02/06/2002 21 : 24

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 MAILING LABEL OR TYPE OR PRINT** ▼ — Example: If typing, type over the lines

WellPoint Health Networks WELLPAC

ADDRESS (number and street) ▼ 21555 Oxnard Street

Check if different than previously reported. (ACC)

Woodland Hills | CA | 91367 –

2. **FEC IDENTIFICATION NUMBER** ▼ C00197228

CITY ▲ | STATE ▲ | ZIPCODE ▲

3. IS THIS REPORT NEW (N) **OR** X 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 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
Apr 20 (M4) X	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (M13)

(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 0 6 0 1 2 0 0 1 through 0 6 3 0 2 0 0 1

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 Susan K. Nagy, Assistant Treasurer

Signature of Treasurer Electronically Filed by Susan K. Nagy, Assistant Treasurer Date 0 2 0 6 2 0 0 2

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

Office Use Only			**FEC FORM 3X** (Revised 1/2001)