



**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"/>	<input type="text" value="103806.96"/>	<input type="text" value="103806.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="120533.17"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7136.06"/>	<input type="text" value="33362.27"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="127669.23"/>	<input type="text" value="137169.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5000.00"/>	<input type="text" value="14500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="122669.23"/>	<input type="text" value="122669.23"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

FEC Form 3X (Rev. 06/2004)

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).....	5537.84	17300.28
(ii) Unitemized .....	1598.22	16061.99
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7136.06	33362.27
(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) .....	7136.06	33362.27
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))..... ▶	7136.06	33362.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7136.06	33362.27

**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.....	5000.00	14500.00
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)) ..	5000.00	14500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000.00	14500.00

**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) .....	7136.06	33362.27
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7136.06	33362.27
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: PAGE 6 OF 126  
(check only one)  
 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. Sharon Rae Almany**

Mailing Address 21271 Burbank Blvd.

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 Membership

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  
**04 / 10 / 2014**

**Transaction ID : INCA31052**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 13221 SW 68th Parkway, Suite 200

City Portland State OR Zip Code 97223

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

Name of Employer Health Net Occupation Vice President Marketing & Product Dev

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : INCA31053**

Amount of Each Receipt this Period  
**38.00**

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

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 Vice President, Real Estate Management

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : INCA31054**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **113.00**

**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 : INCA31052

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31053

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31054

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 9 OF 126  
(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. Marshall Bentley**

Mailing Address 180 Grand Avenue

City State Zip Code  
 Oakland CA 94612

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

Name of Employer Occupation  
 Health Net, Inc. VP, Legal Affairs

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  
 04 / 10 / 2014

**Transaction ID : INCA31056**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 222 Central Park Avenue, Suite 184

City State Zip Code  
 Virginia Beach VA 23462

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

Name of Employer Occupation  
 Health Net Federal Services, Inc. VP, Optimization

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  
 04 / 10 / 2014

**Transaction ID : INCA31059**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 21650 Oxnard Street

City State Zip Code  
 Woodland Hills CA 91367

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

Name of Employer Occupation  
 Health Net, Inc. Vice President, Talent Management & Or

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2014

**Transaction ID : INCA31060**

Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

**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 : INCA31056

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31059

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31060

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 126
<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. Pamela Ann Bohall**

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 ▼ **692.28**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2014

**Transaction ID : INCA31061**

Amount of Each Receipt this Period  

76.92
-------

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

Mailing Address 7755 Center Avenue, Suite 700

City Huntington Beach	State CA	Zip Code 92647
--------------------------	-------------	-------------------

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

Name of Employer Health Net of California	Occupation Director, Sales IV
--	----------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2014

**Transaction ID : INCA31063**

Amount of Each Receipt this Period  

38.00
-------

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

Mailing Address 11971 Foundation Place, Suite C

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

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

Name of Employer Health Net, Inc.	Occupation Chief Technology Officer
--------------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2014

**Transaction ID : INCA31064**

Amount of Each Receipt this Period  

30.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>144.92</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 : INCA31061

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31063

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31064

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 15 OF 126  
(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. Patricia A. Buss**

Mailing Address 2107 Wilson Blvd.

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Health Net Federal Services, Inc. Senior Medical Director

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31065**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 21650 Oxnard Street

City State Zip Code  
Woodland Hills CA 91367

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

Name of Employer Occupation  
Health Net, Inc. EVP & CFO

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31070**

Amount of Each Receipt this Period  
40.00

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

Mailing Address 2107 Wilson Blvd., Suite 900

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Health Net Federal Services Program Officer - DoD

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31072**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00

**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 : INCA31065

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31070

Payroll Deduction



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

Form/Schedule: SA11AI

Transaction ID : INCA31072

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 18 OF 126
	<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. Julia Ann Ceballos**  
Full Name (Last, First, Middle Initial)

Mailing Address 13221 SW 68th Parkway

City Tigard State OR Zip Code 97223

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

Name of Employer Health Net of Oregon Occupation VP, Provider Network Mgt.

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : INCA31074**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 21281 Burbank Blvd.

