Crossing City Shelton, CT 06484		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee C		el-Weekly Payroll Deduction	
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 368.30	

Full Name (Last, First, Middle Initial) C. Bryan W. Dubank-Reichold		Date of Receipt 03 20 2004	
Mailing Address 303 Canal Blvd City Point Richmond, CA 94503		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee C		el-Weekly Payroll Deduction	
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 350.00	

SUBTOTAL of Receipts This Page (optional)	112.00
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 5 OF 14	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

Any information collected 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. Mark S. El Tawil		Date of Receipt M M Y Y 09 30 2004	
Mailing Address 2806 d, 44th Street #200 City State Zip Code Phoenix, AZ 85008		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee C		Occupation President of SCLC/SONA	
Name of Employer Health Net, Inc.		Occupation President of SCLC/SONA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>		Aggregate Year-to-Date 900.00	
		Bi-weekly Payroll Deduction	

Full Name (Last, First, Middle Initial) B. David J. Paladino		Date of Receipt M M Y Y 09 30 2004	
Mailing Address 3900 Dana Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee C		Occupation SVP and General Manager	
Name of Employer Health Net, Inc.		Occupation SVP 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 540.00	
		Bi-weekly Payroll Deduction	

Full Name (Last, First, Middle Initial) C. Sharon Lewis		Date of Receipt M M Y Y 09 30 2004	
Mailing Address 3900 Dana Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee C		Occupation VP Org. Effectiveness	
Name of Employer Health Net, Inc.		Occupation VP Org. Effectiveness	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>		Aggregate Year-to-Date 270.00	
		Bi-weekly Payroll Deduction	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	100.00

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

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

FOR LINE NUMBER:		PAGE 5	OF 14
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<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) <b>A. Lori A. Gora</b>		Date of Receipt 09 30 2004
Mailing Address 13221 SW 40th Parkway City: Tigard, OR 97223		Amount of Each Receipt this Period \$0.00
State: OR Zip Code: 97223		
FEC ID number of contributing federal political committee: <b>C</b>		BI-WEEKLY PAYROLL DEDUCTION
Name of Employer Health Net, Oregon	Occupation Manager, Political Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$20.00	

Full Name (Last, First, Middle Initial) <b>B. Kevin Newlew</b>		Date of Receipt 09 30 2004
Mailing Address 3406 Delta Drive City: Reno, NV 89570		Amount of Each Receipt this Period \$0.00
State: NV Zip Code: 89570		
FEC ID number of contributing federal political committee: <b>C</b>		BI-WEEKLY PAYROLL DEDUCTION
Name of Employer Health Net, Inc.	Occupation SRP Organization Effectiveness	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$60.00	

Full Name (Last, First, Middle Initial) <b>C. Adrienne Margaret Marrell</b>		Date of Receipt 09 30 2004
Mailing Address 31650 Oxford Street City: Woodland Hills, CA 91367		Amount of Each Receipt this Period \$0.00
State: CA Zip Code: 91367		
FEC ID number of contributing federal political committee: <b>C</b>		BI-WEEKLY PAYROLL DEDUCTION
Name of Employer Health Net, Inc.	Occupation VP Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$40.00	

SUBTOTAL of Receipts This Page (optional) **\$0.00**

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 1 OF 1	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<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. Stuart M. Murphy		Date of Receipt 09 20 2004	
Mailing Address 40 Wall Street, 5th Floor New York, NY 10005		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee C		30-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.	Occupation Director Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Aggregate Year-to-Date 150.00		

Full Name (Last, First, Middle Initial) B. David N. Glean		Date of Receipt 09 30 2004	
Mailing Address 3400 Dana Drive San Jose, CA 95130		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee C		32-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.	Occupation SVP Investor Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Aggregate Year-to-Date 450.00		

Full Name (Last, First, Middle Initial) C. Steven Daffan		Date of Receipt 09 30 2004	
Mailing Address 3400 Dana Drive San Jose, CA 95130		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee C		33-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.	Occupation VP & Chief Medical Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	Aggregate Year-to-Date 360.00		

