

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) 455 Capitol Mall, Suite 600 Sacramento CA 95814 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00230789 3. IS THIS REPORT NEW (N) OR AMENDED (A) [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), [X] 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 02 / 01 / 2012 through 02 / 29 / 2012

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas W. Hiltachk

Signature of Treasurer Thomas W. Hiltachk [Electronically Filed] Date 03 / 06 / 2012

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Health Net, Incorporated Political Action Committee**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		200708.40
(b) Cash on Hand at Beginning of Reporting Period.....	191268.46	
(c) Total Receipts (from Line 19) .....	12945.09	21505.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	204213.55	222213.55
7. Total Disbursements (from Line 31).....	26000.00	44000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	178213.55	178213.55
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

Write or Type Committee Name

**Health Net, Incorporated Political Action Committee**

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

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).....	6624.76	8334.76
(ii) Unitemized .....	6320.33	13170.39
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12945.09	21505.15
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	12945.09	21505.15
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12945.09	21505.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12945.09	21505.15

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 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	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	44000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	26000.00	44000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26000.00	44000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12945.09	21505.15
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12945.09	21505.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 109
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Dennis M. Bell**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation Vice President, Real Estate Management

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 03 / 2012**

**Transaction ID : INCA23740**

Amount of Each Receipt this Period  
**50.00**

**B. Pamela Ann Bohall**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation VP, Claims Admin & Enroll Svcs

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 03 / 2012**

**Transaction ID : INCA23748**

Amount of Each Receipt this Period  
**76.92**

**C. Patricia A. Buss**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd.

City Arlington State VA Zip Code 22201

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

Name of Employer Health Net Federal Services, Inc. Occupation Senior Medical Director

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 03 / 2012**

**Transaction ID : INCA23753**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>176.92</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA23740

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23748

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23753

Payroll Deduction

Form/Schedule:

Transaction ID:



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

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

FOR LINE NUMBER: PAGE 9 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Joseph Capezza**

Mailing Address 21650 Oxnard Street

City State Zip Code  
 Woodland Hills CA 91367

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

Name of Employer Occupation  
 Health Net, Inc. EVP & CFO

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2012

**Transaction ID : INCA23758**

Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**B. Thomas Carrato**

Mailing Address 2107 Wilson Blvd., Suite 900

City State Zip Code  
 Arlington VA 22201

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

Name of Employer Occupation  
 Health Net Federal Services Program Officer - DoD

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2012

**Transaction ID : INCA23760**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Jeffrey A. Cinciarelli**

Mailing Address 11971 Foundation Place C

City State Zip Code  
 Rancho Cordova CA 95670

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

Name of Employer Occupation  
 Health Net, Inc. Director, Sales IV

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2012

**Transaction ID : INCA23764**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00

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

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

Form/Schedule: SA11AI

Transaction ID : INCA23758

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23760

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23764

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 109
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Tim Duval**  
Full Name (Last, First, Middle Initial)

Mailing Address 12033 Foundation Place

City Rancho Cordova State CA Zip Code 95670

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

Name of Employer Health Net Federal Services Occupation Chief Technology Officer

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 03 / 2012**

**Transaction ID : INCA23773**

Amount of Each Receipt this Period  
**48.00**

**B. Daria A. Eppley**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation VP, Access to Data

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 03 / 2012**

**Transaction ID : INCA23776**

Amount of Each Receipt this Period  
**50.00**

**C. David R. Feniger**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net, Inc. Occupation Executive Counsel

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 03 / 2012**

**Transaction ID : INCA23777**

Amount of Each Receipt this Period  
**42.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA23773

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23776

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23777

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 109
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. David J. Friedman**  
Full Name (Last, First, Middle Initial)

Mailing Address 3400 Data Drive

City Rancho Cordova State CA Zip Code 95670

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

Name of Employer Health Net, Inc. Occupation VP, State Health Programs

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 03 / 2012**

**Transaction ID : INCA23780**

Amount of Each Receipt this Period  
**40.00**

**B. Paul A. Gilbertson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation Operations Officer

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 03 / 2012**

**Transaction ID : INCA23782**

Amount of Each Receipt this Period  
**75.00**

**C. Jody Giordano**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer HealthNet of California Occupation Vice President of Underwriting