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 Administrative Services

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : INCA31075**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 1201 K Street, Suite 1815

City Sacramento State CA Zip Code 95814

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

Name of Employer Health Net of California, Inc. Occupation Director, Government Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : INCA31076**

Amount of Each Receipt this Period  
**29.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>89.00</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 : INCA31074

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31075

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31076

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 21 OF 126
	<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**

Full Name (Last, First, Middle Initial) <b>A. Patricia Clarey</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2014
Mailing Address 21650 Oxnard Street 22nd Floor		<b>Transaction ID : INCA31077</b>
City Woodland Hills	State CA	Zip Code 91367
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 38.00	
Name of Employer Health Net, Inc.	Occupation SVP, Chief Regulatory & External Rela	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

Full Name (Last, First, Middle Initial) <b>B. Daria A. Eppley</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2014
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA31084</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Health Net Federal Services, Inc.	Occupation VP, Access to Data	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Bertrand Fatouros</b>		Date of Receipt MM / DD / YYYY 04 / 10 / 2014
Mailing Address 1015 North Manchester Street		<b>Transaction ID : INCA31085</b>
City Arlington	State VA	Zip Code 22205
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer Health Net Federal Services, LLC	Occupation Lawyer	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	128.00
<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 : INCA31077

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31084

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31085

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 24 OF 126  
(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**

**A. David R. Feniger**  
 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, Inc. Occupation Executive Counsel  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **378.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31086**  
 Amount of Each Receipt this Period  
**42.00**

**B. Brian J. Fields**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21550 Oxnard Street, Suite 1080  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Vice President, Asst. General Counsel  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31087**  
 Amount of Each Receipt this Period  
**38.00**

**C. David J. Friedman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3400 Data Drive  
 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, State Health Programs  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31088**  
 Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **120.00**  
**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 : INCA31086

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31087

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31088

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 27 OF 126
	<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. 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 ▼ **675.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : INCA31090**

Amount of Each Receipt this Period  
**75.00**

**B. Jody Giordano**  
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 HealthNet of California Occupation Vice President of Underwriting

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : INCA31091**

Amount of Each Receipt this Period  
**50.00**

**C. Robert R. Green**  
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 Director, Finance

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : INCA31093**

Amount of Each Receipt this Period  
**35.00**

**SUBTOTAL** of Receipts This Page (optional)..... **160.00**

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

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Form/Schedule: SA11AI

Transaction ID : INCA31090

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31091

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31093

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 30 OF 126
<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. Anne Hanlon**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 Grand Avenue

City Oakland	State CA	Zip Code 94612
-----------------	-------------	-------------------

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

Name of Employer Health Net of California	Occupation Director of Sales IV
--	------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2014

**Transaction ID : INCA31096**

Amount of Each Receipt this Period  

38.00
-------

**B. Edward Hanson**  
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 Pharmacy Services	Occupation Director, Pharmacy
--	----------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2014

**Transaction ID : INCA31097**

Amount of Each Receipt this Period  

30.00
-------

**C. Eric Hause**  
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 Vice President - Strategy and Business
--------------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2014

**Transaction ID : INCA31098**

Amount of Each Receipt this Period  

40.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>108.00</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 : INCA31096

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31097

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31098

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 33 OF 126
	<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. Juanell Hefner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11031 Sun Center Drive  
City Rancho Cordova State CA Zip Code 95670  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MHN - Mental Health Network Occupation Chief Customer Services Officer  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 10 / 2014  
**Transaction ID : INCA31099**  
Amount of Each Receipt this Period  
50.00

**B. Jaimee E. Hemphill**  
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 Occupation VP, Project Portfolio Planning & Deliv  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 10 / 2014  
**Transaction ID : INCA31100**  
Amount of Each Receipt this Period  
35.00

**C. Donna Hoffmeier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2107 Wilson Blvd., Suite 900  
City Arlington State VA Zip Code 22201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Federal Services, Inc. Occupation Program Officer - VA Services  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 10 / 2014  
**Transaction ID : INCA31103**  
Amount of Each Receipt this Period  
38.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 123.00  
**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 : INCA31099

