REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

FEDERAL ELECTION COMMISSION MAIL ROOM

AUG 19 10 12 AM '98

1. NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

ADDRESS (number and street) ☐ Check if different than previously reported
21555 Oxnard Street

CITY, STATE and ZIP CODE
Woodland Hills, CA 91367

2. FEC IDENTIFICATION NUMBER
C00197228

3. [X] This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

(a)
- ☐ April 15 Quarterly Report
- ☐ July 15 Quarterly Report
- ☐ October 15 Quarterly Report
- ☐ January 31 Year End Report
- ☐ July 31 Mid Year Report (Non-election Year Only)
- ☐ Termination Report

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☒ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

☐ Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment ? ☐ YES [X] NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07/01/98 through 07/31/98		
6. (a) Cash on Hand January 1, 19 98		$ 51,314.19
(b) Cash on Hand at Beginning of Reporting Period	$ 52,488.74	
(c) Total Receipts (from line 19)	$ 6,062.24	$ 47,286.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 58,550.98	$ 98,600.98
7. Total Disbursements (from Line 30)	$ 7,000.00	$ 47,000.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 51,550.98	$ 51,600.98
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	

For further information:
Federal Election Commission
999 E Street , NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
Susan K Nagy

Date
8-14-98

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

FEC FORM 3X

(Revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE: WellPoint Health Networks "WELLPAC"

REPORT COVERING PERIOD FROM: 07/01/98 TO: 07/31/98

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	4,767.04	24,020.05
ii. Unitemized	1,295.20	22,766.74
iii. Total (add i and ii) >	6,062.24	46,786.79
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add aiii,b and c) >	6,062.24	46,786.79
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.)	0.00	500.00
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 11d,12,13,14,15,16,17,and 18) >	6,062.24	47,286.79
20. Total Federal Receipts (subtract line 18 from line 19) >	6,062.24	47,286.79
II. Disbursements		
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 ai,aii, 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	7,000.00	47,000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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 a,b, and c) >	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	7,000.00	47,000.00
31. Total Federal Disbursements (Subtract line 21 aii from line 30) >	7,000.00	47,000.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d)	6,062.24	46,786.79
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32)	6,062.24	46,786.79
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 12
	FOR LINE NUMBER 11 a I

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
DEBORAH LACHMAN 21701 PACIFIC COAST HIGHWAY MALIBU, CA 90265	Blue Cross of California Occupation: GENERAL MANAGER	Payroll Deduction	36.94 ($18.47 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 277.05		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
SUSAN BLAIS 28 FLINTLOCK LANE BELL CANYON, CA 91307	UNICARE Occupation: VICE PRESIDENT	Payroll Deduction	125.00 ($62.50 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 937.50		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
DONALD PETERSON 77 FARMCLIFF DRIVE GLASTONBURY, CT 06033	UNICARE Occupation: GENERAL MANAGER	Payroll Deduction	38.00 ($19.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 285.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
RICHARD LACROIX 94 WESLEYAN ROAD GLASTONBURY, CT 06033	Occupation: GENERAL MANAGER	Payroll Deduction	50.00 ($25.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 375.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
RICHARD RANELLI 2207 WESTSHORE LANE WESTLAKE VILLAGE, CA 91361	WellPoint Health Networks Occupation: SR. VICE PRESIDENT	Payroll Deduction	76.00 ($38.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 570.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JOHN CYGUL 1629 CASTLEHILL COURT WESTLAKE VILLAGE, CA 91361	WellPoint Health Networks Occupation: VICE PRESIDENT	Payroll Deduction	50.00 ($25.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 375.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
DAVID COLBY 200 WEST STAFFORD ROAD LAKE SHERWOOD, CA 91361	WellPoint Health Networks Occupation: EXECUTIVE VICE PRESIDENT	Payroll Deduction	100.00 ($50.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 750.00		

SUB TOTAL of Receipts This Page (Optional) >	475.94
TOTAL this Period (Last page this line number only) >	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a I

