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CHERYL L. LOMBARD
JIMMIE F. JOHNSON
PAUL GOUGH
OF COUNSEL

November 30, 2004

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 X Amendment

Form 2

Form 3

Form 3X X

for Health Net, Inc. Political Action Committee for the period 10/14/04 - 11/22/04.

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

Very truly yours,

Thomas W. Hiltachk

Thomas W. Hiltachk
Assistant Treasurer

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2004 DEC -2 A 10 26

CCPS Use Only

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (In Full) TYPE OR PRINT Example: If typing, type over the lines. 12PE4M5

Health Net, Incorporated Political Action Committee

ADDRESS (number and street) 21850 Oxford Street, 25th Floor

Check if different than previously reported. (ACC)

Woodland Hills CA 91367

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

000230789

3. IS THIS REPORT NEW OR AMENDED
 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) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Pre-Election)
Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Year-End) (Pre-Election Year Only)
Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

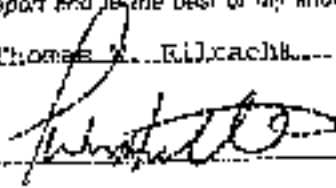
(c) 12-Day PRE-Election Report for the:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on: in the State of

(d) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on: 11/02/2004 in the State of CA

5. Covering Period 11/14/2004 through 11/22/2004

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 J. Ruckelshaus

Signature of Treasurer  Date 11/29/2004

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

Office Use Only							
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 07/2003)

Page 2

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period: From: 10 14 2004 To: 11 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		25,620.60
(b) Cash on Hand at Beginning of Reporting Period	20,099.34	
(c) Total Receipts (from Line 1B)	3,061.80	46,551.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	23,161.14	72,180.34
7. Total Disbursements (from Line 3F)	1,500.00	50,500.00
8. Cash on hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	21,661.14	21,680.34
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
500 E Street, NW
Washington, DC 20483

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 02/2003)

Page 3

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period:

From:

10

14

2004

To:

11

22

2004

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)	2,786.00	
(ii) Unitemized	295.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii))	3,081.00	45,770.00
(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 5)	3,081.00	45,770.00
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	781.74
18. Transfers from Nonfederal 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))	3,081.00	46,551.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3,081.00	46,551.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 02/2003)

Page 4

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 Organizations	0.00	2,500.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,500.00	48,000.00
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. §43120):		
(a) Allocated Federal Election Activity (from Schedule H8)		
(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), and 30(c))	1,500.00	50,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) From Line 31)	1,500.00	50,500.00

DETAILED SUMMARY PAGE
of Disbursements

Page 5

FEC Form 3X (Revised 03/2006)

III. Net Contributions / Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from line 12 (d), page 3)	3,091.00	45,770.00
34. Total Contribution Refunds (from line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3,091.00	45,770.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offset to Operating Expenditures (from line 13, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

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

FOR LINE NUMBER (check only one)		PAGE		OF
<input checked="" type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

New 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. David Anderson		Date of Receipt 10 31 2004
Mailing Address 21291 Foxbank Blvd. City Woodland Hills, CA 91367		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Chief Sales Officer	Discretionary Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 1,000.00	

Full Name (Last, First, Middle Initial) B. Thomas B. Ash		Date of Receipt 10 31 2004
Mailing Address 103 Technology Drive City Irvine, CA 92618		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Pres. EOE & Managed Care	Discretionary Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 1,000.00	

Full Name (Last, First, Middle Initial) C. Karen E. Avramow		Date of Receipt 10 31 2004
Mailing Address 3400 Dana Drive City Beverly Hills, CA 90210		Amount of Each Receipt this Period 40.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Dir. of Communication	Discretionary Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 400.00	

SUBTOTAL of Receipts This Page (optional)	240.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 2 OF 15
(check only one)
 11 12 13 14 15 16 17

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

A. Marshall Bentley
 Full Name (Last, First, Middle Initial)
 Mailing Address
 3408 Lake Drive
 City Rancho Cordova, CA 95670
 State Zip Code
 Date of Receipt
 10 31 2004
 Amount of Each Receipt this Period
 50.00
 Name of Employer Health Net, Inc.
 Occupation VP & Counsel
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date
 500.00

