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May 16, 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__

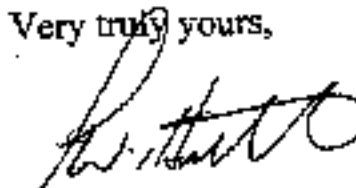
Form 3__

Form 3X X

for Health Net, Inc. Political Action Committee for the period 04/01/02-04/30/02.

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

Very truly yours,



Thomas W. Hiltachk
Assistant Treasurer

RECEIVED
FEC MAIL ROOM
2002 JUN -5 A 10:28

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM
2002 JUN -5 A 10 28

Office Use Only

1. NAME OF COMMITTEE (in full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines.

12FB4M5

Health Net, Incorporated Political Action Committee

ADDRESS (number and street)

21650 Oxnard Street, 25th Floor

Check if different than previously reported. (ACC)

Woodland Hills

CA

91367

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

00230789

3. IS THIS REPORT

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)
- Mar 20 (M3)
- Apr 20 (M4)

- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)

- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)

- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)

- General (12G)
- Special (12S)

Runoff (12R)

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

04

01

2002

through

04

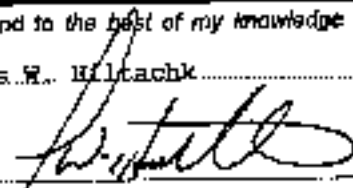
30

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 Thomas R. Hillbach

Signature of Treasurer



Date

05

17

2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

Office Use Only

FEC FORM 3X
(Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period:

From:

04 01 2002

To:

04 30 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		12,781.77
(b) Cash on Hand at Beginning of Reporting Period	14,967.15	
(c) Total Receipts (from Line 18)	1,566.46	7,751.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16,533.61	20,533.61
7. Total Disbursements (from Line 30)	9,200.00	12,200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	8,333.61	8,333.61
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period: From:

04 / 01 / 2002

To:

04 / 30 / 2002

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)	1,286.00	
(ii) Unitemized	280.46	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	1,566.46	7,751.84
(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 32, page 4)	1,566.46	7,751.84
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 35, 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 Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	1,566.46	7,751.84
20. Total Federal Receipts (subtract Line 18 from Line 19)	1,566.46	7,751.84

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	8,000.00	12,000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 5441a(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	200.00	200.00
(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))	200.00	200.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	8,200.00	12,200.00
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	8,200.00	12,200.00

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)	1,566.46	7,751.84
33. Total Contribution Refunds (from Line 28(d))	200.00	200.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	1,366.46	7,551.84
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)	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 1 OF 5	
	<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 Bairdow		Date of Receipt MM/DD/YYYY 04/30/2002
Mailing Address 1600 108 GAMOR Drive #300 City: San Rafael, CA 94967 State: CA Zip Code: 94967		Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation President Govt/Specially Services	21-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. Debra Chase		Date of Receipt MM/DD/YYYY 04/30/2002
Mailing Address 21201 Buckhorn Blvd. City: Woodland Hills, CA 91367 State: CA Zip Code: 91367		Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation VP Administrative Services	23-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) C. Patricia Clancy		Date of Receipt MM/DD/YYYY 04/30/2002
Mailing Address 21550 Oxford Street, 2nd Floor City: Woodland Hills, CA 91367 State: CA Zip Code: 91367		Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C		
Name of Employer Health Net, Inc.	Occupation VP Government Relations	21-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

SUBTOTAL of Receipts This Page (optional)	360.00
TOTAL This Period (last page this line number only)	

**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 5	
<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

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

Full Name (Last, First, Middle Initial) A. <u>DeLac G. Dundas</u>		Date of Receipt Mo: <u>04</u> Day: <u>30</u> Year: <u>2002</u>	
Mailing Address <u>21650 Diamond Street</u> City: <u>Woodland Hills, CA</u> State: <u>CA</u> Zip Code: <u>91367</u>		Amount of Each Receipt this Period <u>80.00</u>	
FEC ID number of contributing federal political committee: <u>C</u>		Bi-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.	Occupation VP Commercial Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>▼</u>	Aggregate Year-to-Date <u>▼</u> <u>340.00</u>		