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 03 / 2012**

**Transaction ID : INCA23783**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>165.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA23780

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23782

Payroll Deduction



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

Form/Schedule: SA11AI

Transaction ID : INCA23783

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Eric Hause**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Vice President - Strategy and Business  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2012  
**Transaction ID : INCA23789**  
 Amount of Each Receipt this Period  
 40.00

**B. Juanell Hefner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11031 Sun Center Drive  
 City Rancho Cordova State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MHN - Mental Health Network Occupation Chief Customer Services Officer  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2012  
**Transaction ID : INCA23790**  
 Amount of Each Receipt this Period  
 50.00

**C. Anthony J. Koelker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 Wilson Blvd.  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services Occupation VP, Provider Network Management  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2012  
**Transaction ID : INCA23805**  
 Amount of Each Receipt this Period  
 40.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA23789

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23790

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23805

Payroll Deduction

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 21 OF 109  
(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)  
**A. Joyce Li**

Mailing Address 21650 Oxnard Street

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

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

Name of Employer Health Net, Inc.	Occupation Chief Healthcare Solutions Ofcr
--------------------------------------	---

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	03	/	2012

**Transaction ID : INCA23811**

Amount of Each Receipt this Period  

80.00
-------

Full Name (Last, First, Middle Initial)  
**B. Lori A. Long**

Mailing Address 2107 Wilson Blvd.

City Arlington	State VA	Zip Code 22201
-------------------	-------------	-------------------

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

Name of Employer Health Net	Occupation Director, Public Policy & Government R
--------------------------------	--

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	03	/	2012

**Transaction ID : INCA23813**

Amount of Each Receipt this Period  

38.00
-------

Full Name (Last, First, Middle Initial)  
**C. Susan Mandry**

Mailing Address 2107 Wilson Blvd., Suite 900

City Arlington	State VA	Zip Code 22201
-------------------	-------------	-------------------

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

Name of Employer Health Net Federal Services	Occupation VP Beneficiary & Government Reglations
---	--

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	03	/	2012

**Transaction ID : INCA23817**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>168.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA23811

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23813

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23817

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Karin Mayhew**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

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

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

Name of Employer Health Net, Inc.	Occupation SVP Organization Effectiveness
--------------------------------------	--

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 03 / 2012**

**Transaction ID : INCA23818**

Amount of Each Receipt this Period  
**50.00**

**B. Marie Montgomery**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

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

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

Name of Employer Health Net, Inc.	Occupation SVP & Corporate Controller
--------------------------------------	--

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 03 / 2012**

**Transaction ID : INCA23826**

Amount of Each Receipt this Period  
**40.00**

**C. Adrienne Biggert Morrell**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd.

City Arlington	State VA	Zip Code 22201
-------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation VP Government Relations
--------------------------------------	---------------------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 03 / 2012**

**Transaction ID : INCA23830**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Form/Schedule: SA11AI

Transaction ID : INCA23818

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23826

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23830

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1230 West Washington Street

City State Zip Code  
Tempe AZ 85281

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 03 / 2012

**Transaction ID : INCA23831**

Amount of Each Receipt this Period  
100.00

**B. Lawrence Naehr**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd.

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Health Net Federal Services, Inc. VP, Optimization

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 03 / 2012

**Transaction ID : INCA23832**

Amount of Each Receipt this Period  
50.00

**C. David A. Sandkuhl**  
Full Name (Last, First, Middle Initial)

Mailing Address 1230 West Washington Street

City State Zip Code  
Tempe AZ 85281

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

Name of Employer Occupation  
Health Net of Arizona VP, Medicare Programs

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 03 / 2012

**Transaction ID : INCA23843**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA23831

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23832

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23843

Payroll Deduction

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 30 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Steven J. Sell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2370 Kerner Blvd.  
 City San Rafael State CA Zip Code 94901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation President, West Region Health Plan  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2012  
**Transaction ID : INCA23849**  
 Amount of Each Receipt this Period  
 100.00

**B. Jeffrey Lee Shelton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 K Street, Suite 1815  
 City Sacramento State CA Zip Code 95814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP State Leg & Reg Compliance  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2012  
**Transaction ID : INCA23851**  
 Amount of Each Receipt this Period  
 40.00

**C. Debra Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc. Occupation VP, Organization Effectiveness  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2012  
**Transaction ID : INCA23856**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : INCA23849

