



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="103575.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="98070.61"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="6412.06"/>	<input type="text" value="12907.12"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="104482.67"/>	<input type="text" value="116482.67"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8500.00"/>	<input type="text" value="20500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="95982.67"/>	<input type="text" value="95982.67"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Health Net, Incorporated Political Action Committee**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2739.84	3949.84
(ii) Unitemized .....	3672.22	8957.28
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6412.06	12907.12
(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) .....	6412.06	12907.12
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))..... ▶	6412.06	12907.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6412.06	12907.12

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	20500.00
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)) ..	8500.00	20500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	20500.00

**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) .....	6412.06	12907.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6412.06	12907.12
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: (check only one)	PAGE 6 OF 41
	<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	

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

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

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

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: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2016**

**Transaction ID : INCA36589**

Amount of Each Receipt this Period  
**50.00**

Memo Item

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

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: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **307.68**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2016**

**Transaction ID : INCA36595**

Amount of Each Receipt this Period  
**76.92**

Memo Item

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

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: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2016**

**Transaction ID : INCA36598**

Amount of Each Receipt this Period  
**50.00**

Memo Item

<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 : INCA36589

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA36595

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA36598

Payroll Deduction

Form/Schedule:

Transaction ID:



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 41
	<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. Patricia Clarey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 22nd Floor  
 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, Chief Regulatory & External Rela  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2016  
**Transaction ID : INCA36605**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

**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: 2016  
 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 / 12 / 2016  
**Transaction ID : INCA36612**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. 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: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2016  
**Transaction ID : INCA36617**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA36605

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA36612

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA36617

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 41
	<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. 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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2016**

**Transaction ID : INCA36618**

Amount of Each Receipt this Period  
**50.00**

Memo Item

**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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2016**

**Transaction ID : INCA36626**

Amount of Each Receipt this Period  
**50.00**

Memo Item

**C. 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: 2016  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **232.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 12 / 2016**

**Transaction ID : INCA36644**

Amount of Each Receipt this Period  
**58.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>158.00</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 : INCA36618

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA36626

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA36644

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 41
	<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. 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: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2016  
**Transaction ID : INCA36655**  
 Amount of Each Receipt this Period  
 80.00  
 Memo Item

**B. Lawrence Naehr**  
 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 VP, Optimization  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2016  
**Transaction ID : INCA36656**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Steven J. Sell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2370 Kerner Blvd.  
 City San Rafael State CA Zip Code 94901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation President, West Region Health Plan  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 12 / 2016  
**Transaction ID : INCA36670**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<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 : INCA36655

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA36656

Payroll Deduction



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA36670

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 41
	<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. 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: 2016  
 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 / 12 / 2016  
**Transaction ID : INCA36675**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**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: 2016  
 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 / 12 / 2016  
**Transaction ID : INCA36678**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Virginia E. White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10540 White Rock Road, Suite 280  
 City Rancho Cordova State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP, Operations  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 12 / 2016  
**Transaction ID : INCA36686**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item

<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 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA36675

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA36678

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA36686

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 21 OF 41
	<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"/>	<input type="checkbox"/> 17

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

**A. Gay Ann Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21650 Oxnard Street  
City Woodland Hills State CA Zip Code 91367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net, Inc. Occupation VP State Leg & Reg Compliance  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 12 / 2016  
**Transaction ID : INCA36687**  
Amount of Each Receipt this Period  
100.00  
 Memo Item

**B. James E. Woys**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2025 Aerojet Road  
City Rancho Cordova State CA Zip Code 95742  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Federal Services, Inc.. Occupation EVP & COO  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 820.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 12 / 2016  
**Transaction ID : INCA36689**  
Amount of Each Receipt this Period  
205.00  
 Memo Item

**C. 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: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016  
**Transaction ID : INCA36693**  
Amount of Each Receipt this Period  
50.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	355.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Form/Schedule: SA11AI

Transaction ID : INCA36687

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA36689

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA36693

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 41
	<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. 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: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.68

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : INCA36699**  
 Amount of Each Receipt this Period  
 76.92  
 Memo Item

**B. 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: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : INCA36702**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Patricia Clarey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 22nd Floor  
 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, Chief Regulatory & External Rela  
 Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016  
**Transaction ID : INCA36709**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	201.92
<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 : INCA36699

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA36702

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA36709

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 41
<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. Daria A. Eppley**

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: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **02 / 26 / 2016**

**Transaction ID : INCA36716**

Amount of Each Receipt this Period **50.00**

Memo Item

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

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: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 26 / 2016**

**Transaction ID : INCA36721**

Amount of Each Receipt this Period **75.00**

Memo Item

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

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: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **02 / 26 / 2016**

**Transaction ID : INCA36722**

Amount of Each Receipt this Period **50.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>175.00</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 : INCA36716

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA36721

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA36722

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 30 OF 41
	<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. 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: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016

**Transaction ID : INCA36730**

Amount of Each Receipt this Period  
 50.00

Memo Item

**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: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016

**Transaction ID : INCA36748**

Amount of Each Receipt this Period  
 58.00

Memo Item

**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: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 26 / 2016

**Transaction ID : INCA36759**

Amount of Each Receipt this Period  
 80.00

Memo Item

**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 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA36730

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA36748

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA36759

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 41
	<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. Lawrence Naehr**  
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 VP, Optimization  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 26 / 2016  
**Transaction ID : INCA36760**  
Amount of Each Receipt this Period 50.00  
 Memo Item

**B. Steven J. Sell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2370 Kerner Blvd.  
City San Rafael State CA Zip Code 94901  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net, Inc. Occupation President, West Region Health Plan  
Receipt For: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 26 / 2016  
**Transaction ID : INCA36774**  
Amount of Each Receipt this Period 100.00  
 Memo Item

**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: 2016  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 26 / 2016  
**Transaction ID : INCA36779**  
Amount of Each Receipt this Period 50.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 200.00  
**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 : INCA36760

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA36774

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA36779

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 41
	<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)  
**A. Steven D. Tough**

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: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 26 / 2016**

**Transaction ID : INCA36782**

Amount of Each Receipt this Period  
**50.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**B. 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: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 26 / 2016**

**Transaction ID : INCA36790**

Amount of Each Receipt this Period  
**200.00**

Memo Item

Full Name (Last, First, Middle Initial)  
**C. 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: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**02 / 26 / 2016**

**Transaction ID : INCA36791**

Amount of Each Receipt this Period  
**100.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>350.00</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 : INCA36782

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA36790

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA36791

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 39 OF 41  
(check only one)

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

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

**A. James E. Woys**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc.. Occupation EVP & COO

Receipt For: 2016  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **820.00**

Date of Receipt **02 / 26 / 2016**

**Transaction ID : INCA36793**

Amount of Each Receipt this Period **205.00**

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>205.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>2739.84</b>

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

Form/Schedule: SA11AI

Transaction ID : INCA36793

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. Guthrie for Congress**

Mailing Address P.O. Box 9639

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**S. Brett Guthrie**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2016

Transaction ID : EXPB36373

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Michael Burgess for Congress**

Mailing Address P.O. Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Dr. Michael C. Burgess**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 26

Date of Disbursement

MM / DD / YYYY  
02 / 05 / 2016

Transaction ID : EXPB36372

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. New Democrat Coalition PAC**

Mailing Address 700 13th Street NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**New Democrat Coalition PAC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
02 / 08 / 2016

Transaction ID : EXPB36374

Amount of Each Disbursement this Period

5000.00

Memo Item

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

8500.00

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

8500.00