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
APRIL CHOI **23919 DEER LICK DRIVE** **WEST HILLS, CA 91304**	**UNICARE** Occupation **VICE PRESIDENT**	**Payroll Deduction**	**38.00 ($19.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **285.00**		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
BARBARA LYNCH **#124** **21535 ERWIN STREET** **WOODLAND HILLS, CA 91367**	**Blue Cross of California** Occupation **VICE PRESIDENT**	**Payroll Deduction**	**38.00 ($19.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **285.00**		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
ALICE ROSENBLATT **5948 ANNIE OAKLEY ROAD** **HIDDEN HILLS, CA 91302**	**WellPoint Health Networks** Occupation **SR. VICE PRESIDENT**	**Payroll Deductinn**	**80.00 ($40.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **600.00**		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
PAMELA JONES **515 FLORAL PARK TERRACE** **SOUTH PASADENA, CA 91030**	**Blue Cross of California** Occupation **DIRECTOR**	**Payroll Deduction**	**38.00 ($19.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **285.00**		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
YOUSSEF TOWLIATI **#2** **2450 E DEL MAR** **PASADENA, CA 91107**	**Blue Cross of California** Occupation **DIRECTOR**	**Payroll Deduction**	**50.00 ($25.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **375.00**		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
ROBERT ANDERSON **52 CLAREMONT** **NEWPORT BEACH, CA 92657**	**UNICARE** Occupation **VICE PRESIDENT**	**Payroll Deduction**	**48.00 ($24.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **360.00**		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
CRAIG QUINN **5743 SUNMIST DRIVE** **RANCHO PALOS VERDES, CA 90275**	Occupation **MANAGER**	**Payroll Deduction**	**28.00 ($14.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **210.00**		

SUB TOTAL of Receipts This Page (Optional) >	**320.00**
TOTAL this Period (Last page this line number only) >	

SCHEDULE A ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
REBECCA KAPUSTAY **3107 SEAVIEW AVENUE** **VENTURA, CA 93001**	**Blue Cross of California** Occupation **SENIOR VICE PRESIDENT**	**Payroll Deduction**	**96.00 ($48.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **720.00**		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
M DOYLE **10105 WATERSIDE DR** **BURKE, VA 22015**	**Blue Cross of California** Occupation **DIRECTOR**	**Payroll Deduction**	**40.00 ($20.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **280.00**		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
GEORGE STEINHOFF **23619 WHITE OAK CT** **NEWHALL, CA 91321**	**Blue Cross of California** Occupation **VICE PRESIDENT**	**Payroll Deduction**	**48.00 ($24.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **360.00**		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
ANDREW MORRISON **355 MEDEA CREEK LANE** **AGOURA, CA 91301**	**WellPoint Health Networks** Occupation **VICE PRESIDENT**	**Payroll Deduction**	**60.00 ($30.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **450.00**		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
ALLAN ROTH **1740 BUTTERFLY CT** **THOUSAND OAKS, CA 91320**	**UNICARE** Occupation **VICE PRESIDENT**	**Payroll Deduction**	**38.00 ($19.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **285.00**		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
STEPHEN BARNES **#114** **38056 AGOURA RD** **AGOURA HILLS, CA 91301**	**WellPoint Health Networks** Occupation **VICE PRESIDENT**	**Payroll Deduction**	**50.00 ($25.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **375.00**		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
MARK GRANOFF **#112** **311 BORA BORA WAY** **MARINA DEL REY, CA 90292**	**Blue Cross of California** Occupation **DIRECTOR**	**Payroll Deduction**	**58.00 ($29.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **435.00**		

SUB TOTAL of Receipts This Page (Optional) ---------->	**390.00**
TOTAL this Period (Last page this line number only) ---------->	

SCHEDULE A — ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JAMES PERKINS 1344 KALLIEN AVENUE NAPERVILLE, IL 60540	Occupation: DIRECTOR	Payroll Deduction	30.00 ($15.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 225.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
GREG BAIRD 25202 BENTWOOD LAGUNA NIGUEL, CA 92677	Blue Cross of California Occupation: SR. VICE PRESIDENT	Payroll Deduction	76.00 ($38.00 Biweekly)
Receipt For: ☐ Primary ☒ General ☐ Other (Specify)	Aggregate Year-to-date > $ 570.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JOHN KALB 34781 CAMINO CAPISTRANO CAPISTRANO BEACH, CA 92624	UNICARE Occupation: GENERAL MANAGER	Payroll Deduction	40.00 ($20.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
LEONARD SCHAEFFER 21555 OXNARD ST WOODLAND HILLS, CA 91367	WellPoint Health Networks Occupation: CHAIRMAN AND CHIEF EXECUTIVE	Payroll Deduction	200.00 ($100.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 1,500.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JAMES BROWN 42199 CRESTVIEW CIRCLE NORTHVILLE, MI 48167	UNICARE Occupation: SECOND VICE PRESIDENT	Payroll Deduction	50.00 ($25.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 375.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
MICHAEL LOHNBERG 29039 CATHERWOOD COURT AGOURA HILLS, CA 91301	WellPoint Health Networks Occupation: VICE PRESIDENT	Payroll Deduction	50.00 ($25.00 Biweekly)
Receipt For: ☐ Primary ☒ General ☐ Other (Specify)	Aggregate Year-to-date > $ 375.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JEFFREY CRIPPEN 3074 LAKEVIEW DR METROPOLIS, IL 62960	UNICARE Occupation: VICE PRESIDENT	Payroll Deduction	64.00 ($32.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 480.00		