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23851

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23856

Payroll Deduction

Form/Schedule:

Transaction ID:



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Linda Tiano**  
Full Name (Last, First, Middle Initial)

Mailing Address One Far Mill Crossing

City Shelton State CT Zip Code 06484

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2012

**Transaction ID : INCA23860**

Amount of Each Receipt this Period  
**50.00**

**B. Steven D. Tough**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Drive

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services Occupation President - Government Programs

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2012

**Transaction ID : INCA23861**

Amount of Each Receipt this Period  
**50.00**

**C. Marie Wheeler**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation Director Facilities FHFS

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2012

**Transaction ID : INCA23869**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **140.00**

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

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

Form/Schedule: SA11AI

Transaction ID : INCA23860

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23861

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23869

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Virginia E. White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10540 White Rock Road, Suite 280  
 City Rancho Cordova State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP, Operations  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2012  
**Transaction ID : INCA23870**  
 Amount of Each Receipt this Period  
 200.00

**B. Gay Ann Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP State Leg & Reg Compliance  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2012  
**Transaction ID : INCA23872**  
 Amount of Each Receipt this Period  
 100.00

**C. James E. Woys**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc.. Occupation EVP & COO  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2012  
**Transaction ID : INCA23874**  
 Amount of Each Receipt this Period  
 205.00

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

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

Form/Schedule: SA11AI

Transaction ID : INCA23870

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23872

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23874

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dennis M. Bell**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation Vice President, Real Estate Management

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2012

**Transaction ID : INCA23887**

Amount of Each Receipt this Period  
 50.00

**B. Pamela Ann Bohall**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation VP, Claims Admin & Enroll Svcs

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2012

**Transaction ID : INCA23895**

Amount of Each Receipt this Period  
 76.92

**C. Patricia A. Buss**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd.

City Arlington State VA Zip Code 22201

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

Name of Employer Health Net Federal Services, Inc. Occupation Senior Medical Director

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2012

**Transaction ID : INCA23900**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 176.92

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

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

Form/Schedule: SA11AI

Transaction ID : INCA23887

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23895

Payroll Deduction



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

Form/Schedule: SA11AI

Transaction ID : INCA23900

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Joseph Capezza**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation EVP & CFO

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 16 / 2012**

**Transaction ID : INCA23905**

Amount of Each Receipt this Period  
**40.00**

**B. Thomas Carrato**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd., Suite 900

City Arlington State VA Zip Code 22201

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

Name of Employer Health Net Federal Services Occupation Program Officer - DoD

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 16 / 2012**

**Transaction ID : INCA23907**

Amount of Each Receipt this Period  
**50.00**

**C. Jeffrey A. Cinciarelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 11971 Foundation Place C

City Rancho Cordova State CA Zip Code 95670

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

Name of Employer Health Net, Inc. Occupation Director, Sales IV

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 16 / 2012**

**Transaction ID : INCA23911**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **140.00**

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

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

Form/Schedule: SA11AI

Transaction ID : INCA23905

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23907

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23911

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Tim Duval**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12033 Foundation Place  
City Rancho Cordova State CA Zip Code 95670  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Federal Services Occupation Chief Technology Officer  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 16 / 2012  
**Transaction ID : INCA23920**  
Amount of Each Receipt this Period  
48.00

**B. Daria A. Eppley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2025 Aerojet Road  
City Rancho Cordova State CA Zip Code 95742  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Federal Services, Inc. Occupation VP, Access to Data  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 16 / 2012  
**Transaction ID : INCA23923**  
Amount of Each Receipt this Period  
50.00

**C. David R. Feniger**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2025 Aerojet Road  
City Rancho Cordova State CA Zip Code 95742  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net, Inc. Occupation Executive Counsel  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 16 / 2012  
**Transaction ID : INCA23924**  
Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : INCA23920

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23923

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23924

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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. David J. Friedman</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2012
Mailing Address 3400 Data Drive		<b>Transaction ID : INCA23927</b>
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer Health Net, Inc.	Occupation VP, State Health Programs	
Receipt For: 2012 <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) <b>B. Paul A. Gilbertson</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2012
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA23929</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer Health Net Federal Services, Inc.	Occupation Operations Officer	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. Jody Giordano</b>		Date of Receipt MM / DD / YYYY 02 / 16 / 2012
Mailing Address 21650 Oxnard Street		<b>Transaction ID : INCA23930</b>
City Woodland Hills	State CA	Zip Code 91367
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer HealthNet of California	Occupation Vice President of Underwriting	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Form/Schedule: SA11AI