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31100

Payroll Deduction

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Form/Schedule: SA11AI

Transaction ID : INCA31103

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 36 OF 126  
(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**

**A. Lisa Hynes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13221 SW 68th Parkway, Suite 200  
 City Portland State OR Zip Code 97223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Manager, Provider Contracting  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31106**  
 Amount of Each Receipt this Period  
**25.00**

**B. Joseph K. Klinger**  
 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 Occupation Executive Counsel  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31110**  
 Amount of Each Receipt this Period  
**38.00**

**C. Anthony J. Koelker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 Wilson Blvd.  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services Occupation VP, Provider Network Management  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31112**  
 Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **103.00**  
**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 : INCA31106

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31110

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31112

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 39 OF 126  
(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 Kosterman**

Mailing Address 11971 Foundation Place, Suite C

City Rancho Cordova      State CA      Zip Code 95670

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

Name of Employer Health Net, Inc.      Occupation Dir, IT Business Consulting

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : INCA31113**

Amount of Each Receipt this Period  
**35.00**

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

Mailing Address 21281 Burbank Blvd.

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, Medicare Programs

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  
**04 / 10 / 2014**

**Transaction ID : INCA31115**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 2107 Wilson Blvd.

City Arlington      State VA      Zip Code 22201

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

Name of Employer Health Net      Occupation Director, Public Policy & Government R

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **522.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : INCA31119**

Amount of Each Receipt this Period  
**58.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **118.00**

**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 : INCA31113

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31115

Payroll Deduction



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

Form/Schedule: SA11AI

Transaction ID : INCA31119

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 42 OF 126
	<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. Karin Mayhew**  
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 SVP Organization Effectiveness

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : INCA31123**

Amount of Each Receipt this Period  
**50.00**

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

Mailing Address 2025 Aerojet Drive

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services Occupation VP, Controller

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : INCA31126**

Amount of Each Receipt this Period  
**25.00**

**C. Susan K. W. Misura**  
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 Occupation Director, Call Center

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 10 / 2014**

**Transaction ID : INCA31128**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**

**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 : INCA31123

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31126

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31128

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 45 OF 126  
(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. Marie Montgomery**  
 Mailing Address 21650 Oxnard Street  
 City State Zip Code  
 Woodland Hills CA 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Net, Inc. SVP & Corporate Controller  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31129**  
 Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**B. Jennifer A. Moore**  
 Mailing Address 21281 Burbank Blvd.  
 City State Zip Code  
 Woodland Hills CA 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Net, Inc. VP Provider Network Management  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31130**  
 Amount of Each Receipt this Period  
 40.00

Full Name (Last, First, Middle Initial)  
**C. Adrienne Biggert Morrell**  
 Mailing Address 2107 Wilson Blvd.  
 City State Zip Code  
 Arlington VA 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Health Net, Inc. VP Government Relations  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31132**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00  
**TOTAL** This Period (last page this line number only)..... ▶

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Form/Schedule: SA11AI

Transaction ID : INCA31129

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31130

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31132

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 48 OF 126  
(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. Lawrence Naehr**

Mailing Address 2107 Wilson Blvd.

City State Zip Code  
 Arlington VA 22201

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

Name of Employer Occupation  
 Health Net Federal Services, Inc. VP, Optimization

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 04 / 10 / 2014  
**Transaction ID : INCA31133**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 1230 West Washington Street, Suite

City State Zip Code  
 Tempe AZ 85281

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

Name of Employer Occupation  
 Health Net of Arizona, Inc. Regional Vice President of Large Group

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 324.00

Date of Receipt  
 04 / 10 / 2014  
**Transaction ID : INCA31135**

Amount of Each Receipt this Period  
 36.00

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

Mailing Address 21650 Oxnard Street

City State Zip Code  
 Woodland Hills CA 91367

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

Name of Employer Occupation  
 Health Net, Inc. Attorney at Law

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 04 / 10 / 2014  
**Transaction ID : INCA31137**

Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 121.00

**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 : INCA31133

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31135

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31137

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 51 OF 126  
(check only one)  
 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**

