

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 Health Net, Incorporated Political Action Committee

ADDRESS (number and street) 455 Capitol Mall, Suite 600 Sacramento CA 95814 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00230789 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (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), Dec 20 (M12), Jan 31 (YE) (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 01 / 01 / 2014 through 01 / 31 / 2014

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 W. Hiltachk

Signature of Treasurer Thomas W. Hiltachk [Electronically Filed] Date 02 / 14 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Health Net, Incorporated Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		103806.96
(b) Cash on Hand at Beginning of Reporting Period.....	103806.96	
(c) Total Receipts (from Line 19) .....	11879.09	11879.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	115686.05	115686.05
7. Total Disbursements (from Line 31).....	3500.00	3500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	112186.05	112186.05
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Health Net, Incorporated Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

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).....	3270.76	3270.76
(ii) Unitemized .....	8608.33	8608.33
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	11879.09	11879.09
(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 33, page 5) .....	11879.09	11879.09
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 37, page 5).....	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 Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	11879.09	11879.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11879.09	11879.09

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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.....	3500.00	3500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3500.00	3500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3500.00	3500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11879.09	11879.09
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11879.09	11879.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	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 6 OF 25
<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**

**A. Pamela Ann Bohall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc. Occupation VP, Claims Admin & Enroll Svcs  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 03 / 2014  
**Transaction ID : INCA30215**  
 Amount of Each Receipt this Period  
 76.92

**B. Paul A. Gilbertson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc. Occupation Operations Officer  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 03 / 2014  
**Transaction ID : INCA30244**  
 Amount of Each Receipt this Period  
 75.00

**C. Steven J. Sell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2370 Kerner Blvd.  
 City San Rafael State CA Zip Code 94901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation President, West Region Health Plan  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 03 / 2014  
**Transaction ID : INCA30304**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	251.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA30215

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA30244

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA30304

Payroll Deduction

Form/Schedule:

Transaction ID:



**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 9 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Virginia E. White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10540 White Rock Road, Suite 280  
 City Rancho Cordova State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP, Operations  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 03 / 2014  
**Transaction ID : INCA30321**  
 Amount of Each Receipt this Period  
**200.00**

**B. Gay Ann Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP State Leg & Reg Compliance  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 03 / 2014  
**Transaction ID : INCA30322**  
 Amount of Each Receipt this Period  
**100.00**

**C. James E. Woys**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc.. Occupation EVP & COO  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **615.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 03 / 2014  
**Transaction ID : INCA30324**  
 Amount of Each Receipt this Period  
**205.00**

**SUBTOTAL** of Receipts This Page (optional)..... **505.00**  
**TOTAL** This Period (last page this line number only).....

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA30321

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA30322

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA30324

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 12 OF 25
	<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. Roupen Berberian</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 10 / 2014
Mailing Address 21650 Oxnard Street		<b>Transaction ID : INCA30326</b>
City Woodland Hills	State CA	Zip Code 91367
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Health Net, Inc.	Occupation VP, Business Planning & Budget	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Pamela Ann Bohall</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 17 / 2014
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA30339</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 76.92	
Name of Employer Health Net Federal Services, Inc.	Occupation VP, Claims Admin & Enroll Svcs	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

Full Name (Last, First, Middle Initial) <b>C. Paul A. Gilbertson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 17 / 2014
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA30368</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer Health Net Federal Services, Inc.	Occupation Operations Officer	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1151.92
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA30339

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA30368

Payroll Deduction

**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 14 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Steven J. Sell**  
Full Name (Last, First, Middle Initial)

Mailing Address 2370 Kerner Blvd.

City San Rafael	State CA	Zip Code 94901
--------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation President, West Region Health Plan
--------------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	17	/	2014

**Transaction ID : INCA30428**

Amount of Each Receipt this Period  

100.00
--------

**B. Virginia E. White**  
Full Name (Last, First, Middle Initial)

Mailing Address 10540 White Rock Road, Suite 280

City Rancho Cordova	State CA	Zip Code 95670
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation VP, Operations
--------------------------------------	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	17	/	2014

**Transaction ID : INCA30445**

Amount of Each Receipt this Period  

200.00
--------

**C. Gay Ann Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation VP State Leg & Reg Compliance
--------------------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	17	/	2014

**Transaction ID : INCA30446**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA30428

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA30445

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA30446

Payroll Deduction

Form/Schedule:

Transaction ID:



**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 17 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. James E. Woys**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc.. Occupation EVP & COO  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **615.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 17 / 2014**  
**Transaction ID : INCA30448**  
 Amount of Each Receipt this Period  
**205.00**

**B. Pamela Ann Bohall**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc. Occupation VP, Claims Admin & Enroll Svcs  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **230.76**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2014**  
**Transaction ID : INCA30459**  
 Amount of Each Receipt this Period  
**76.92**

**C. Paul A. Gilbertson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc. Occupation Operations Officer  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2014**  
**Transaction ID : INCA30488**  
 Amount of Each Receipt this Period  
**75.00**

**SUBTOTAL** of Receipts This Page (optional)..... **356.92**  
**TOTAL** This Period (last page this line number only).....

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA30448

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA30459

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA30488

Payroll Deduction

Form/Schedule:

Transaction ID:

**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 20 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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**

**A. Steven J. Sell**  
Full Name (Last, First, Middle Initial)

Mailing Address 2370 Kerner Blvd.

City San Rafael	State CA	Zip Code 94901
--------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation President, West Region Health Plan
--------------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	31	/	2014

**Transaction ID : INCA30548**

Amount of Each Receipt this Period  

100.00
--------

**B. Virginia E. White**  
Full Name (Last, First, Middle Initial)

Mailing Address 10540 White Rock Road, Suite 280

City Rancho Cordova	State CA	Zip Code 95670
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation VP, Operations
--------------------------------------	------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	31	/	2014

**Transaction ID : INCA30565**

Amount of Each Receipt this Period  

200.00
--------

**C. Gay Ann Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills	State CA	Zip Code 91367
------------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation VP State Leg & Reg Compliance
--------------------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01	/	31	/	2014

**Transaction ID : INCA30566**

Amount of Each Receipt this Period  

100.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>400.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA30548

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA30565

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA30566

Payroll Deduction

Form/Schedule:

Transaction ID:

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 23 OF 25  
(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
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NAME OF COMMITTEE (In Full)  
**Health Net, Incorporated Political Action Committee**

**A. James E. Woys**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc.. Occupation EVP & COO

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **615.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**01 / 31 / 2014**

**Transaction ID : INCA30568**

Amount of Each Receipt this Period  
**205.00**

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

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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>205.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>3270.76</b>

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA30568

Payroll Deduction

Form/Schedule:

Transaction ID:



**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 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	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Bera for Congress**

Mailing Address P.O. Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Amerish Bera**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 13 / 2014

**Transaction ID : EXPB30327**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Roskam for Congress Committee**

Mailing Address P.O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Peter Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: IL District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2014

**Transaction ID : EXPB30329**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00

**TOTAL** This Period (last page this line number only)..... ▶

3500.00