B. Russell A. Bretell
 Full Name (Last, First, Middle Initial)
 Mailing Address
 21271 Burbank Blvd.
 City Woodland Hills, CA 91367
 State Zip Code
 Date of Receipt
 10 31 2004
 Amount of Each Receipt this Period
 50.00
 Name of Employer Health Net, Inc.
 Occupation Director IS Applications
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date
 400.00

C. Jeffrey A. Signorelli
 Full Name (Last, First, Middle Initial)
 Mailing Address
 11971 Foundation Place
 City Rancho Cordova, CA 95670
 State Zip Code
 Date of Receipt
 10 31 2004
 Amount of Each Receipt this Period
 100.00
 Name of Employer Health Net, Inc.
 Occupation Director Sales
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date
 1,000.00

SUBTOTAL of Receipts This Page (optional) 200.00
 TOTAL This Period (last page the line number only)

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

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

FOR LINE NUMBER: (check only one)		PAGE: OF 17	
<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"/> 17

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

Full Name (Last, First, Middle Initial) A. Renee D. Claborn		Date of Receipt 10 / 3 / 2004	
Mailing Address 12501 SE 20th Avenue City: Clackamas, OR 97015		Amount of Each Receipt this Period \$0.00	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period \$0.00	
Name of Employer Health Net, Inc.	Occupation Director Healthcare Services	Amount of Each Receipt this Period \$0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$0.00	Amount of Each Receipt this Period \$0.00	

Full Name (Last, First, Middle Initial) B. Edward S. Corcor, Jr.		Date of Receipt 10 / 3 / 2004	
Mailing Address 3450 East Irvine City: Rancho Cordova, CA 95670		Amount of Each Receipt this Period \$0.00	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period \$0.00	
Name of Employer Health Net, Inc.	Occupation VP, Natl Medicine Compliance	Amount of Each Receipt this Period \$0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$0.00	Amount of Each Receipt this Period \$0.00	

Full Name (Last, First, Middle Initial) C. Robert E. Crawford, Jr.		Date of Receipt 10 / 3 / 2004	
Mailing Address 1034 West Washington Street City: Tualuma, OR 97281		Amount of Each Receipt this Period \$0.00	
FEC ID number of contributing federal political committee C		Amount of Each Receipt this Period \$0.00	
Name of Employer Health Net, Inc.	Occupation Director Provider Network Management	Amount of Each Receipt this Period \$0.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$0.00	Amount of Each Receipt this Period \$0.00	

SUBTOTAL of Receipts This Page (optional)	\$0.00
TOTAL This Period (last page this line number only)	\$0.00

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

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

FOR LINE NUMBER: (check only one)		PAGE 9 OF 15	
<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 except 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. Phillip G. Davis		Date of Receipt 10 21 2004
Mailing Address 21650 Grand Street City Woodland Hills, CA 91367		Amount of Each Receipt this Period 20.00
State Zip Code		
FEC ID number of contributing federal political committee C		Bi-weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP and Deputy Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 200.00	

Full Name (Last, First, Middle Initial) B. Maria J. Stone		Date of Receipt 10 21 2004
Mailing Address 13251 SA 56th Parkway City Tigard, OR 97263		Amount of Each Receipt this Period 20.00
State Zip Code		
FEC ID number of contributing federal political committee C		Bi-weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation Director Product Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. Clyde K. Dodd		Date of Receipt 10 21 2004
Mailing Address One Fox Hill Crossing City Shelton, CT 06484		Amount of Each Receipt this Period 50.00
State Zip Code		
FEC ID number of contributing federal political committee C		Bi-weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation Director Financial Analysis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	110.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 5 OF 15
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. Susan M. Dupont-Reinhold		Date of Receipt 10 21 2004
Mailing Address 503 Canal Blvd City State Zip Code Point Richmond, CA 94604		Amount of Each Receipt This Period 100.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Strategy and Development	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 100.00	

Full Name (Last, First, Middle Initial) B. Mark E. B. Tawel		Date of Receipt 10 21 2004
Mailing Address 2900 W 44th Street #931 City State Zip Code Phoenix, AZ 85008		Amount of Each Receipt This Period 100.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation President RN Arizona	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 1,000.00	