**A. Jeff W. Robertson**  
 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 Manager, Data Analysis  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 10 / 2014**  
**Transaction ID : INCA31141**  
 Amount of Each Receipt this Period  
**30.00**

**B. Charles Rose**  
 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 & Asst. General Counsel  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 10 / 2014**  
**Transaction ID : INCA31142**  
 Amount of Each Receipt this Period  
**25.00**

**C. Matthew M. Ruest**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 Wilson Blvd, Suite 900  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Occupation Market Manager II  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 10 / 2014**  
**Transaction ID : INCA31144**  
 Amount of Each Receipt this Period  
**38.00**

**SUBTOTAL** of Receipts This Page (optional)..... **93.00**  
**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 : INCA31141

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31142

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31144

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 54 OF 126  
(check only one)  
 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**

**A. Lori R. Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21281 Burbank Blvd.  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net of California Occupation VP, Sales Integration & Ops  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31148**  
 Amount of Each Receipt this Period  
 38.00

**B. 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 ▼ 900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31149**  
 Amount of Each Receipt this Period  
 100.00

**C. Jeffrey Lee Shelton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 K Street, Suite 1815  
 City Sacramento State CA Zip Code 95814  
 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 ▼ 360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31151**  
 Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 178.00  
**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 : INCA31148

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31149

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31151

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 57 OF 126
	<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. Larry Tallman**  
Full Name (Last, First, Middle Initial)

Mailing Address 21281 Burbank Blvd.

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net of California Occupation VP Sales

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  
 04 / 10 / 2014

**Transaction ID : INCA31153**

Amount of Each Receipt this Period  
**25.00**

**B. Debra Taylor**  
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, Organization Effectiveness

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2014

**Transaction ID : INCA31154**

Amount of Each Receipt this Period  
**50.00**

**C. Susan I. Thomas**  
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, Inc. Occupation Director of Business Intelligence

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  
 04 / 10 / 2014

**Transaction ID : INCA31156**

Amount of Each Receipt this Period  
**25.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **100.00**

**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 : INCA31153

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31154

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31156

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 60 OF 126
<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. Steven D. Tough**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Drive  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services Occupation President - Government Programs  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31157**  
 Amount of Each Receipt this Period  
 50.00

**B. Richard A. Weirich**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11971 Foundation Place, Suite C  
 City Rancho Cordova State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Director Real Estate Admin.  
 Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31162**  
 Amount of Each Receipt this Period  
 30.00

**C. 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 ▼ 1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : INCA31166**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	280.00
<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 : INCA31157

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31162

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31166

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 63 OF 126  
(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. Gay Ann Williams**

Mailing Address 21650 Oxnard Street

City State Zip Code  
 Woodland Hills CA 91367

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2014

**Transaction ID : INCA31167**

Amount of Each Receipt this Period  
 100.00

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

Mailing Address 21650 Oxnard Street

City State Zip Code  
 Woodland Hills CA 91367

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

Name of Employer Occupation  
 Health Net, Inc. Director, Call Center

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2014

**Transaction ID : INCA31168**

Amount of Each Receipt this Period  
 25.00

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

Mailing Address 2025 Aerojet Road

City State Zip Code  
 Rancho Cordova CA 95742

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

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

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1845.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2014

**Transaction ID : INCA31169**

Amount of Each Receipt this Period  
 205.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 330.00

**TOTAL** 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 : INCA31167

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31168

Payroll Deduction



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

Form/Schedule: SA11AI

Transaction ID : INCA31169

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 66 OF 126  
(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. Sharon Rae Almany**

Mailing Address 21271 Burbank Blvd.