Transaction ID : INCA23927

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23929

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23930

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Eric Hause**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

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

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

Name of Employer Health Net, Inc.	Occupation Vice President - Strategy and Business
--------------------------------------	--

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	16	/	2012

**Transaction ID : INCA23935**

Amount of Each Receipt this Period  

40.00
-------

**B. Juanell Hefner**  
Full Name (Last, First, Middle Initial)

Mailing Address 11031 Sun Center Drive

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

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

Name of Employer MHN - Mental Health Network	Occupation Chief Customer Services Officer
---	---

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	16	/	2012

**Transaction ID : INCA23936**

Amount of Each Receipt this Period  

50.00
-------

**C. Anthony J. Koelker**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd.

City Arlington	State VA	Zip Code 22201
-------------------	-------------	-------------------

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

Name of Employer Health Net Federal Services	Occupation VP, Provider Network Management
---	---

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02	/	16	/	2012

**Transaction ID : INCA23951**

Amount of Each Receipt this Period  

40.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA23935

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23936

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23951

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Joyce Li**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation Chief Healthcare Solutions Ofcr

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 16 / 2012**

**Transaction ID : INCA23957**

Amount of Each Receipt this Period  
**80.00**

**B. Lori A. Long**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd.

City Arlington State VA Zip Code 22201

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

Name of Employer Health Net Occupation Director, Public Policy & Government R

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 16 / 2012**

**Transaction ID : INCA23959**

Amount of Each Receipt this Period  
**58.00**

**C. Susan Mandry**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd., Suite 900

City Arlington State VA Zip Code 22201

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

Name of Employer Health Net Federal Services Occupation VP Beneficiary & Government Reglations

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 16 / 2012**

**Transaction ID : INCA23963**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **188.00**

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

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

Form/Schedule: SA11AI

Transaction ID : INCA23957

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23959

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23963

Payroll Deduction

Form/Schedule:

Transaction ID:



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Karin Mayhew**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

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

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

Name of Employer Health Net, Inc.	Occupation SVP Organization Effectiveness
--------------------------------------	--

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

**Transaction ID : INCA23964**

Amount of Each Receipt this Period  

50.00
-------

**B. Marie Montgomery**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

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

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

Name of Employer Health Net, Inc.	Occupation SVP & Corporate Controller
--------------------------------------	--

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

**Transaction ID : INCA23972**

Amount of Each Receipt this Period  

40.00
-------

**C. Adrienne Biggert Morrell**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd.

City Arlington	State VA	Zip Code 22201
-------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation VP Government Relations
--------------------------------------	---------------------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2012

**Transaction ID : INCA23976**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA23964

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23972

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23976

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 109
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1230 West Washington Street

City State Zip Code  
Tempe AZ 85281

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 16 / 2012

**Transaction ID : INCA23977**

Amount of Each Receipt this Period  
100.00

**B. Lawrence Naehr**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd.

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Health Net Federal Services, Inc. VP, Optimization

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 16 / 2012

**Transaction ID : INCA23978**

Amount of Each Receipt this Period  
50.00

**C. David A. Sandkuhl**  
Full Name (Last, First, Middle Initial)

Mailing Address 1230 West Washington Street

City State Zip Code  
Tempe AZ 85281

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

Name of Employer Occupation  
Health Net of Arizona VP, Medicare Programs

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
02 / 16 / 2012

**Transaction ID : INCA23989**

Amount of Each Receipt this Period  
150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

Form/Schedule: SA11AI

Transaction ID : INCA23977

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23978

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA23989

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2370 Kerner Blvd.