SUB TOTAL of Receipts This Page (Optional) >	510.00
TOTAL this Period (Last page this line number only) >	

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
KENNETH ZUREK 1259 LAMONT AVENUE THOUSAND OAKS, CA 91362	WellPoint Health Networks Occupation: VICE PRESIDENT	Payroll Deduction	50.00 ($25.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 375.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
DAVID HELWIG 188 COLT LANE THOUSAND OAKS, CA 91360	Blue Cross of California Occupation: SR VICE PRESIDENT	Payroll Deduction	96.00 ($48.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 720.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
R KRETSCHMER 952 - 2ND STREET MANHATTAN BEACH, CA 90266	WellPoint Health Networks Occupation: VICE PRESIDENT	Payroll Deduction	58.00 ($29.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 435.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
ROBERT ROHLOFF 235 LAS QUEBRADAS LANE ALAMO, CA 94507	Occupation: DIRECTOR	Payroll Deduction	28.00 ($14.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 210.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
DAVID LUDWIG 3107 SEAVIEW AVE VENTURA, CA 93001	UNICARE Occupation: SR. VICE PRESIDENT	Payroll Deduction	96.00 ($48.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 720.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
THOMAS LEVIN P O BOX 2442 MALIBU, CA 90265	UNICARE Occupation: SR. VICE PRESIDENT	Payroll Deduction	116.00 ($58.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 870.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JIN-DIH SHIH 5526 NORTH JOHN DODSON DR AGOURA HILLS, CA 91301	WellPoint Health Networks Occupation: VICE PRESIDENT	Payroll Deduction	30.00 ($15.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 225.00		

SUB TOTAL of Receipts This Page (Optional) >	474.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 6 OF 12
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SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
ALEXANDER CUNNINGHAM **#22** **2798 WHITE RIDGE PLACE** **THOUSAND OAKS, CA 91362**	**Blue Cross of California** Occupation **DIRECTOR**	**Payroll Deduction**	**40.00 ($20.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **300.00**		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JACQUELINE ANDERSON **#4** **10031 LARWIN AVE** **CHATSWORTH, CA 91311**	**Blue Cross of California** Occupation **GENERAL MANAGER**	**Payroll Deduction**	**36.94 ($18.47 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **277.05**		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
MAX BROWN **4514 RAYBURN** **WESTLAKE VILLAGE, CA 91362**	**UNICARE** Occupation **SR. VICE PRESIDENT**	**Payroll Deduction**	**30.00 ($15.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **225.00**		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JIM LOVING **635 FAIRVIEW AVENUE** **SIERRA MADRE, CA 91024**	**Blue Cross of California** Occupation **VICE PRESIDENT**	**Payroll Deduction**	**50.00 ($25.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **375.00**		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JEFFREY WOFFORD **91 WINDHAM DRIVE** **EAST LONGMEADOW, MA 01028**	**UNICARE** Occupation **VICE PRESIDENT**	**Payroll Deduction**	**50.00 ($25.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **375.00**		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
RICKEY SIMMONS **#147** **2825 PLAZA DEL AMO** **TORRANCE, CA 90503**	**WellPoint Health Networks** Occupation **VICE PRESIDENT**	**Payroll Deduction**	**38.00 ($19.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **285.00**		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JOHN MONAHAN **6373 KERRYHILL COURT** **AGOURA HILLS, CA 91301**	**Blue Cross of California** Occupation **GENERAL MANAGER**	**Payroll Deduction**	**64.00 ($32.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ **480.00**		