Full Name (Last, First, Middle Initial) C. David J. Friedman		Date of Receipt 10 01 2004
Mailing Address 3400 Gate 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		
Name of Employer Health Net, Inc.	Occupation SVP and General Manager	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 50.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:		PAGE 6 OF 15	
<input 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. Richard Douglas Jacobs Jr.		Date of Receipt 10 31 2004
Mailing Address 2800 W. 44th Street #300 City: Phoenix, AZ 85009		Amount of Each Receipt this Period 30.00
State: AZ Zip Code: 85009		
FEC ID number of contributing federal political committee: C		Bi-weekly Payroll Deduction
Name of Employer Health Net Arizona	Occupation Chief medical officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 200.00	

Full Name (Last, First, Middle Initial) B. Sharon Lewis		Date of Receipt 10 31 2004
Mailing Address 3400 Data Drive City: Rancho Cordova, CA 95670		Amount of Each Receipt this Period 30.00
State: CA Zip Code: 95670		
FEC ID number of contributing federal political committee: C		Bi-weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP Org. Effectiveness	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 300.00	

Full Name (Last, First, Middle Initial) C. Lori A. Long		Date of Receipt 10 31 2004
Mailing Address 13321 SW 64th Parkway City: Tigard, OR 97223		Amount of Each Receipt this Period 30.00
State: OR Zip Code: 97223		
FEC ID number of contributing federal political committee: C		Bi-weekly Payroll Deduction
Name of Employer Health Net Oregon	Occupation Manager, Political Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 300.00	

SUBTOTAL of Receipts This Page (optional)	30.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 1 OF 25
 11A 11B 11C 12
 13 14 15 16 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. Sarah Mayhew		Date of Receipt 10 31 2004	
Mailing Address 3400 Dana Drive City State Zip Code Sancho Mendocino, CA 95670		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee C		Occupation SVP Organizational Effectiveness	
Name of Employer Health Net, Inc.		Aggregate Year-to-Date 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>		As-Weekly Payroll Deduction	

Full Name (Last, First, Middle Initial) B. Miriam Siggert Marzelli		Date of Receipt 10 31 2004	
Mailing Address 2100 Grand Street City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee C		Occupation VE Government Relations	
Name of Employer Health Net, Inc.		Aggregate Year-to-Date 720.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>		As-Weekly Payroll Deduction	

Full Name (Last, First, Middle Initial) C. Robert B. Murphy		Date of Receipt 10 31 2004	
Mailing Address 40 Wall Street, 6th Floor City State Zip Code New York, NY 10005		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee C		Occupation Director Sales	
Name of Employer Health Net, Inc.		Aggregate Year-to-Date 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>		As-Weekly Payroll Deduction	

SUBTOTAL of Receipts This Page (optional) 170.00
 TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial) A. David N. Olson		Date of Receipt 10 31 2004
Mailing Address 3420 Delta Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation SVP Investor Relations	of weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 500.00	

Full Name (Last, First, Middle Initial) B. Steven Rabin		Date of Receipt 10 31 2004
Mailing Address 3420 Delta Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP & Chief Medical Officer	of weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Teresa Reynolds		Date of Receipt 10 31 2004
Mailing Address 21201 Burbank Blvd. City Woodland Hills, CA 91367		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation VP Procurement	of weekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional) 150.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 5 OF 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Records 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. Carol P. Bishop		Date of Receipt 10 31 2004
Mailing Address 21650 Oxford Street City: Woodland Hills, CA 91367		Amount of Each Receipt This Period 200.00
FEC ID number of contributing federal political committee: C		
Name of Employer Health Net, Inc.	Occupation Sr. Vice President, Controller	SI-Monthly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date 2,600.00	

Full Name (Last, First, Middle Initial) B. Richard Rolfe		Date of Receipt 10 31 2004
Mailing Address 21650 Oxford Street City: Woodland Hills, CA 91367		Amount of Each Receipt This Period 80.00
FEC ID number of contributing federal political committee: C		
Name of Employer Health Net, Inc.	Occupation VP Business Development	SI-Monthly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date 640.00	

Full Name (Last, First, Middle Initial) C. Linda Salonen		Date of Receipt 10 31 2004
Mailing Address 21650 Oxford Street City: Woodland Hills, CA 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 SVP Corporate Business Planning	SI-Monthly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-to-Date 465.00	

SUBTOTAL of Receipts This Page (optional)	320.00
TOTAL This Period (next page this line number only)	