City San Rafael State CA Zip Code 94901

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 16 / 2012**

**Transaction ID : INCA23995**

Amount of Each Receipt this Period  
**100.00**

**B. Jeffrey Lee Shelton**  
Full Name (Last, First, Middle Initial)

Mailing Address 1201 K Street, Suite 1815

City Sacramento State CA Zip Code 95814

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 16 / 2012**

**Transaction ID : INCA23997**

Amount of Each Receipt this Period  
**40.00**

**C. Debra Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation VP, Organization Effectiveness

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 16 / 2012**

**Transaction ID : INCA24002**

Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA23995

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA23997

Payroll Deduction



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

Form/Schedule: SA11AI

Transaction ID : INCA24002

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 109
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Linda Tiano**  
Full Name (Last, First, Middle Initial)

Mailing Address One Far Mill Crossing

City Shelton State CT Zip Code 06484

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 16 / 2012**

**Transaction ID : INCA24006**

Amount of Each Receipt this Period  
**50.00**

**B. Steven D. Tough**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Drive

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services Occupation President - Government Programs

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 16 / 2012**

**Transaction ID : INCA24007**

Amount of Each Receipt this Period  
**50.00**

**C. Marie Wheeler**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation Director Facilities FHFS

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 16 / 2012**

**Transaction ID : INCA24015**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... **140.00**

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

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

Form/Schedule: SA11AI

Transaction ID : INCA24006

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA24007

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA24015

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Virginia E. White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10540 White Rock Road, Suite 280  
 City Rancho Cordova State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP, Operations  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2012  
**Transaction ID : INCA24016**  
 Amount of Each Receipt this Period  
 200.00

**B. Gay Ann Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP State Leg & Reg Compliance  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2012  
**Transaction ID : INCA24018**  
 Amount of Each Receipt this Period  
 100.00

**C. James E. Woys**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc.. Occupation EVP & COO  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1025.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 16 / 2012  
**Transaction ID : INCA24020**  
 Amount of Each Receipt this Period  
 205.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 505.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : INCA24016

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA24018

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA24020

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 109
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Dennis M. Bell**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

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

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

Name of Employer Health Net, Inc.	Occupation Vice President, Real Estate Management
--------------------------------------	--

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

**Transaction ID : INCA24024**

Amount of Each Receipt this Period  

50.00
-------

**B. Pamela Ann Bohall**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova	State CA	Zip Code 95742
------------------------	-------------	-------------------

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

Name of Employer Health Net Federal Services, Inc.	Occupation VP, Claims Admin & Enroll Svcs
---	--

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

**Transaction ID : INCA24032**

Amount of Each Receipt this Period  

76.92
-------

**C. Patricia A. Buss**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd.

City Arlington	State VA	Zip Code 22201
-------------------	-------------	-------------------

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

Name of Employer Health Net Federal Services, Inc.	Occupation Senior Medical Director
---	---------------------------------------

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

**Transaction ID : INCA24037**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>176.92</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Form/Schedule: SA11AI

Transaction ID : INCA24024

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA24032

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA24037

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 109
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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

**A. Joseph Capezza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation EVP & CFO  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : INCA24042**  
 Amount of Each Receipt this Period  
 40.00

**B. Thomas Carrato**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 Wilson Blvd., Suite 900  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services Occupation Program Officer - DoD  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : INCA24044**  
 Amount of Each Receipt this Period  
 50.00

**C. Jeffrey A. Cinciarelli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11971 Foundation Place C  
 City Rancho Cordova State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Director, Sales IV  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : INCA24048**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA24042

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA24044

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA24048

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 109
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Tim Duval**  
Full Name (Last, First, Middle Initial)

Mailing Address 12033 Foundation Place

City Rancho Cordova State CA Zip Code 95670

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

Name of Employer Health Net Federal Services Occupation Chief Technology Officer

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2012**

**Transaction ID : INCA24057**

Amount of Each Receipt this Period  
**48.00**

**B. Daria A. Eppley**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation VP, Access to Data

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2012**

**Transaction ID : INCA24060**

Amount of Each Receipt this Period  
**50.00**

**C. David R. Feniger**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net, Inc. Occupation Executive Counsel

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2012**

**Transaction ID : INCA24061**

Amount of Each Receipt this Period  
**42.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA24057

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA24060

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA24061

Payroll Deduction

Form/Schedule:

Transaction ID:



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 109
<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. David J. Friedman</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012
Mailing Address 3400 Data Drive		<b>Transaction ID : INCA24064</b>
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer Health Net, Inc.	Occupation VP, State Health Programs	
Receipt For: 2012 <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) <b>B. Paul A. Gilbertson</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA24066</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer Health Net Federal Services, Inc.	Occupation Operations Officer	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. Jody Giordano</b>		Date of Receipt MM / DD / YYYY 02 / 29 / 2012
Mailing Address 21650 Oxnard Street		<b>Transaction ID : INCA24067</b>
City Woodland Hills	State CA	Zip Code 91367
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer HealthNet of California	Occupation Vice President of Underwriting	
Receipt For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	165.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA24064

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA24066

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA24067

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Eric Hause**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21650 Oxnard Street  
City Woodland Hills State CA Zip Code 91367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net, Inc. Occupation Vice President - Strategy and Business  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 29 / 2012  
**Transaction ID : INCA24073**  
Amount of Each Receipt this Period  
40.00

**B. Juanell Hefner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11031 Sun Center Drive  
City Rancho Cordova State CA Zip Code 95670  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MHN - Mental Health Network Occupation Chief Customer Services Officer  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 29 / 2012  
**Transaction ID : INCA24074**  
Amount of Each Receipt this Period  
50.00

**C. Anthony J. Koelker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2107 Wilson Blvd.  
City Arlington State VA Zip Code 22201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Federal Services Occupation VP, Provider Network Management  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 29 / 2012  
**Transaction ID : INCA24089**  
Amount of Each Receipt this Period  
40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : INCA24073

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA24074

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA24089

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 109
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Joyce Li**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation Chief Healthcare Solutions Ofcr

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 29 / 2012**

**Transaction ID : INCA24095**

Amount of Each Receipt this Period  
**80.00**

**B. Lori A. Long**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd.

City Arlington State VA Zip Code 22201

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

Name of Employer Health Net Occupation Director, Public Policy & Government R

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 29 / 2012**

**Transaction ID : INCA24097**

Amount of Each Receipt this Period  
**58.00**

**C. Susan Mandry**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd., Suite 900

City Arlington State VA Zip Code 22201

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

Name of Employer Health Net Federal Services Occupation VP Beneficiary & Government Reglations

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**02 / 29 / 2012**

**Transaction ID : INCA24101**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **188.00**

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

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

Form/Schedule: SA11AI

Transaction ID : INCA24095

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA24097

Payroll Deduction



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

Form/Schedule: SA11AI

Transaction ID : INCA24101

Payroll Deduction

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 90 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Karin Mayhew**  
 Mailing Address 21650 Oxnard Street  
 City State Zip Code  
 Woodland Hills CA 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Net, Inc. SVP Organization Effectiveness  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : INCA24102**  
 Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**B. Marie Montgomery**  
 Mailing Address 21650 Oxnard Street  
 City State Zip Code  
 Woodland Hills CA 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Net, Inc. SVP & Corporate Controller  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : INCA24110**  
 Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**C. Adrienne Biggert Morrell**  
 Mailing Address 2107 Wilson Blvd.  
 City State Zip Code  
 Arlington VA 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Net, Inc. VP Government Relations  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : INCA24114**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Form/Schedule: SA11AI

Transaction ID : INCA24102

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA24110

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA24114

Payroll Deduction

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 93 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1230 West Washington Street

City State Zip Code  
 Tempe AZ 85281

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

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

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012

**Transaction ID : INCA24115**

Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**B. Lawrence Naehr**

Mailing Address 2107 Wilson Blvd.

City State Zip Code  
 Arlington VA 22201

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

Name of Employer Occupation  
 Health Net Federal Services, Inc. VP, Optimization

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012

**Transaction ID : INCA24116**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. David A. Sandkuhl**

Mailing Address 1230 West Washington Street

City State Zip Code  
 Tempe AZ 85281

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

Name of Employer Occupation  
 Health Net of Arizona VP, Medicare Programs

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 29 / 2012

**Transaction ID : INCA24127**

Amount of Each Receipt this Period  
 150.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 300.00

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

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

Form/Schedule: SA11AI

Transaction ID : INCA24115

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA24116

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA24127

Payroll Deduction

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 96 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Steven J. Sell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2370 Kerner Blvd.  
 City San Rafael State CA Zip Code 94901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation President, West Region Health Plan  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2012**  
**Transaction ID : INCA24133**  
 Amount of Each Receipt this Period  
**100.00**