SUB TOTAL of Receipts This Page (Optional) >	**308.94**
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 7 OF 12
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JAMES CARTER **#411** **2910 NEILSON BLVD** **SANTA MONICA, CA 90405**	**Blue Cross of California**	**Payroll Deduction**	**40.00 ($20.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation **VICE PRESIDENT**		
	Aggregate Year-to-date > $ **300.00**		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
LINDA PAHL **938 15TH STREET** **HERMOSA BEACH, CA 90254**	**Blue Cross of California**	**Payroll Deduction**	**50.00 ($25.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation **VICE PRESIDENT**		
	Aggregate Year-to-date > $ **375.00**		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
DENNIS WEINBERG **10641 CHIPPENHAM** **CAMARILLO, CA 93012**	**UNICARE**	**Payroll Deduction**	**300.00 ($150.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation **PRESIDENT- UNICARE**		
	Aggregate Year-to-date > $ **2,250.00**		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
ROLLIN LACY **#1102** **199 MASSACHUSETTS AVENUE** **BOSTON, MA 02115**	**UNICARE**	**Payroll Deduction**	**100.00 ($50.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation **SENIOR VICE PRESIDENT**		
	Aggregate Year-to-date > $ **750.00**		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JOHN SIEMON **10220 PRINCIPE PLACE** **CAMARILLO, CA 93012**	**WellPoint Health Networks**	**Payroll Deduction**	**58.00 ($29.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation **VICE PRESIDENT**		
	Aggregate Year-to-date > $ **435.00**		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
RYAN TRIMBLE **27342 LOST COLT DRIVE** **LAGUNA BEACH, CA 92653**	**UNICARE**	**Payroll Deduction**	**100.00 ($50.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation **SR. VICE PRESIDENT**		
	Aggregate Year-to-date > $ **750.00**		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
THOMAS HELOTES **3760 LOCKERBIE LANE** **GLENDALE, CA 91208**	**WellPoint Health Networks**	**Payroll Deduction**	**60.00 ($30.00 Biweekly)**
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Occupation **VICE PRESIDENT**		
	Aggregate Year-to-date > $ **450.00**		

SUB TOTAL of Receipts This Page (Optional) >	**708.00**
TOTAL this Period (Last page this line number only) >	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
J VAN BERKEM **23477 PARK COLOMBO** **CALABASAS, CA 91302** Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	**WellPoint Health Networks** **SR. VICE PRESIDENT** Aggregate Year-to-date> $ **720.00**	**Payroll Deduction**	**96.00 ($48.00 Biweekly)**
B. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
KANDY WALDIE **25074 N TURKEY CREEK** **EVERGREEN, CO 80439** Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	**UNICARE** **VICE PRESIDENT** Aggregate Year-to-date> $ **285.00**	**Payroll Deduction**	**38.00 ($19.00 Biweekly)**
C. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
HOWARD COHEN **1620 FORDHAM AV** **THOUSAND OAKS, CA 91360** Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	**Blue Cross of California** **DIRECTOR** Aggregate Year-to-date> $ **225.00**	**Payroll Deduction**	**30.00 ($15.00 Biweekly)**
D. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
HARVEY BURNS **552 STRAUSS DRIVE** **NEWBURY PARK, CA 91320** Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	**Blue Cross of California** **MANAGER** Aggregate Year-to-date> $ **210.00**	**Payroll Deduction**	**28.00 ($14.00 Biweekly)**
E. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
LAWRENCE KIMMELMAN **2727 AUTUMN RIDGE DR** **THOUSAND OAKS, CA 91362** Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	**VICE PRESIDENT** Aggregate Year-to-date> $ **375.00**	**Payroll Deduction**	**50.00 ($25.00 Biweekly)**
F. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
ANTHONY D'ASARO **6872 BAR HARBOR LANE** **HUNTINGTON BEACH, CA 92648** Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	**UNICARE** **VICE PRESIDENT** Aggregate Year-to-date> $ **300.00**	**Payroll Deduction**	**40.00 ($20.00 Biweekly)**
G. Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
PAMELA KEHALY **#D7** **30856 AGOURA ROAD** **AGOURA, CA 91301** Receipt For: ☐ Primary ☒ General ☐ Other (Specify)	**Blue Cross of California** **VICE PRESIDENT** Aggregate Year-to-date> $ **285.00**	**Payroll Deduction**	**38.00 ($19.00 Biweekly)**