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 Membership

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  
**04 / 25 / 2014**

**Transaction ID : INCA31182**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 13221 SW 68th Parkway, Suite 200

City Portland State OR Zip Code 97223

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

Name of Employer Health Net Occupation Vice President Marketing & Product Dev

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : INCA31183**

Amount of Each Receipt this Period  
**38.00**

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

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 Vice President, Real Estate Management

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : INCA31184**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **113.00**

**TOTAL** 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 : INCA31182

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31183

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31184

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 69 OF 126
	<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

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. Marshall Bentley**  
Full Name (Last, First, Middle Initial)  
Mailing Address 180 Grand Avenue  
City Oakland State CA Zip Code 94612  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net, Inc. Occupation VP, Legal Affairs  
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  
04 / 25 / 2014  
**Transaction ID : INCA31186**  
Amount of Each Receipt this Period  
25.00

**B. Richard Bloomquist**  
Full Name (Last, First, Middle Initial)  
Mailing Address 222 Central Park Avenue, Suite 184  
City Virginia Beach State VA Zip Code 23462  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Federal Services, Inc. Occupation VP, Optimization  
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  
04 / 25 / 2014  
**Transaction ID : INCA31189**  
Amount of Each Receipt this Period  
25.00

**C. Steven R. Boettcher**  
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 Vice President, Talent Management & Or  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014  
**Transaction ID : INCA31190**  
Amount of Each Receipt this Period  
35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**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 : INCA31186

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31189

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31190

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 72 OF 126
	<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**

Full Name (Last, First, Middle Initial) <b>A. Pamela Ann Bohall</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2014
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA31191</b>
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 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.28	
		Amount of Each Receipt this Period 76.92

Full Name (Last, First, Middle Initial) <b>B. Shannon Borges</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2014
Mailing Address 7755 Center Avenue, Suite 700		<b>Transaction ID : INCA31193</b>
City Huntington Beach	State CA	Zip Code 92647
FEC ID number of contributing federal political committee.	C	
Name of Employer Health Net of California	Occupation Director, Sales IV	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	
		Amount of Each Receipt this Period 38.00

Full Name (Last, First, Middle Initial) <b>C. Mark Brooks</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2014
Mailing Address 11971 Foundation Place, Suite C		<b>Transaction ID : INCA31194</b>
City Rancho Cordova	State CA	Zip Code 95670
FEC ID number of contributing federal political committee.	C	
Name of Employer Health Net, Inc.	Occupation Chief Technology Officer	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	
		Amount of Each Receipt this Period 30.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	144.92
<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 : INCA31191

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31193

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31194

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 75 OF 126  
(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. Patricia A. Buss**

Mailing Address 2107 Wilson Blvd.

City State Zip Code  
 Arlington VA 22201

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

Name of Employer Occupation  
 Health Net Federal Services, Inc. Senior Medical Director

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 04 / 25 / 2014  
**Transaction ID : INCA31195**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 21650 Oxnard Street

City State Zip Code  
 Woodland Hills CA 91367

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

Name of Employer Occupation  
 Health Net, Inc. EVP & CFO

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 04 / 25 / 2014  
**Transaction ID : INCA31200**

Amount of Each Receipt this Period  
 40.00

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

Mailing Address 2107 Wilson Blvd., Suite 900

City State Zip Code  
 Arlington VA 22201

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

Name of Employer Occupation  
 Health Net Federal Services Program Officer - DoD

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 04 / 25 / 2014  
**Transaction ID : INCA31202**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00

**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 : INCA31195

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31200

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31202

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 78 OF 126
<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. Julia Ann Ceballos**  
Full Name (Last, First, Middle Initial)

Mailing Address 13221 SW 68th Parkway

City Tigard State OR Zip Code 97223

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

Name of Employer Health Net of Oregon Occupation VP, Provider Network Mgt.

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : INCA31204**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 21281 Burbank Blvd.

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 Administrative Services

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : INCA31205**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 1201 K Street, Suite 1815

City Sacramento State CA Zip Code 95814

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

Name of Employer Health Net of California, Inc. Occupation Director, Government Affairs

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : INCA31206**

Amount of Each Receipt this Period  
**29.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>89.00</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 : INCA31204

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31205

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31206

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 81 OF 126
	<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**

Full Name (Last, First, Middle Initial) <b>A. Patricia Clarey</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2014
Mailing Address 21650 Oxnard Street 22nd Floor		<b>Transaction ID : INCA31207</b>
City Woodland Hills	State CA	Zip Code 91367
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 38.00	
Name of Employer Health Net, Inc.	Occupation SVP, Chief Regulatory & External Rela	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

