

# FEC FORM 1

# STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Health Net, Incorporated Political Action Committee

ADDRESS (number and street)

455 Capitol Mall, Suite 801

(Check if address is changed)

Sacramento

CA

95814

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

feccomm@bmhlaw.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

9164427759

2. DATE

MM / DD / YYYY  
06 / 20 / 2006

3. FEC IDENTIFICATION NUMBER

C C00230789

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement 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

Electronically Filed by Thomas W. Hiltachk

Date

MM / DD / YYYY  
06 / 20 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100

FEC FORM 1  
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State   
 District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

- (d)  This committee is a  (National, State (or subordinate) committee of the  (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

**Health Net, Inc.**  
 \_\_\_\_\_  
 \_\_\_\_\_

Mailing Address **21650 Oxnard Street, 25th Floor**  
 \_\_\_\_\_

**Woodland Hills**  **CA**  **91367** -   
 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship **Connected Organization**  
 \_\_\_\_\_

Type of Connected Organization:

- Corporation  Corporation w/o Capital Stock  Labor Organization
- Membership Organization  Trade Association  Cooperative

Write or Type Committee Name

**Health Net, Incorporated Political Action Committee**

- 7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Thomas W. Hiltachk**

Mailing Address **455 Capitol Mall, Suite 801**

**Sacramento** **CA** **95814**

Title or Position **CITY** **STATE** **ZIP CODE**

**Custodian of Records** Telephone number **916** **442** **7757**

- 8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **Thomas W. Hiltachk**

Mailing Address **455 Capitol Mall, Suite 801**

**Sacramento** **CA** **95814**

Title or Position **CITY** **STATE** **ZIP CODE**

**Treasurer** Telephone number **916** **442** **7757**

Full Name of Designated Agent **Ashlee N. Titus**

Mailing Address **455 Capitol Mall, Suite 801**

**Sacramento** **CA** **95814**

Title or Position **CITY** **STATE** **ZIP CODE**

**Assistant Treasurer** Telephone number **916** **442** **7757**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

**Commercial Capital Bank**

Mailing Address

**1565 Exposition Blvd.**

**Sacramento**

**CA**

**95815** -

CITY ▲

STATE ▲

ZIP CODE ▲

Image# 26960160775

Form/Schedule: **F1A**

Amend to add E-Mail address.

Transaction ID:

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