SUB TOTAL of Receipts This Page (Optional) >	**320.00**
TOTAL this Period (Last page this line number only) >	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
RONALD RAGLAND 4941 INADALE AVENUE LOS ANGELES, CA 90043	Blue Cross of California Occupation: VICE PRESIDENT	Payroll Deduction	76.00 ($38.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 570.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
PATRICK O'BRIEN 11117 TERRACERIDGE RD MOORPARK, CA 93021	UNICARE Occupation: VICE PRESIDENT	Payroll Deduction	48.00 ($24.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 360.00		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
GENE HOUSEHOLTER 6016 LITTLE OAK LANE WOODLAND HILLS, CA 91367	Blue Cross of California Occupation: GENERAL MANAGER	Payroll Deduction	60.00 ($30.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 450.00		
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
NELSON KAHN 5606 LAUREL BLUFF AGOURA HILLS, CA 91301	Blue Cross of California Occupation: VICE PRESIDENT	Payroll Deduction	50.00 ($25.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 375.00		
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
CALLEN LOCKETT 212 LAGROSS WAY CHATSWORTH, CA 91311	Occupation: DIRECTOR	Payroll Deduction	40.00 ($20.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
MICHAEL HIGGINS 28013 ELLIS CT SANTA CLARITA, CA 91350	Blue Cross of California Occupation: GENERAL MANAGER	Payroll Deduction	58.00 ($29.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 435.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
SHARON SMITH 2111 FITZGERALD ROAD SIMI VALLEY, CA 93065	Blue Cross of California Occupation: DIRECTOR	Payroll Deduction	40.00 ($20.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		

SUB TOTAL of Receipts This Page (Optional) >	372.00
TOTAL this Period (Last page this line number only) >	

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 10 OF 12
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SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
ANGEL HOVHANESSIAN 22325 ERWIN ST WOODLAND HILLS, CA 91367	Blue Cross of California Occupation: DIRECTOR	Payroll Deduction	50.00 ($25.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 375.00		

B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
DAWN BASTIN 20052 LORNE ST CANOGA PARK, CA 91306	Blue Cross of California Occupation: DIRECTOR	Payroll Deduction	28.00 ($14.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 210.00		

C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
FRANK ETTIN 1643 ARCH STREET BERKELEY, CA 94709	WellPoint Health Networks Occupation: VICE PRESIDENT	Payroll Deduction	50.00 ($25.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 375.00		

D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JOHN GARNER 10211 VALLEY SPRING LN TOLUCA LAKE, CA 91602	WellPoint Health Networks Occupation: SR VICE PRESIDENT	Payroll Deduction	96.00 ($48.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 720.00		

E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
RAYMOND PIKE #3 840 VENICE BLVD VENICE, CA 90291	UNICARE Occupation: VICE PRESIDENT	Payroll Deduction	40.00 ($20.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		

F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JACQUELINE ANDERSON 5779 WILLOWTREE DRIVE AGOURA HILLS, CA 91301	UNICARE Occupation: VICE PRESIDENT	Payroll Deduction	80.00 ($40.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 600.00		

G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
RONALD SMITH 21509 WINTERSET DRIVE SAUGUS, CA 91350	Blue Cross of California Occupation: ADMIN SUPPORT	Payroll Deduction	36.00 ($18.00 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 270.00		

SUB TOTAL of Receipts This Page (Optional) >	380.00
TOTAL this Period (Last page this line number only) >	

SCHEDULE A — ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
BARRY FORD 23901 ASPEN WAY CALABASAS, CA 91302 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Blue Cross of California Occupation: VICE PRESIDENT Aggregate Year-to-date > $ 285.00	Payroll Deduction	38.00 ($19.00 Biweekly)
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
PETER VORRISES 1146 SIMMONS LN NOVATO, CA 94945 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Blue Cross of California Occupation: REGIONAL SALES MANAGER Aggregate Year-to-date > $ 225.00	Payroll Deduction	30.00 ($15.00 Biweekly)
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JOSEPH NAVARRO 2000 CORPORATE CENTER DR NEWBURY PARK, CA 91320 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Blue Cross of California Occupation: VICE PRESIDENT Aggregate Year-to-date > $ 435.00	Payroll Deduction	58.00 ($29.00 Biweekly)
D. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
PATRICIA DUCHARME 4324 N SKYLARK MOORPARK, CA 93021 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Blue Cross of California Occupation: DIRECTOR Aggregate Year-to-date > $ 285.00	Payroll Deduction	38.00 ($19.00 Biweekly)
E. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JOAN SOFEN 4342 NATOMA AVE WOODLAND HILLS, CA 91364 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Blue Cross of California Occupation: VICE PRESIDENT Aggregate Year-to-date > $ 225.00	Payroll Deduction	30.00 ($15.00 Biweekly)
F. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
JOHN WATTS JR 27354 SHELBOURNE DRIVE VALENCIA, CA 91354 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Blue Cross of California Occupation: GENERAL MANAGER Aggregate Year-to-date > $ 300.00	Payroll Deduction	40.00 ($20.00 Biweekly)
G. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day,Year)	Amount of Each Receipt this Period
HARRY CEASAR 13817 VALLEY VISTA BLVD SHERMAN OAKS, CA 91423 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Blue Cross of California Occupation: VICE PRESIDENT Aggregate Year-to-date > $ 300.00	Payroll Deduction	40.00 ($20.00 Biweekly)