**B. Jeffrey Lee Shelton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 K Street, Suite 1815  
 City Sacramento State CA Zip Code 95814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP State Leg & Reg Compliance  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2012**  
**Transaction ID : INCA24135**  
 Amount of Each Receipt this Period  
**40.00**

**C. Debra Taylor**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc. Occupation VP, Organization Effectiveness  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 29 / 2012**  
**Transaction ID : INCA24140**  
 Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **190.00**  
**TOTAL** This Period (last page this line number only)..... ▶



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

Form/Schedule: SA11AI

Transaction ID : INCA24133

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA24135

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA24140

Payroll Deduction

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 109
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

**A. Linda Tiano**  
Full Name (Last, First, Middle Initial)

Mailing Address One Far Mill Crossing

City Shelton State CT Zip Code 06484

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

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

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012

**Transaction ID : INCA24144**

Amount of Each Receipt this Period  
**50.00**

**B. Steven D. Tough**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Drive

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services Occupation President - Government Programs

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012

**Transaction ID : INCA24145**

Amount of Each Receipt this Period  
**50.00**

**C. Marie Wheeler**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation Director Facilities FHFS

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012

**Transaction ID : INCA24153**

Amount of Each Receipt this Period  
**40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>140.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA24144

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA24145

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA24153

Payroll Deduction

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 102 OF 109  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Virginia E. White**  
 Mailing Address 10540 White Rock Road, Suite 280  
 City Rancho Cordova State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP, Operations  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : INCA24154**  
 Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**B. Gay Ann Williams**  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP State Leg & Reg Compliance  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : INCA24156**  
 Amount of Each Receipt this Period  
 100.00

Full Name (Last, First, Middle Initial)  
**C. James E. Woys**  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc.. Occupation EVP & COO  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1025.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 29 / 2012  
**Transaction ID : INCA24158**  
 Amount of Each Receipt this Period  
 205.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 505.00  
**TOTAL** This Period (last page this line number only)..... ▶ 6624.76

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

Form/Schedule: SA11AI

Transaction ID : INCA24154

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA24156

Payroll Deduction

: 97 `A-G79 @C5 B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFH`ZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA24158

Payroll Deduction

Form/Schedule:

Transaction ID:



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Denham for Congress**

Mailing Address P.O. Box 368

City Falls Church State VA Zip Code 22040

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Jeff Denham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2012

Transaction ID : EXPB23601

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Valadao for Congress**

Mailing Address 504 Van Ness Avenue

City Fresno State CA Zip Code 93721

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**David Valadao**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

MM / DD / YYYY  
02 / 02 / 2012

Transaction ID : EXPB23600

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Juan Vargas for Congress**

Mailing Address P.O. Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Juan Vargas**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 51

Date of Disbursement

MM / DD / YYYY  
02 / 09 / 2012

Transaction ID : EXPB23738

Amount of Each Disbursement this Period

1000.00

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

3000.00

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. Boustany for Congress**

Mailing Address 20 F Street NW, Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Charles Boustany**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2012

**Transaction ID : EXPB23877**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. Boustany for Congress**

Mailing Address 20 F Street NW, Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Charles Boustany**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2012

**Transaction ID : EXPB23884**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. Devin Nunes Campaign Committee**

Mailing Address 113 N. Church Street, Suite 423

City Visalia State CA Zip Code 93291

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Devin Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2012

**Transaction ID : EXPB23879**

Amount of Each Disbursement this Period

1000.00
---------

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

4500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Mike Thompson for Congress**

Mailing Address 236 Massachusetts Avenue NE, Suite

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Mike Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2012

**Transaction ID : EXPB23878**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Rely On Your Beliefs Fund**

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Rely On Your Beliefs Fund**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2012

**Transaction ID : EXPB23883**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Snowe for Senate**

Mailing Address P.O. Box 2012

City Portland State ME Zip Code 04104

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Olympia Snowe**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

MM / DD / YYYY  
02 / 21 / 2012

**Transaction ID : EXPB23882**

Amount of Each Disbursement this Period

1000.00

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

3500.00

**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)

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

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

Full Name (Last, First, Middle Initial)

**A. America's Health Insurance Plans PAC (AHIP PAC)**

Mailing Address 601 Pennsylvania Avenue NW, Suite

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**America's Health Insurance Plans PAC (AHIP PAC)**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
02 / 27 / 2012

**Transaction ID : EXPB23885**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

5000.00

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

26000.00