

**BELL, McANDREWS & HILTACHK, LLP**

ATTORNEYS AND COUNSELORS AT LAW

455 CAPITOL MALL, SUITE 601

SACRAMENTO, CALIFORNIA 95814

(916) 442-7757

FAX (916) 442-7759

CHARLES H. BELL, JR.  
COLLEEN C. McANDREWS  
THOMAS W. HILTACHK  
BRIAN T. HILDRETH  
CHERYL L. LOMBARD

PAUL GOUGH  
OF COUNSEL

1441 FOURTH STREET  
SANTA MONICA, CA 90401  
(310) 458-1405  
FAX (310) 280-2268  
www.bmlaw.com

July 12, 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 06/01/04 - 06/30/04.

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 JUL 15 A 10:14

RECEIVED  
FEC MAIL  
OPERATIONS CENTER

2004 JUL 16 A 10 14

FEC  
FORM 3X

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5  
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 C00230789 3. IS THIS REPORT X 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) Monthly Report Due On:  
Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
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)  
Convention (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 06 01 2004 through 06 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. Hiltachik

Signature of Treasurer  Date 07 08 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									
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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: 06 01 2004 To: 06 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		, 25,628.50
(b) Cash on Hand at Beginning of Reporting Period.....	, 37,663.60	
(c) Total Receipts (from Line 19).....	, 3,026.00	, 33,561.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	, 40,689.60	, 59,189.60
7. Total Disbursements (from Line 31).....	, 4,000.00	, 22,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	, 36,689.60	, 36,689.60
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  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Revised 02/2003)

Page 3

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period: From: 06 01 2004 To: 06 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) .....	2,496.00	
(ii) Unitemized .....	530.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	3,026.00	33,561.00
(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 Total to Line 33, page 5) .....	3,026.00	33,561.00
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 Total 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 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)) .....	3,026.00	33,561.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	3,026.00	33,561.00

**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 Affiliated/Other Party Committees .....	0.00	2,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	4,000.00	20,000.00
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 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. 5431(20))		
(a) Allocated Federal Election Activity (from Schedule HB)		
(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(a)(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 30(c)) .....	4,000.00	22,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) From Line 31) .....	4,000.00	22,500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Revised 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).....	3,026.00	33,561.00
34. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	3,026.00	33,561.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	0.00	0.00
37. Offset to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	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 12	
	<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) <b>A. David Anderson</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 21281 Burbank Blvd. City: Woodland Hills, CA 91367		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee: C		
Name of Employer Health Net, Inc.	Occupation Chief Sales Officer	Bi-weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 500.00	

Full Name (Last, First, Middle Initial) <b>B. Thomas E. Ash</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 123 Technology Drive City: Irvine, CA 92618		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. BOB & Managed Care	Bi-weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 600.00	

Full Name (Last, First, Middle Initial) <b>C. Karen S. Avrahow</b>		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 3400 Dana Drive City: Rancho Cordova, CA 95670		Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee: C		
Name of Employer Health Net, Inc.	Occupation Dir. of Communication	Bi-weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 240.00	

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 schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 2 OF 12	
	<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

Full Name (Last, First, Middle Initial) <b>A. Marshall Bentley</b>		Date of Receipt W T T D I Y Y Y 06 30 2004
Mailing Address 3400 Santa Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period \$ 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation VP & Counsel	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Russell A. Bretall</b>		Date of Receipt W T T D I Y Y Y 06 30 2004
Mailing Address 21271 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 Director IS Applications	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 200.00	

Full Name (Last, First, Middle Initial) <b>C. Jeffrey A. Cinciarelli</b>		Date of Receipt W T T D I Y Y Y 06 30 2004
Mailing Address 11971 Foundation Place C 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		
Name of Employer Health Net, Inc.	Occupation Director Sales	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 600.00	

SUBTOTAL of Receipts This Page (optional)	\$ 300.00
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 3 OF 12

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

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

Full Name (Last, First, Middle Initial) <b>A. Renee D. Claborn</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address 12901 SE 97th Avenue City State Zip Code Clackamas, OR 97015		Amount of Each Receipt this Period \$ 40.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation Director Healthcare Services	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 340.00	

Full Name (Last, First, Middle Initial) <b>B. Edward P. Cotter, Jr.</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address 3400 Dana Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period \$ 90.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation VP, Nacl Medicare Compliance	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 415.00	