SUB TOTAL of Receipts This Page (Optional) >	274.00
TOTAL this Period (Last page this line number only) >	

SCHEDULE A — ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code ROBERT SCARLETT 2732 NINTH AVE SACRAMENTO, CA 95818 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer WellPoint Health Networks Occupation VICE PRESIDENT Aggregate Year-to-date > $ 233.07	Date (Month day,Year) Payroll Deduction	Amount of Each Receipt this Period 50.00 ($25.00 Biweekly)
B. Full Name, Mailing Address and Zip Code ODESSA BOLTON 3328 ADELINE STREET OAKLAND, CA 94608 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Blue Cross of California Occupation MANAGER Aggregate Year-to-date > $ 210.00	Date (Month day,Year) Payroll Deduction	Amount of Each Receipt this Period 28.00 ($14.00 Biweekly)
C. Full Name, Mailing Address and Zip Code MARK GASTINEAU 4051 FIGARO CIRCLE HUNTINGTON BEACH, CA 92649 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer WellPoint Health Networks Occupation VICE PRESIDENT Aggregate Year-to-date > $ 300.00	Date (Month day,Year) Payroll Deduction	Amount of Each Receipt this Period 40.00 ($20.00 Biweekly)
D. Full Name, Mailing Address and Zip Code SHWU-FEN SZE 26109 VEVA WAY CALABASAS, CA 91302 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Blue Cross of California Occupation DIRECTOR Aggregate Year-to-date > $ 225.00	Date (Month day,Year) Payroll Deduction	Amount of Each Receipt this Period 30.00 ($15.00 Biweekly)
E. Full Name, Mailing Address and Zip Code TERESITA MAYR 7311 HYANNIS DRIVE CANOGA PARK, CA 91307 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer UNICARE Occupation VICE PRESIDENT Aggregate Year-to-date > $ 346.20	Date (Month day,Year) Payroll Deduction	Amount of Each Receipt this Period 46.16 ($23.08 Biweekly)
F. Full Name, Mailing Address and Zip Code JOYCE LI 330 ANITA DRIVE PASADENA, CA 91105 Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Blue Cross of California Occupation VICE PRESIDENT Aggregate Year-to-date > $ 300.00	Date (Month day,Year) Payroll Deduction	Amount of Each Receipt this Period 40.00 ($20.00 Biweekly)
G. Full Name, Mailing Address and Zip Code Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Name of Employer Occupation Aggregate Year-to-date > $	Date (Month day,Year)	Amount of Each Receipt this Period

SUB TOTAL of Receipts This Page (Optional) >	234.16
TOTAL this Period (Last page this line number only) >	4,767.04

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For: Primary General Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
Leadership Alliance 955 Executive Parkway Suite 201 Creevecour, MO 63131	James M. Talent, U.S. HOUSE 2nd MO X Primary ☐ General ☐ Other (Specify) 1998	07/06/98	1,000.00
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify) 1998	Date (Month day,Year)	Amount of Each Disb. this Period
Republican House Senate Dinner 425 Second St., NE Washington, DC 20002		07/16/98	5,000.00
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For: X Primary ☐ General ☐ Other (Specify) 1998	Date (Month day,Year)	Amount of Each Disb. this Period
Next American Century PAC 1155 21st Street NW Ste 300 Columbus, OH 20036	Deborah Pryce, U.S. HOUSE 15th OH	07/22/98	1,000.00
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement / Disbursement For: ☐ Primary ☐ General ☐ Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ---------->	7,000.00
TOTAL this Period (Last page this line number only) ---------->	7,000.00

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.

☑	Hand Delivered	Date of Receipt 8-19-98
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMU
PREPARER

8-19-98
DATE PREPARED

(4/98)