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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (if Nil) (Check if name is changed) Example: If type, type over the lines. 125E4115

Health Net. Incorporated Political Action Committee

ADDRESS (number and street)

21650 Onward Street, 2nd Floor

(Check if address is changed)

Woodland Hills

CA

91367

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE 11/29/2004

3. FEC IDENTIFICATION NUMBER C 000010189

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

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

Type or Print Name of Treasurer

Thomas W. HILLCOX

Signature of Treasurer

Date

11 29 2004

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

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

FEC FORM 1
(Revised 02/2003)

5. TYPE OF COMMITTEE (Check One)

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

Name of Candidate _____

Candidate Party Affiliation	Office Sought	House	Senate	President	State
					District

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

Name of Candidate _____

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
- (e) This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Revelon Web, Inc. _____

Mailing Address 21650 Grand Street, 25th Floor
 Woodland Hills CA 91367
 CITY STATE ZIP CODE

Relationship Connected Organization _____

Type of Connected Organization:

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

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

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

Full Name Halay Smith

Mailing Address 11650 Concord Street - 25th Floor
Woodland Hills CA 91367
 CITY STATE ZIP CODE

Custodian of Records Telephone number 818 - 636 - 0717

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

Full Name of Treasurer Wisdom Ta

Mailing Address 11650 Concord Street, 25th Floor
Woodland Hills CA 91367
 CITY STATE ZIP CODE

Treasurer Telephone number 918 - 676 - 0717

Full Name of Designated Agent Thomas H. Hiltebeitel

Mailing Address 455 Capitol Mall, Suite 801
Sacramento CA 95814
 CITY STATE ZIP CODE

Assistant Treasurer Telephone number 916 - 402 - 7757

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

Name of Bank, Depository, etc.

Union Bank of California

Mailing Address

400 Capitol Mall

San Francisco

CA

95104

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Name of Any Connected Organization or Affiliated Committee

[ADDITIONAL]

Health Net, Incorporated Federal Services Div

Mailing Address

21550 Oxnard Street, 25th Floor

Woodland Hills

CA

91367

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Affiliated Committee

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Full Name of Designated Agent

Mailing Address

Title or Position ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone number

Name of Bank, Depository, etc

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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.

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<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>
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JAC</i> PREPARER (5/2004)	<i>12/2/04</i> DATE PREPARED