Full Name (Last, First, Middle Initial) B. <u>David J. Friedman</u>		Date of Receipt Mo: <u>04</u> Day: <u>30</u> Year: <u>2002</u>	
Mailing Address <u>3400 Lake Drive</u> City: <u>Rancho Cordova, CA</u> State: <u>CA</u> Zip Code: <u>95670</u>		Amount of Each Receipt this Period <u>80.00</u>	
FEC ID number of contributing federal political committee: <u>C</u>		Bi-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.	Occupation EVP and General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>▼</u>	Aggregate Year-to-Date <u>▼</u> <u>270.00</u>		

Full Name (Last, First, Middle Initial) C. <u>Bryan K. Flarner</u>		Date of Receipt Mo: <u>04</u> Day: <u>30</u> Year: <u>2002</u>	
Mailing Address <u>125 Technology Drive</u> City: <u>Irvine, CA</u> State: <u>CA</u> Zip Code: <u>92718</u>		Amount of Each Receipt this Period <u>50.00</u>	
FEC ID number of contributing federal political committee: <u>C</u>		Bi-Weekly Payroll Deduction	
Name of Employer Health Net Dental	Occupation VP Provider Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <u>▼</u>	Aggregate Year-to-Date <u>▼</u> <u>260.00</u>		

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

**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 3 OF 5	
<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. Timothy J. Moore		Date of Receipt 04 30 2002	
Mailing Address 3400 Data Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.		Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 360.00	

Full Name (Last, First, Middle Initial) B. David W. Olson		Date of Receipt 04 30 2002	
Mailing Address 3400 Data Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.		Occupation BVP Investor Relations	
Receipt For: <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) C. Jeffrey Lee Shelton		Date of Receipt 04 30 2002	
Mailing Address 3400 Data Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.		Occupation VP State Govt. Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00	

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	

**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 5	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A. Coza Telles
 Full Name (Last, First, Middle Initial)
 Mailing Address
 3400 Data Drive
 City Rancho Cordova, CA State Zip Code 95670
 FEC ID number of contributing federal political committee: C
 Name of Employer: Health Net, Inc. Occupation: President Health Plans
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 794.00

Date of Receipt: 04 30 2002
 Amount of Each Receipt this Period: 126.00
 Bi-Weekly Payroll Deduction

B. Franklin Tom
 Full Name (Last, First, Middle Initial)
 Mailing Address
 3400 Data Drive
 City Rancho Cordova, CA State Zip Code 95670
 FEC ID number of contributing federal political committee: C
 Name of Employer: Health Net, Inc. Occupation: VP Legal
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 450.00

Date of Receipt: 04 30 2002
 Amount of Each Receipt this Period: 100.00
 Bi-Weekly Payroll Deduction

C. Jeanette Burkert Vargas
 Full Name (Last, First, Middle Initial)
 Mailing Address
 3400 Data Drive
 City Rancho Cordova, CA State Zip Code 95670
 FEC ID number of contributing federal political committee: C
 Name of Employer: Health Net, Inc. Occupation: GVP General Manager
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date: 400.00

Date of Receipt: 04 30 2002
 Amount of Each Receipt this Period: 100.00
 Bi-Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional): 376.00
 TOTAL This Period (last page this line number only):

**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 <u>4</u> OF <u>5</u>	
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>
				<input type="checkbox"/>	12	<input type="checkbox"/>
				<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

Full Name (Last, First, Middle Initial)
A. Curtis Westlo

Mailing Address
21650 Diamond 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: SVP General Counsel/Secy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
04 / 30 / 2002

Amount of Each Receipt this Period
100.00

Bi-Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Michael White

Mailing Address
3400 Dana Drive
City: Rancho Cordova, CA 95670 State: Zip Code:

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

Name of Employer: Health Net, Inc. Occupation: SVP Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
04 / 30 / 2002

Amount of Each Receipt this Period
100.00

Bi-Weekly Payroll Deduction

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

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

SUBTOTAL of Receipts This Page (optional) 200.00

TOTAL This Period (last page this line number only) 1200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)				PAGE 1 OF 3	
<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"/> 28
		28a	28b	28c			

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

A. Congressman Waxman Campaign Committee

Full Name (Last, First, Middle Initial)
Congressman Waxman Campaign Committee

Date of Disbursement
04 / 04 / 2002

Mailing Address
1665 Wilshire Blvd., #220
City: Beverly Hills, CA 90211
State: CA Zip Code: 90211

Amount of Each Disbursement this Period
2,500.00

Purpose of Disbursement
Monetary Contribution
Candidate Name: Randy Waxman
Category/Type: 011