Full Name (Last, First, Middle Initial) <b>B. Daria A. Eppley</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2014
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA31214</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Health Net Federal Services, Inc.	Occupation VP, Access to Data	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>C. Thomas Bertrand Fatouros</b>		Date of Receipt MM / DD / YYYY 04 / 25 / 2014
Mailing Address 1015 North Manchester Street		<b>Transaction ID : INCA31215</b>
City Arlington	State VA	Zip Code 22205
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 40.00	
Name of Employer Health Net Federal Services, LLC	Occupation Lawyer	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	128.00
<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 : INCA31207

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31214

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31215

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 84 OF 126  
(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 R. Feniger**  
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, Inc. Occupation Executive Counsel  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **378.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2014**  
**Transaction ID : INCA31216**  
Amount of Each Receipt this Period  
**42.00**

Full Name (Last, First, Middle Initial)  
**B. Brian J. Fields**  
Mailing Address 21550 Oxnard Street, Suite 1080  
City Woodland Hills State CA Zip Code 91367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net, Inc. Occupation Vice President, Asst. General Counsel  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2014**  
**Transaction ID : INCA31217**  
Amount of Each Receipt this Period  
**38.00**

Full Name (Last, First, Middle Initial)  
**C. David J. Friedman**  
Mailing Address 3400 Data Drive  
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, State Health Programs  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2014**  
**Transaction ID : INCA31218**  
Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **120.00**  
**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 : INCA31216

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31217

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31218

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 87 OF 126
	<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. 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 ▼ **675.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : INCA31220**

Amount of Each Receipt this Period  
**75.00**

**B. Jody Giordano**  
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 HealthNet of California Occupation Vice President of Underwriting

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : INCA31221**

Amount of Each Receipt this Period  
**50.00**

**C. Robert R. Green**  
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 Director, Finance

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 25 / 2014**

**Transaction ID : INCA31223**

Amount of Each Receipt this Period  
**35.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **160.00**

**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 : INCA31220

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31221

Payroll Deduction



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

Form/Schedule: SA11AI

Transaction ID : INCA31223

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 90 OF 126
<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. Anne Hanlon**  
Full Name (Last, First, Middle Initial)

Mailing Address 180 Grand Avenue

City Oakland State CA Zip Code 94612

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

Name of Employer Health Net of California Occupation Director of Sales IV

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : INCA31226**

Amount of Each Receipt this Period  
**38.00**

**B. Edward Hanson**  
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 Pharmacy Services Occupation Director, Pharmacy

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : INCA31227**

Amount of Each Receipt this Period  
**30.00**

**C. Eric Hause**  
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 Vice President - Strategy and Business

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : INCA31228**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **108.00**

**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 : INCA31226

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31227

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31228

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 93 OF 126
	<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. Juanell Hefner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11031 Sun Center Drive  
City Rancho Cordova State CA Zip Code 95670  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MHN - Mental Health Network Occupation Chief Customer Services Officer  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014  
**Transaction ID : INCA31229**  
Amount of Each Receipt this Period  
50.00

**B. Jaimee E. Hemphill**  
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 Occupation VP, Project Portfolio Planning & Deliv  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 315.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014  
**Transaction ID : INCA31230**  
Amount of Each Receipt this Period  
35.00

**C. Donna Hoffmeier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2107 Wilson Blvd., Suite 900  
City Arlington State VA Zip Code 22201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Federal Services, Inc. Occupation Program Officer - VA Services  
Receipt For: 2014  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 342.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 25 / 2014  
**Transaction ID : INCA31233**  
Amount of Each Receipt this Period  
38.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 123.00  
**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 : INCA31229

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31230

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31233

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 96 OF 126
	<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. Lisa Hynes**  
Full Name (Last, First, Middle Initial)

Mailing Address 13221 SW 68th Parkway, Suite 200

City Portland	State OR	Zip Code 97223
------------------	-------------	-------------------

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

Name of Employer Health Net, Inc.	Occupation Manager, Provider Contracting
--------------------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	25	/	2014

**Transaction ID : INCA31236**

Amount of Each Receipt this Period  

100.00	100.00	25.00
--------	--------	-------

**25.00**

**B. Joseph K. Klinger**  
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	Occupation Executive Counsel
---	---------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	25	/	2014

**Transaction ID : INCA31240**

Amount of Each Receipt this Period  

100.00	100.00	142.00
--------	--------	--------

**38.00**

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

Mailing Address 2107 Wilson Blvd.

