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April 18, 2002

Public Records Office  
Federal Election Commission  
999 E Street, NW  
Washington, D.C. 20463

Dear Filing Officer:

Please find enclosed for filing the original and one copy of:

Form 1\_\_\_

Form 2\_\_\_

Form 3\_\_\_

Form 3X X

for Health Net, Inc. Political Action Committee for the period 03/01/02-03/31/02.

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

Very truly yours,

*Thomas W. Hiltachk*

Thomas W. Hiltachk  
Assistant Treasurer

030315 1452 50 22

RECEIVED  
FEC MAIL ROOM

2002 APR 19 A 9 49

FEC  
FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MARKING LABEL OR TYPE OR PRINT

Exempted type: type over the lines.

12784MS

Health Net Incorporated Political Action Committee

ADDRESS (number and street)

21650 Grand Street, 25th Floor

Check if different than previously reported (ACC)

Woodland Hills

CA

91367

2. FEC IDENTIFICATION NUMBER

CITY A

STATE A

ZIP CODE A

C00290789

3. IS THIS REPORT

NEW

OR

AMENDED

(A)

4. TYPE OF REPORT (Choose One)

(b) Monthly Report Due On

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) Year Only

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

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)

(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

03

01

2002

through

03

31

2002

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 SHARON W. BILKUSIK

Signature of Treasurer

Date

03

16

2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

Office Use Only

FEC FORM 3X  
(Revised 1/01)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 10/1)

Page 2

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period:

From:

03 01 2003

To:

03 31 2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6 (a) Cash on Hand January 1, 2002		12,791.77
(b) Cash on Hand at Beginning of Reporting Period	14,975.69	
(c) Total Receipts (from Line 19)	1,991.48	6,185.38
(d) Subtotal (add Line 6(b) and 6(c) for Column A and Line 6(a) and 6(c) for Column B)	16,967.15	18,967.15
7. Total Disbursements (from Line 30)	2,000.00	4,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14,967.15	14,967.15
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 710)

For further information contact:

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

Toll Free 800-424-9530  
Local 202-696-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 20X (Revised 1/01)

Page 3

Name of Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period

From

03 01 2002

To

03 31 2002

1. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) from:		
(a) Individuals/Persons Other Than Political Committee:		
(i) Remitted (Use Schedule A) .....	1,536.00	
(ii) Unremitted .....	475.46	
(TOTAL (add Lines 11(a)(i) and (ii)) .....	1,991.46	6,185.38
(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)(i), (b), and (c)) (Carry Totals to Line 32, page 4) .....	1,991.46	6,185.38
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, Retains, etc.) (Carry Totals to Line 28, page 4) .....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Nonfederal Accounts for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	1,991.46	6,185.38
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	1,991.46	6,185.38

2002年3月7日 14:35:44



SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE		OF
(check only one)				
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial)

A. Jeff Baird

Mailing Address

1600 Los Gatos Drive #200

City

San Rafael, CA 94907

State

Zip Code

FEC ID number of contributing federal political committee

C

Name of Employer  
Health Net, Inc.

Occupation  
President Govt./Specialty Services

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date

500.00

Date of Receipt

03 / 31 / 2002

Amount of Each Receipt this Period

500.00

Bi-weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

B. Johna Shupe

Mailing Address

51281 Berkham Blvd.

City

Woodland Hills, CA 91367

State

Zip Code

FEC ID number of contributing federal political committee

C

Name of Employer  
Health Net, Inc.

Occupation  
VP Administrative Services

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date

250.00

Date of Receipt

03 / 31 / 2002

Amount of Each Receipt this Period

250.00

Bi-weekly Payroll Deduction

Full Name (Last, First, Middle Initial)

C. Patricia Cloney

Mailing Address

21850 Canyon Street

City

Woodland Hills, CA 91367

State

Zip Code

FEC ID number of contributing federal political committee

C

Name of Employer  
Health Net, Inc.