Office Sought: House Senate President
Disbursement For: 2002
 Primary General Other (specify) ▼
State: CA District: 30

B. Reed Committee

Full Name (Last, First, Middle Initial)
Reed Committee

Date of Disbursement
04 / 04 / 2002

Mailing Address
P. O. Box 8628
City: Cranston, RI 02926
State: RI Zip Code: 02926

Amount of Each Disbursement this Period
500.00

Purpose of Disbursement
Monetary Contribution
Candidate Name: Jack Reed
Category/Type: 011

Office Sought: House Senate President
Disbursement For: 2002
 Primary General Other (specify) ▼
State: RI District:

C. Re-Elect Nancy Johnson La Congress Committee

Full Name (Last, First, Middle Initial)
Re-Elect Nancy Johnson La Congress Committee

Date of Disbursement
04 / 04 / 2002

Mailing Address
P. O. Box 1904
City: New Britain, CT 06050
State: CT Zip Code: 06050

Amount of Each Disbursement this Period
1,000.00

Purpose of Disbursement
Monetary Contribution
Candidate Name: Nancy Johnson
Category/Type: 011

Office Sought: House Senate President
Disbursement For: 2002
 Primary General Other (specify) ▼
State: CT District: 05

SUBTOTAL of Disbursements This Page (optional) \$ 4,000.00

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)				PAGE 2 OF 3	
	<input type="checkbox"/> 21b 20	<input type="checkbox"/> 22 27	<input checked="" type="checkbox"/> 23 28a	<input type="checkbox"/> 24 28b	<input type="checkbox"/> 26 28c	<input type="checkbox"/> 29

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

Full Name (Last, First, Middle Initial) A. Steve Israel for Congress Committee		Date of Disbursement MM/DD/YYYY 04/04/2002
Mailing Address 15 Grand Street City State Zip Code Dix Hills, NY 11746		Amount of Each Disbursement this Period 1,000.00
Purpose of Disbursement Monetary Contribution	Category/Type Q11	
Candidate Name Steve Israel	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2002 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY District: 02		

Full Name (Last, First, Middle Initial) B. Torricelli for U S Senate, Inc.		Date of Disbursement MM/DD/YYYY 04/23/2002
Mailing Address 1300 Connecticut Avenue NW Suite 600 City State Zip Code Washington, DC 20036		Amount of Each Disbursement this Period 1,000.00
Purpose of Disbursement Monetary Contribution	Category/Type Q11	
Candidate Name Robert B. Torricelli	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ District:		

Full Name (Last, First, Middle Initial) C. Ben Cardin for Congress Committee		Date of Disbursement MM/DD/YYYY 04/25/2002
Mailing Address 100 East Front Street, 27th Floor City State Zip Code Baltimore, MD 21202		Amount of Each Disbursement this Period 1,000.00
Purpose of Disbursement Monetary Contribution	Category/Type Q11	
Candidate Name Benjamin L. Cardin	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2002 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MD District: 03		

SUBTOTAL of Disbursements This Page (optional)	3,000.00
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)								PAGE 3 OF 3	
	<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

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. Friends of Max Baucus 2002		Date of Disbursement MM : DD : YYYY 04 : 26 : 2002
Mailing Address P. O. Box 586 City State Zip Code Helena, MT 59524		Amount of Each Disbursement this Period \$ 1,000.00
Purpose of Disbursement Monetary Contribution	Category/Type 011	
Candidate Name Max B. Baucus	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2002	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM : DD : YYYY
Mailing Address City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM : DD : YYYY
Mailing Address City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement	Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	\$ 1,000.00
TOTAL This Period (last page this line number only)	8000.00

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

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

FOR LINE NUMBER: (check only one)

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

PAGE 1 OF 1

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

A. Full Name (Last, First, Middle Initial)
Steve P. Ewiz

Date of Disbursement
04 / 30 / 2002

Mailing Address
3400 Dana Drive
City: Rancho Cordova, CA 95670
State: CA Zip Code: 95670

Amount of Each Disbursement this Period
200.00

Purpose of Disbursement
Refund of Contribution

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

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

Date of Disbursement

Mailing Address

Amount of Each Disbursement this Period

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

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

Date of Disbursement

Mailing Address

Amount of Each Disbursement this Period

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) 200.00

TOTAL This Period (last page this line number only)

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 5-12-02
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<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 and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JL</i> PREPARER	6-5-02 DATE PREPARED