SUBTOTAL of Receipts This Page (optional)	40.00
TOTAL This Period (last page this line number only)	

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

Use separate schedules for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)		PAGE 2 OF 13	
<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

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. Teresa Reynolds		Date of Receipt 08 10 2004
Mailing Address 21287 Burbank Blvd. City Woodland Hills, CA 91367		Amount of Each Receipt this Period 50.00
State Zip Code		
FEC ID number of contributing federal political committee C		51-Weekly Payroll Deduction
Name of Employer Health Net, Inc.		
Occupation VP Procurement		Aggregate Year-to-Date 450.00
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. Carol P. Richey		Date of Receipt 08 10 2004
Mailing Address 21650 Diamond Street City Woodland Hills, CA 91367		Amount of Each Receipt this Period 200.00
State Zip Code		
FEC ID number of contributing federal political committee C		51-Weekly Payroll Deduction
Name of Employer Health Net, Inc.		
Occupation Sr. Vice President, Controller		Aggregate Year-to-Date 1,500.00
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. Richard Bello		Date of Receipt 08 10 2004
Mailing Address 21650 Diamond Street City Woodland Hills, CA 91367		Amount of Each Receipt this Period 80.00
State Zip Code		
FEC ID number of contributing federal political committee C		51-Weekly Payroll Deduction
Name of Employer Health Net, Inc.		
Occupation VP Business Development		Aggregate Year-to-Date 560.00
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)	330.00
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

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

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

NAME OF COMMITTEE (to FOF)  
 Health Net, Incorporated Political Action Committee

**A. Linda Salzman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 21650 Oxford Street  
 City Woodland Hills, CA 91367  
 State CA Zip Code 91367  
 Date of Receipt 09 30 2004  
 Amount of Each Receipt this Period 50.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Health Net, Inc. Occupation: ave Corporate Business Planning  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 435.00

**B. Elyse Serna-Ezard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 10834 International Drive  
 City Rancho Cordova, CA 95670  
 State CA Zip Code 95670  
 Date of Receipt 09 30 2004  
 Amount of Each Receipt this Period 60.00  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Health Net, Inc. Occupation: Information Technology  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 540.00

**C. Ann Servino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 405 Lexington Avenue  
 City New York, NY 10174  
 State NY Zip Code 10174  
 Date of Receipt 09 30 2004  
 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.  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: 270.00

SUBTOTAL of Receipts This Page (optional) 340.00  
 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 10 OF 14	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<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 official 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 09 10 2004	
Mailing Address 3400 Delta Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee C		M-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.	Occupation VP Senior Govt. Affairs	Aggregate Year-to-Date 150.00	
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 Dee Simmons		Date of Receipt 09 10 2004	
Mailing Address 23271 Swinbank Blvd City Woodland Hills, CA 91367		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee C		M-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.	Occupation VP Information Systems	Aggregate Year-to-Date 124.00	
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. Thomas V. Smith		Date of Receipt 09 30 2004	
Mailing Address 3400 Delta Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee C		M-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.	Occupation Dir. Natl. Mgt. and Events	Aggregate Year-to-Date 380.00	
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)	176.00
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"/> 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

PAGE 13 OF 14

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

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

**A. Michael P. Sonstako**

Full Name (Last, First, Middle Initial)  
Mailing Address  
31271 Burbank Blvd.  
City State Zip Code  
Woodland Hills, CA 91367

FEC ID number of contributing federal political committee: C

Name of Employer: Health Net, Inc. Occupation: Director of Operations Quality & Training

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: 60.00

Date of Receipt: 09 30 2004

Amount of Each Receipt this Period: 60.00

Bi-Weekly Payroll Deduction:

**B. Joanne Tully Steffen**

Full Name (Last, First, Middle Initial)  
Mailing Address  
7226 Sandy Plains Avenue  
City State Zip Code  
Las Vegas, NV 89131

FEC ID number of contributing federal political committee: C

Name of Employer: Health Net, Inc. Occupation: VP Network & Delivery Sys. Management

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date: 100.00

Date of Receipt: 09 30 2004

Amount of Each Receipt this Period: 100.00

Bi-Weekly Payroll Deduction:

**C. Robert T. Takezone**

Full Name (Last, First, Middle Initial)  
Mailing Address  
21381 Burbank Blvd.  
City State Zip Code  
Woodland Hills, CA 91367

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: 60.00

Date of Receipt: 09 30 2004

Amount of Each Receipt this Period: 60.00

Bi-Weekly Payroll Deduction:

SUBTOTAL of Receipts This Page (optional) 60.00

TOTAL This Period (last page this line number only) 60.00

**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 12 OF 24
	<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. Franklin Rom		Date of Receipt M O B D Y Y Y Y 09 30 2004
Mailing Address 3400 Data Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee C	Occupation VP Genl Mgr	
Name of Employer Health Net, Inc.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	as weekly payroll deduction
Aggregate Year-to-Date 900.00		

Full Name (Last, First, Middle Initial) B. Jennifer Humbert Varona		Date of Receipt M O B D Y Y Y Y 09 30 2004
Mailing Address 3400 Data Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee C	Occupation VP General Manager	
Name of Employer Health Net, Inc.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	as weekly payroll deduction
Aggregate Year-to-Date 900.00		

Full Name (Last, First, Middle Initial) C. Bill Hanks		Date of Receipt M O B D Y Y Y Y 09 30 2004
Mailing Address 21550 Oakland 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	Occupation VP Organizational Development	
Name of Employer Health Net, Inc.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	as weekly payroll deduction
Aggregate Year-to-Date 150.00		

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: PAGE 13 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"/> 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. Richard A. Mellich		Date of Receipt 09 30 2008
Mailing Address 11971 Foundation Place, Suite C City: Rancho Cordova, CA 95670 State: CA Zip Code: 95670		Amount of Each Receipt this Period 65.00
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 250.00	

Full Name (Last, First, Middle Initial) B. Curtis Keenan		Date of Receipt 09 30 2008
Mailing Address 21660 General Street City: Mendocino Hills, CA 91367 State: CA Zip Code: 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 HR 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 200.00	

Full Name (Last, First, Middle Initial) C. Jay Ann Williams		Date of Receipt 09 30 2008
Mailing Address 2800 N. Oak Street #800 City: Phoenix, AZ 85008 State: AZ Zip Code: 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 State Govt Affairs	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date 450.00	

SUBTOTAL of Receipts This Page (optional)	465.00
TOTAL This Period (last page this line number only)	465.00

**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 14 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	

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. Benjamin Willie		Date of Receipt M O N T H Y 09 10 2004
Mailing Address 23650 Woodland Street City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period 38.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Membership Development	Amount of Each Receipt this Period 38.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 342.00	

Full Name (Last, First, Middle Initial) B. Christopher P. King		Date of Receipt M O N T H Y 09 10 2004
Mailing Address 23281 Burbank Blvd. City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net of California	Occupation Executive VP, Reg. Health Plans & Sp.	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 1,535.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M O N T H Y 09 10 2004
Mailing Address City State Zip Code		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee C		
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date	

SUBTOTAL of Receipts This Page (optional)	338.00
TOTAL This Period (last page this line number only)	2,196.00

**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 1 OF 3	
<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"/> 28a	<input type="checkbox"/> 28b	
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29a	<input type="checkbox"/> 29b	<input type="checkbox"/> 29c	<input type="checkbox"/> 29d	<input type="checkbox"/> 29e	<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. A Lot of People Supporting Tom Darden Inc.**

Date of Disbursement  
00 00 2004

Mailing Address  
P. O. Box 1654

City State Zip Code  
Sioux Falls, SD 57103

Purpose of Disbursement  
Monetary contribution

Candidate Name  
Tom Darden

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  Other (specify) ▶

State: SD District:

Amount of Each Disbursement this Period  
5,500.00

Category/Type  
011

Full Name (Last, First, Middle Initial)  
**B. Anna Bahoo for Congress**

Date of Disbursement  
05 10 2004

Mailing Address  
598 Capitol Mall, Suite 1425

City State Zip Code  
Sacramento, CA 95814

Purpose of Disbursement  
Monetary contribution

Candidate Name  
Anna Bahoo

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  Other (specify) ▶

State: CA District: 14

Amount of Each Disbursement this Period  
5,000.00

Category/Type  
011

Full Name (Last, First, Middle Initial)  
**C. Dave Wu for Congress**

Date of Disbursement  
08 28 2004

Mailing Address  
416 2nd Street, Suite 1102

City State Zip Code  
Portland, OR 97205

Purpose of Disbursement  
Monetary contribution

Candidate Name  
David Wu

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  Other (specify) ▶

State: OR District: 1

Amount of Each Disbursement this Period  
1,000.00

Category/Type  
011

SUBTOTAL of Disbursements This Page (optional) ..... ▲ 3,000.00

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 1 OF 3	
	<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"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<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 Fed., Incorporated Political Action Committee

**A. Friends of Chris Dodd 2004**

Full Name (Last, First, Middle Initial)  
Date of Disbursement  
M O N T H D A Y Y E A R  
09 28 2004

Mailing Address  
P. O. Box 270701  
City State Zip Code  
West Hartford, CT 06127

Purpose of Disbursement  
Monetary contribution  
Candidate Name  
Christopher C. Dodd  
Category/Type  
011

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  Other (specify) ▶  
State: CT District:

Amount of Each Disbursement this Period  
5,000.00

**B. Friends of Harry Reid**

Full Name (Last, First, Middle Initial)  
Date of Disbursement  
M O N T H D A Y Y E A R  
09 28 2004

Mailing Address  
P. O. Box 85223  
City State Zip Code  
Las Vegas, NV 89185

Purpose of Disbursement  
Monetary contribution  
Candidate Name  
Harry Reid  
Category/Type  
011

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  Other (specify) ▶  
State: NV District:

Amount of Each Disbursement this Period  
1,000.00

**C. Friends of Jane Harman**

Full Name (Last, First, Middle Initial)  
Date of Disbursement  
M O N T H D A Y Y E A R  
09 28 2004

Mailing Address  
P. O. Box 98  
City State Zip Code  
Yorba Linda, CA 92507

Purpose of Disbursement  
Monetary contribution  
Candidate Name  
Jane Harman  
Category/Type  
011

Office Sought:  House  Senate  President  
Disbursement For: 2004  
 Primary  General  Other (specify) ▶  
State: CA District: 36

Amount of Each Disbursement this Period  
1,000.00

**SUBTOTAL of Disbursements This Page (optional)** ..... 7,000.00

**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 3 OF 3	
	<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"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31	<input type="checkbox"/> 32	

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 Care Incorporated Political Action Committee

**A. Jon Rayworth for Congress**

Full Name (Last, First, Middle Initial)  
Jon Rayworth for Congress

Date of Disbursement  
M O N T H Y Y Y Y  
09 28 2004

Mailing Address  
14300 N. Northlight Blvd., Suite 1  
City State Zip Code  
Rockledge, FL 32950

Purpose of Disbursement  
Monetary contribution

Candidate Name  
Jon Rayworth

Category/Type  
013

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▶

State: AL District: 5

Amount of Each Disbursement this Period  
1 2 3,000.00

**B. Jon Kyl for US Senate**

Full Name (Last, First, Middle Initial)  
Jon Kyl for US Senate

Date of Disbursement  
M O N T H Y Y Y Y  
09 28 2004

Mailing Address  
P. O. Box 10206  
City State Zip Code  
Phoenix, AZ 85052

Purpose of Disbursement  
Monetary contribution

Candidate Name  
Jon Kyl

Category/Type  
011

Office Sought:  House  Senate  President  
Disbursement For: 2006  Primary  General  Other (specify) ▶

State: AZ District:

Amount of Each Disbursement this Period  
1 2 2,000.00

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement  
M O N T H Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▶

State: District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	3,000.00
TOTAL This Period (last page this line number only)	27,000.00

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): <i>FedEx</i>	Shipping Date <i>10-15-04</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>He</i> PREPARER	<i>10-18-04</i> DATE PREPARED