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

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

FOR LINE NUMBER: (check only one) PAGE 10 OF 15

<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 each Report 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 official 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. Bijan Sarrafzadeh		Date of Receipt 10 31 2004	
Mailing Address 10334 International Drive City: Rancho Cordova, CA 95670		Amount of Each Receipt this Period 60.00	
FEC ID number of contributing federal political committee C		All-Weekly Payroll Deductions	
Name of Employer Health Net, Inc.	Occupation in Information Technology	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
Aggregate Year-to-Date 600.00			

Full Name (Last, First, Middle Initial) B. Ann Sequeira		Date of Receipt 10 31 2004	
Mailing Address 405 Lexington Avenue City: New York, NY 10174		Amount of Each Receipt this Period 30.00	
FEC ID number of contributing federal political committee C		All-Weekly Payroll Deductions	
Name of Employer Director Sales	Occupation Health Net, Inc.	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	
Aggregate Year-to-Date 300.00			

Full Name (Last, First, Middle Initial) C. Jeffrey Lee Shelton		Date of Receipt 10 31 2004	
Mailing Address 3450 Dale Drive City: Rancho Cordova, CA 95670		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee C		All-Weekly Payroll Deductions	
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 500.00			

SUBTOTAL of Receipts This Page (optional)	140.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:		PAGE		OF	
<input checked="" type="checkbox"/> 1a	<input type="checkbox"/> 1b	<input type="checkbox"/> 1c	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input type="checkbox"/> 18	<input type="checkbox"/> 14	<input type="checkbox"/> 16	<input type="checkbox"/> 18	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ricky Dee Bismara		Date of Receipt M O D Y Y Y 10 31 2004	
Mailing Address 21271 Burbank Blvd City Woodland Hills, CA 91367		Amount of Each Receipt this Period \$50.00	
FEC ID number of contributing federal political committee C		Directly Payable Contribution	
Name of Employer Health Net, Inc.	Occupation IT Information Systems	Indirectly Payable Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$50.00		

Full Name (Last, First, Middle Initial) B. Thomas V. Smith		Date of Receipt M O D Y Y Y 10 31 2004	
Mailing Address 3400 Dana Drive City Sancho Cordova, OH 93670		Amount of Each Receipt this Period \$50.00	
FEC ID number of contributing federal political committee C		Directly Payable Contribution	
Name of Employer Health Net, Inc.	Occupation Ed. Natl. Mtg. and Events	Indirectly Payable Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$50.00		

Full Name (Last, First, Middle Initial) C. Richard P. Sabatko		Date of Receipt M O D Y Y Y 10 31 2004	
Mailing Address 21271 Burbank Blvd. City Woodland Hills, CA 91367		Amount of Each Receipt this Period \$50.00	
FEC ID number of contributing federal political committee C		Directly Payable Contribution	
Name of Employer Health Net, Inc.	Occupation Director of Operations (Quality Support)	Indirectly Payable Contribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$50.00		

SUBTOTAL of Receipts This Page (optional) \$150.00

TOTAL This Period (last page this line number only) \$150.00

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

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

FOR LINE NUMBER: (check only one) PAGE 02 OF 15

<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
18	14	15	16	17

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

Full Name (Last, First, Middle Initial) A. Joseph Tully Staffer		Date of Receipt 10 31 2004
Mailing Address 7325 Sandy Plains Avenue City: Las Vegas, NV 89131 State: Zip Code:		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee: C		
Name of Employer Health Net, Inc.	Occupation VP Network & Delivery Sys. Management	No Weekly Payroll Deductions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 1,000.00	

Full Name (Last, First, Middle Initial) B. Robert T. Takekono		Date of Receipt 10 31 2004
Mailing Address 21281 Burbank Blvd. City: Woodland Hills, CA 91367 State: Zip Code:		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 Pharmacy	No Weekly Payroll Deductions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 2,100.00	

Full Name (Last, First, Middle Initial) C. Franklin Tom		Date of Receipt 10 31 2004
Mailing Address 3400 Dana Drive City: Rancho Cordova, CA 95670 State: Zip Code:		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee: C		
Name of Employer Health Net, Inc.	Occupation VP Legal	No Weekly Payroll Deductions
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 1,000.00	

SUBTOTAL of Receipts This Page (optional)	260.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)		PAGE 13 OF 16	
<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. Jennifer Lambert Vargas		Date of Receipt 10/31/2004
Mailing Address 3480 Dana Drive City: Sunnyvale, CA 95070 State: CA Zip Code: 95070		Amount of Each Receipt this Period \$30.00
FEC ID number of contributing federal political committee: C		
Name of Employer Health Net, Inc.	Occupation VP General Manager	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date \$1,495.00	