Full Name (Last, First, Middle Initial) <b>C. Alida K. Dodd</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address One Far Hill Crossing City State Zip Code Shelton, CT 06484		Amount of Each Receipt this Period \$ 52.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation Director Financial Analysis	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 312.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$ 182.00
<b>TOTAL</b> 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 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

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

Full Name (Last, First, Middle Initial) A. Susan M. Duback-Reinhold		Date of Receipt M O N T H D A Y Y Y Y Y 06 30 2004
Mailing Address 503 Canal Blvd. City State Zip Code Point Richmond, CA 94804		Amount of Each Receipt this Period \$ 40.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation VP Strategy and Development	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 240.00	

Full Name (Last, First, Middle Initial) B. Mack S. El Tawil		Date of Receipt M O N T H D A Y Y Y Y Y 06 30 2004
Mailing Address 2800 N. 44th Street #900 City State Zip Code Phoenix, AZ 85008		Amount of Each Receipt this Period \$ 100.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation President HN Arizona	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 690.00	

Full Name (Last, First, Middle Initial) C. David J. Friedman		Date of Receipt M O N T H D A Y Y Y Y Y 06 30 2004
Mailing Address 3400 Dada 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		
Name of Employer Health Net, Inc.	Occupation SVP and General Manager	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$ 200.00
<b>TOTAL</b> 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 5 OF 12  
(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

Full Name (Last, First, Middle Initial) <b>A. Karin Mayhew</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address 3400 Dana Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period \$ 80.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation SVP Organization Effectiveness	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 240.00	

Full Name (Last, First, Middle Initial) <b>B. Adrienne Biggert Morroll</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address 21650 Oxnard Street City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period \$ 80.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation VP Government Relations	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Stuart M. Murphy</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address 40 Wall Street, 6th Floor City State Zip Code New York, NY 10005		Amount of Each Receipt this Period \$ 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation Director Sales	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 200.00	

<b>SUBTOTAL of Receipts This Page (optional)</b>	\$ 170.00
<b>TOTAL This Period (last page this line number only)</b>	\$

**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 12	
<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

Full Name (Last, First, Middle Initial) A. David W. Dison		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670 State Zip Code		Amount of Each Receipt this Period \$ 50.00
FEC ID number of contributing federal political committee. C		BI-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) <input type="checkbox"/>	Aggregate Year-to-Date 300.00	

Full Name (Last, First, Middle Initial) B. Steven Raffio		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670 State Zip Code		Amount of Each Receipt this Period \$ 40.00
FEC ID number of contributing federal political committee. C		BI-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) <input type="checkbox"/>	Aggregate Year-to-Date 240.00	

Full Name (Last, First, Middle Initial) C. Teresa Reynolds		Date of Receipt M / D / Y Y Y Y 06 / 30 / 2004
Mailing Address 21281 Burbank Blvd. City Woodland Hills, CA 91367 State Zip Code		Amount of Each Receipt this Period \$ 50.00
FEC ID number of contributing federal political committee. C		BI-Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP Procurement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional)	\$ 140.00
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 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

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

Full Name (Last, First, Middle Initial) <b>A. Carol P. Richey</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2004
Mailing Address 21650 Oxnard Street City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation Sr. Vice President, Controller	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 1,200.00	

Full Name (Last, First, Middle Initial) <b>B. Richard Rollo</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2004
Mailing Address 21650 Oxnard 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 Business Development	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 320.00	

Full Name (Last, First, Middle Initial) <b>C. Linda Salzman</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2004
Mailing Address 21650 Oxnard 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 SVP Corporate Business Planning	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 285.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)	330.00
<b>TOTAL</b> 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 12	
	<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

Full Name (Last, First, Middle Initial) <b>A. Bijan Sarrafzadeh</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address 10034 International Drive City Rancho Cordova, CA 95670 State Zip Code		Amount of Each Receipt this Period \$ 60.00
FEC ID number of contributing federal political committee. C		BI-Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP Information Technology	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 360.00	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Lee Shelton</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address 3400 Data Drive City Rancho Cordova, CA 95670 State Zip Code		Amount of Each Receipt this Period \$ 50.00
FEC ID number of contributing federal political committee. C		BI-Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP State Govt. Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Rickey Dea Simmons</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address 21271 Burbank Blvd City Woodland Hills, CA 91367 State Zip Code		Amount of Each Receipt this Period \$ 86.00
FEC ID number of contributing federal political committee. C		BI-Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP Information Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 516.00	

