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OF COUNSEL

September 4, 2002

Public Records Office
Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Dear Filing Officer:

Please find enclosed for filing the original and one copy of:

Form 1____

Form 2____

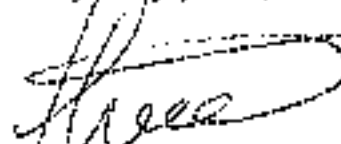
Form 3____

Form 3X X Amendment

for Health Net, Inc. Political Action Committee for the period 07/01/02-07/31/02.

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

Very truly yours,



Thomas W. Hiltachk
Assistant Treasurer

RECEIVED
FEDERAL MAIL
OPEN MAIL CENTER
THU SEP 11 A 9 45

RECEIVED
FEC MAIL
OPERATIONS CENTER
2002 SEP 11 A 9 46
Office Use Only

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

1. NAME OF
COMMITTEE (in full)

USE FEC MAILING LABEL
OR TYPE OR PRINT

Example: If typing, type
over the line.

12FE4ME

Health Net, Incorporated Political Action Committee

ADDRESS (number and street)

21650 Oxland Street, 25th Floor

Check if different
than previously
reported. (AOC)

Woodland Hills

CA

91367

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C90230789

3. IS THIS
REPORT

NEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(b) Monthly
Report
Due On

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(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)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (*2S)

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

07

01

2002

through

07

31

2002

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Thomas A. Hiltach

Signature of Treasurer

Date

08

30

2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 3457g.

Office
Use
Only

FEC FORM 3X
(Revised 1/01)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period: From 07 01 2002 To 07 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		12,781.77
(b) Cash on Hand at Beginning of Reporting Period	5,702.53	
(c) Total Receipts (from Line 19)	2,242.45	12,263.22
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7,944.98	25,044.99
7. Total Disbursements (from Line 30)	1,000.00	18,700.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6,944.98	6,944.99
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 104)

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

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period From: 07 01 2002 To: 07 31 2002

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees:		
(i) Itemized (see Schedule A)	1,058.46	
(ii) Unitemized	189.00	
(*) TOTAL (add Lines 11(a)(i) and (ii))	1,247.46	11,863.22
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PADS)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	1,247.46	11,863.22
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 32, page 4)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	1,000.00	1,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	2,247.46	12,863.22
20. Total Federal Receipts (subtract Line 16 from Line 19)	1,247.46	11,863.22

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Revised 1/01)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committee	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	18,500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §412(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	200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	200.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	1,000.00	18,700.00
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	1,000.00	18,700.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	1,242.46	11,653.22
33. Total Contribution Refunds (from Line 28(d))	0.00	200.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	1,242.46	11,653.22
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
36. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)	0.00	0.00

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

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

FOR LINE NUMBER: (check only one)		PAGE 1 OF 6	
<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 12
			<input type="checkbox"/> 15
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be used 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. Patricia Sloney		Date of Receipt 07/31/2002
Mailing Address 21650 Oxnard Street 22nd Floor City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee C		21-Receipt Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP Government Relations	
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 606.00	

Full Name (Last, First, Middle Initial) B. Peter G. Duncan		Date of Receipt 07/31/2002
Mailing Address 21650 Oxnard Street City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee C		21-Receipt Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP Commercial Sales	
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 606.00	

Full Name (Last, First, Middle Initial) C. David J. Friedman		Date of Receipt 07/31/2002
Mailing Address 3400 Dana Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 90.00
FEC ID number of contributing federal political committee C		21-Receipt Payroll Deduction
Name of Employer Health Net, Inc.	Occupation SVP and General Manager	
Receipt For <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 450.00	

SUBTOTAL of Receipts This Page (optional)	280.00
TOTAL This Period (set page this line number only)	

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

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

FOR LINE NUMBER:		PAGE 2		OF 6	
(check only one)					
<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16		

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

Full Name (Last, First, Middle Initial) A. Lisa J. Raines		Date of Receipt 07/31/2002
Mailing Address 3400 Dana Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 38.46
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation Dir. Public Relations	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 269.22	

Full Name (Last, First, Middle Initial) B. Lisa Kalloutian		Date of Receipt 07/31/2002
Mailing Address 21281 Rurhank 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 Public Relations	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 325.00	

Full Name (Last, First, Middle Initial) C. Susan M. Klarner		Date of Receipt 07/31/2002
Mailing Address 125 Technology Drive City Irvine, CA 92715		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net Dental	Occupation VP Provider Services	Bi-Weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 350.00	

SUBTOTAL of Receipts This Page (optional)	138.46
TOTAL This Period (last page this line number only)	