Full Name (Last, First, Middle Initial) B. Gail Kador		Date of Receipt 10/31/2004
Mailing Address 1480 Orange Street City: Redlands, CA 92367 State: CA Zip Code: 92367		Amount of Each Receipt this Period \$0.00
FEC ID number of contributing federal political committee: C		
Name of Employer Health Net, Inc.	Occupation VP Organization?	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date \$0.00	

Full Name (Last, First, Middle Initial) C. Richard A. Swinich		Date of Receipt 10/31/2004
Mailing Address 1171 Foundation Place, Suite C City: Rancho Cordova, CA 95670 State: CA Zip Code: 95670		Amount of Each Receipt this Period \$0.00
FEC ID number of contributing federal political committee: C		
Name of Employer Health Net, Inc.	Occupation Director Tax, Balance Admin.	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) _____	Aggregate Year-to-Date \$20.00	

SUBTOTAL of Receipts This Page (optional)	\$30.00
TOTAL This Period (last page this line number only)	\$30.00

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

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

FOR LINE NUMBER:		PAGE 13 OF 15	
<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	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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

Full Name (Last, First, Middle Initial) A. Cynthia Weston		Date of Receipt M O Y 10 22 2004
Mailing Address 21650 Diamond Street City Woodland Hills, CA 91367		Amount of Each Receipt this Period 100.00
State Zip Code CA 91367		
FEC ID number of contributing federal political committee C		BI-Receipt Payment Deduction
Name of Employer Health Net, Inc.	Occupation SVP General Counsel/Secy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 1,000.00	

Full Name (Last, First, Middle Initial) B. Gay Ann Williams		Date of Receipt M O Y 10 21 2004
Mailing Address 2000 N. 44th Street #300 City Phoenix, AZ 85006		Amount of Each Receipt this Period 50.00
State Zip Code AZ 85006		
FEC ID number of contributing federal political committee C		BI-Receipt Payment 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) <input type="checkbox"/>	Aggregate Year-to-Date 500.00	

Full Name (Last, First, Middle Initial) C. Benjamin Willis		Date of Receipt M O Y 10 21 2004
Mailing Address 21650 Diamond Street City Woodland Hills, CA 91367		Amount of Each Receipt this Period 18.00
State Zip Code CA 91367		
FEC ID number of contributing federal political committee C		BI-Receipt Payment Deduction
Name of Employer Health Net, Inc.	Occupation VP Leadership Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date 500.00	

SUBTOTAL of Receipts This Page (optional)	158.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 14 OF 15
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
 Christopher E. King
 Mailing Address
 25283 Burbank Blvd.
 City: Woodland Hills, CA State: CA Zip Code: 91367
 FEC ID number of contributing federal political committee: C
 Name of Employer: Health Net of California
 Occupation: Executing VP, Reg. Health
 Receipt For: Primary General Other (specify)

Date of Receipt
 10 31 2004
 Amount of Each Receipt this Period
 300.00
 Di. Health Benefit Induction
 2,000.00

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)

Date of Receipt
 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)

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	2,700.00

**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 1	
	<input type="checkbox"/> 21a	<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"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30	<input type="checkbox"/> 31	

Any information copied from such Reports and Statements may not be 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)
Egalech Rep., Incorporated Political Action Committee

Full Name (Last, First, Middle Initial) A. American Success PAC		Date of Disbursement 10 26 2004
Mailing Address 1155 21st Street, NW Suite 200		Amount of Each Disbursement this Period 1,000.00
City Washington, DC 20036	State Zip Code	
Purpose of Disbursement Monetary contribution	Category/Type 011	
Candidate Name American Success PAC		
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) B. Friends of Robby Jindal PAC		Date of Disbursement 10 26 2004
Mailing Address P. O. Box 9608		Amount of Each Disbursement this Period 500.00
City Metairie, LA 70011	State Zip Code	
Purpose of Disbursement Monetary contribution	Category/Type 011	
Candidate Name Robby Jindal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
State: LA District: 11		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
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)	1,500.00
TOTAL This Period (last page this line number only)	500.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FEDEX</i>	Shipping Date <i>12/1/04</i>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>QALD</i> PREPARER (5/2004)	<i>12/2/04</i> DATE PREPARED