Occupation  
VP Government Relations

Receipt For:

Primary  General  
 Other (specify)

Aggregate Year-to-Date

380.00

Date of Receipt

03 / 31 / 2002

Amount of Each Receipt this Period

120.00

Bi-weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

810.00

TOTAL This Period (last page this line number only)

20020331 15:27:54

**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 2 OF 4	
<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. Parker S. Burpee</b>		Date of Receipt 05/25/92
Mailing Address 5155C Exeter Street City: Woodland Hills, CA 91367 State: CA Zip Code: 91367		Amount of Each Receipt this Period 120.00
FEC ID number of contributing federal political committee <input type="checkbox"/>	Name of Employer Health Net, Inc.	Occupation in Commercial Sales
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 120.00	Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Steve P. Egan</b>		Date of Receipt 02/21/92
Mailing Address 2400 Dana Drive City: Rancho Cordova, CA 95670 State: CA Zip Code: 95670		Amount of Each Receipt this Period 180.00
FEC ID number of contributing federal political committee <input type="checkbox"/>	Name of Employer Health Net, Inc.	Occupation RVP and CFO
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 300.00	Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. David J. Friedman</b>		Date of Receipt 02/21/92
Mailing Address 1400 Dana Drive City: Rancho Cordova, CA 95670 State: CA Zip Code: 95670		Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee <input type="checkbox"/>	Name of Employer Health Net, Inc.	Occupation RVP and General Manager
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 210.00	Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (circle total)	330.00
TOTAL This Period (last page this line number only)	330.00

FEC Schedule A (Form 3X) (Revised 10/91)

FORM 3X (REV. 10/91)



**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 4 OF 4	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Jennifer Humbert Vargas</b>		Date of Receipt 03/31/2003
Mailing Address 3400 DATA DRIVE City State Zip Code KINGSTON CALIFORNIA, CA 95670		Amount of Each Receipt This Period 100.00 21-Weekly Payroll Deductions
FEC ID number of contributing federal political committee C1		
Name of Employer Health Net, Inc.	Occupation SVP General Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>B. Durtis Medina</b>		Date of Receipt 03/31/2003
Mailing Address 2150 GRAND STREET City State Zip Code WOODLAND HILLS, CA 91367		Amount of Each Receipt This Period 100.00 22-Weekly Payroll Deductions
FEC ID number of contributing federal political committee C1		
Name of Employer Health Net, Inc.	Occupation SVP General Counsel/Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>C. Michael White</b>		Date of Receipt 03/31/2003
Mailing Address 3400 DATA DRIVE City State Zip Code KINGSTON CALIFORNIA, CA 95670		Amount of Each Receipt This Period 150.00 21-Weekly Payroll Deductions
FEC ID number of contributing federal political committee C1		
Name of Employer Health Net, Inc.	Occupation SVP Treasurer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	1516.00

2003-03-31 10:00 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)				PAGE 1 OF 1				
<input type="checkbox"/> 21a	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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

**A. Re-Elect Nancy Johnson to Congress Committee**

Full Name (Last, First, Middle Initial)  
Nancy Johnson

Date of Disbursement  
09/01/02

Mailing Address  
P. O. Box 1886

City  
New Britain, CT 06050

State  
CT

Zip Code  
06050

Purpose of Disbursement  
Monetary Contribution

Candidate Name  
Nancy Johnson

Category/Type  
011

Office Sought:  House  Senate  President

Disbursement For: 2002  
 Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period  
1,000.00

**B. Torricelli For U S Senate, Inc.**

Full Name (Last, First, Middle Initial)  
Robert G. Torricelli

Date of Disbursement  
03/28/02

Mailing Address  
1300 Connecticut Avenue NW Suite 600

City  
Washington, DC 20004

State  
DC

Zip Code  
20004

Purpose of Disbursement  
Monetary Contribution

Candidate Name  
Robert G. Torricelli

Category/Type  
011

Office Sought:  House  Senate  President

Disbursement For: 2002  
 Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period  
1,000.00

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2002  
 Primary  General  Other (specify) ▼

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) **\$,000.00**

TOTAL This Period (last page this line number only) **\$2000.00**

COPY FILE TO SD

Federal Election Commission

## ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>4-19-02</i>
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<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked <hr/> and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SL</i>	<i>4-19-02</i>
PREPARER	DATE PREPARED