20020731 14:00:00

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

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

FOR LINE NUMBER:		PAGE 3		OF 4	
(check only one)					
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
	12		14		15
				<input type="checkbox"/>	16
					17

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

Full Name (Last, First, Middle Initial) A. Karin Mayhew		Date of Receipt 07 31 2002
Mailing Address 3400 Data Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee C		Is Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation SVP Organization Effectiveness	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 800.00	

Full Name (Last, First, Middle Initial) B. Timothy J. Moore		Date of Receipt 07 31 2002
Mailing Address 3400 Data Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 80.00
FEC ID number of contributing federal political committee C		Is Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 600.00	

Full Name (Last, First, Middle Initial) C. David Y. Gleason		Date of Receipt 07 31 2002
Mailing Address 3400 Data Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee C		Is Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation SVP Investor Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 350.00	

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

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

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

FOR LINE NUMBER:		PAGE 4		OF 6	
<input checked="" type="checkbox"/>	1a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

Full Name (Last, First, Middle Initial) A. Steven Ruffin		Date of Receipt 07/21/2002
Mailing Address 3408 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee C		Bi-Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP & Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 289.00	

Full Name (Last, First, Middle Initial) B. Jeffrey Lee Shelton		Date of Receipt 07/21/2002
Mailing Address 3408 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee C		Bi-Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation VP State Govt. Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 350.00	

Full Name (Last, First, Middle Initial) C. Thomas V. Smith		Date of Receipt 07/21/2002
Mailing Address 1400 Data Drive City Rancho Cordova, CA 95670		Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee C		Bi-Weekly Payroll Deduction
Name of Employer Health Net, Inc.	Occupation Dir. Natl. Mgt. and Events	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	100.00

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

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

FOR LINE NUMBER:		PAGE		OF	
(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

A. Franklin Tom

Full Name (Last, First, Middle Initial)
Mailing Address
3400 Dana Drive
City Rancho Cordova, CA Zip Code 95670

Date of Receipt
07 31 2002

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

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date
750.00

Is Weekly Payroll Deduction

B. Jennifer Humbert Vargas

Full Name (Last, First, Middle Initial)
Mailing Address
3400 Dana Drive
City Rancho Cordova, CA Zip Code 95670

Date of Receipt
07 31 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee
C

Name of Employer Health Net, Inc. Occupation SVP General Manager

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date
740.00

Is Weekly Payroll Deduction

C. Curtis Weston

Full Name (Last, First, Middle Initial)
Mailing Address
21650 Grand Street
City Woodland Hills, CA Zip Code 91367

Date of Receipt
07 31 2002

Amount of Each Receipt this Period
100.00

FEC ID number of contributing federal political committee
C

Name of Employer Health Net, Inc. Occupation SVP General Counsel/Secy

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date
700.00

Is Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional) 300.00

TOTAL This Period (last page this the number only)

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

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

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

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NAME OF COMMITTEE (in P.A.)
 Health Net, Incorporated Political Action Committee

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

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

FEC ID number of contributing federal political committee: C

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

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date: 750.00

Date of Receipt: 07/31/2002

Amount of Each Receipt this Period: 100.00

Bi-weekly payroll deduction

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	100.00
TOTAL This Period (last page this line number only)	1,058.46

2002 RELEASE UNDER E.O. 14176

**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: OF:
	<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 checked="" 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. Steve Israel for Congress Committee	Date of Receipt November 17, 2015
Mailing Address 15 ORMOND BEACH	Amount of Each Receipt this Period 1,000.00
City State Zip Code Dayton OH 45424	Method of Payment voided check
FEC ID number of contributing federal political committee C	Aggregate Year-to-Date 1,000.00
Name of Employer Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B.	Date of Receipt
Mailing Address	Amount of Each Receipt this Period
City State Zip Code	Method of Payment
FEC ID number of contributing federal political committee C	Aggregate Year-to-Date
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C.	Date of Receipt
Mailing Address	Amount of Each Receipt this Period
City State Zip Code	Method of Payment
FEC ID number of contributing federal political committee C	Aggregate Year-to-Date
Name of Employer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

**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 3 OF 1
	<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"/> 28b	<input type="checkbox"/> 28c

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

Full Name (Last, First, Middle Initial) A. Friends of Chris Dodd 2004		Date of Disbursement Month: 07 Year: 2002
Mailing Address P. O. Box 270701		Amount of Each Disbursement This Period 1,000.00
City: West Hartford, CT State: CT Zip Code: 06127		
Purpose of Disbursement Voluntary Contribution		Category/Type 011
Candidate Name Christopher J. Dodd		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CT	District:	

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

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)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

Federal Election Commission

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