<b>SUBTOTAL</b> of Receipts This Page (optional)	\$ 196.00
<b>TOTAL</b> 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 9 OF 12	
<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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Thomas V. Smith		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address 3400 Date Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period \$ 40.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation Dir. Natl. Mtg. and Events	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 340.00	

Full Name (Last, First, Middle Initial) B. Joanne Tully Steffen		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address 7320 Sandy Plains Avenue City State Zip Code Las Vegas, NV 89131		Amount of Each Receipt this Period \$ 100.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation VF Network & Delivery Sys. Management	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 600.00	

Full Name (Last, First, Middle Initial) C. Robert T. Taketomp		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address 21201 Burbank Blvd. City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period \$ 80.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation VF Pharmacy	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 860.00	

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

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

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

FOR LINE NUMBER: PAGE 10 OF 12  
(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	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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

Full Name (Last, First, Middle Initial) A. Franklin Tom		Date of Receipt MM DD YYYY 06 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		
Name of Employer Health Net, Inc.	Occupation VP Legal	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 600.00	

Full Name (Last, First, Middle Initial) B. Jennifer Humbert Vargas		Date of Receipt MM DD YYYY 06 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		
Name of Employer Health Net, Inc.	Occupation SVP General Manager	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 600.00	

Full Name (Last, First, Middle Initial) C. Gail Watts		Date of Receipt MM DD YYYY 06 30 2004
Mailing Address 21650 Oxnard 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 Organizational Effectiveness	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 300.00	

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: (check only one)		PAGE 11 OF 12	
	<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

Full Name (Last, First, Middle Initial) <b>A. Curtis Meston</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address 21650 Oxnard Street 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 SVP General Counsel/Secy	B1-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 600.00	

Full Name (Last, First, Middle Initial) <b>B. Gay Ann Williams</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address 2000 N. 44th Street #906 City State Zip Code Phoenix, AZ 85008		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation VP State Govt Affairs	B1-Weekly payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>C. Benjamin Willie</b>		Date of Receipt M M / D D / Y Y Y Y 06 / 30 / 2004
Mailing Address 21650 Oxnard 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 Leadership Development	B1-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 228.00	

SUBTOTAL of Receipts This Page (optional)	188.00
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 12 OF 12  
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Christopher P. King		Date of Receipt M O N T H / Y Y Y Y 06 / 30 / 2004
Mailing Address 21201 Burbank Blvd. City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period \$ 200.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net of California	Occupation Executive VP, Reg. Health Plan of Spa	BI-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 1,200.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt M O N T H / Y Y Y Y
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	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M O N T H / Y Y Y Y
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	
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)	\$ 200.00
TOTAL This Period (last page this line number only)	\$ 2,496.00

**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 1

<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) <b>A. Friends of Schwmer</b>		Date of Disbursement M / D / Y Y Y Y 06 / 07 / 2004
Mailing Address 60 Madison Avenue, Suite 1026 City State Zip Code New York, NY 10010		Amount of Each Disbursement this Period  1,000.00
Purpose of Disbursement Monetary contribution	011 Category/ Type	
Candidate Name Charles E. Schwmer		
Office Sought: <input type="checkbox"/> House <input checked="" 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: NY District:		

Full Name (Last, First, Middle Initial) <b>B. Moran for Congress</b>		Date of Disbursement M / D / Y Y Y Y 06 / 09 / 2004
Mailing Address P. O. Box 2518 City State Zip Code Alexandria, VA 22301		Amount of Each Disbursement this Period  2,000.00
Purpose of Disbursement Monetary contribution	011 Category/ Type	
Candidate Name James Moran		
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: VA District: 8		

Full Name (Last, First, Middle Initial) <b>C. Friends of Lois Capps</b>		Date of Disbursement M / D / Y Y Y Y 06 / 15 / 2004
Mailing Address P. O. Box 23940 City State Zip Code Santa Barbara, CA 93121		Amount of Each Disbursement this Period  1,000.00
Purpose of Disbursement Monetary contribution	011 Category/ Type	
Candidate Name Lois Capps		
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: CA District: 23		

**SUBTOTAL** of Disbursements This Page (optional) ..... 4,000.00

**TOTAL** This Period (last page this line number only) ..... 4,000.00

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 checked="" type="checkbox"/> USPS First Class Mail	Postmarked 7-12-04
<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 type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<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>AMP</i> PREPARER	7-16-04 DATE PREPARED

(5/2004)