City Arlington	State VA	Zip Code 22201
-------------------	-------------	-------------------

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

Name of Employer Health Net Federal Services	Occupation VP, Provider Network Management
---	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	25	/	2014

**Transaction ID : INCA31242**

Amount of Each Receipt this Period  

100.00	100.00	160.00
--------	--------	--------

**40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>103.00</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 : INCA31236

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31240

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31242

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 99 OF 126
	<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	

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. David Kosterman**  
Full Name (Last, First, Middle Initial)

Mailing Address 11971 Foundation Place, Suite C

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

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

Name of Employer Health Net, Inc.	Occupation Dir, IT Business Consulting
--------------------------------------	---

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
04	/	25	/	2014

**Transaction ID : INCA31243**

Amount of Each Receipt this Period  

35.00
-------

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

Mailing Address 21281 Burbank Blvd.

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, Medicare Programs
-------------------------------------	-------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
04	/	25	/	2014

**Transaction ID : INCA31245**

Amount of Each Receipt this Period  

25.00
-------

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

Mailing Address 2107 Wilson Blvd.

City Arlington	State VA	Zip Code 22201
-------------------	-------------	-------------------

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

Name of Employer Health Net	Occupation Director, Public Policy & Government R
--------------------------------	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **522.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y
04	/	25	/	2014

**Transaction ID : INCA31249**

Amount of Each Receipt this Period  

58.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>118.00</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 : INCA31243

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31245

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31249

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 102 OF 126  
(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. Karin Mayhew**

Mailing Address 21650 Oxnard Street

City State Zip Code  
 Woodland Hills CA 91367

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

Name of Employer Occupation  
 Health Net, Inc. SVP Organization Effectiveness

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : INCA31253**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 2025 Aerojet Drive

City State Zip Code  
 Rancho Cordova CA 95742

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

Name of Employer Occupation  
 Health Net Federal Services VP, Controller

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : INCA31256**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Susan K. W. Misura**

Mailing Address 2025 Aerojet Road

City State Zip Code  
 Rancho Cordova CA 95742

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

Name of Employer Occupation  
 Health Net Federal Services Director, Call Center

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : INCA31258**

Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00

**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 : INCA31253

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31256

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31258

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 105 OF 126  
(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. Marie Montgomery**

Mailing Address 21650 Oxnard Street

City State Zip Code  
 Woodland Hills CA 91367

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

Name of Employer Occupation  
 Health Net, Inc. SVP & Corporate Controller

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : INCA31259**

Amount of Each Receipt this Period  
 40.00

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

Mailing Address 21281 Burbank Blvd.

City State Zip Code  
 Woodland Hills CA 91367

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

Name of Employer Occupation  
 Health Net, Inc. VP Provider Network Management

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : INCA31260**

Amount of Each Receipt this Period  
 40.00

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

Mailing Address 2107 Wilson Blvd.

City State Zip Code  
 Arlington VA 22201

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

Name of Employer Occupation  
 Health Net, Inc. VP Government Relations

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : INCA31262**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 130.00

**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 : INCA31259

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31260

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31262

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 108 OF 126  
(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. Lawrence Naehr**

Mailing Address 2107 Wilson Blvd.

City State Zip Code  
 Arlington VA 22201

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

Name of Employer Occupation  
 Health Net Federal Services, Inc. VP, Optimization

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 04 / 25 / 2014  
**Transaction ID : INCA31263**

Amount of Each Receipt this Period  
 50.00

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

Mailing Address 1230 West Washington Street, Suite

City State Zip Code  
 Tempe AZ 85281

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

Name of Employer Occupation  
 Health Net of Arizona, Inc. Regional Vice President of Large Group

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 324.00

Date of Receipt  
 04 / 25 / 2014  
**Transaction ID : INCA31265**

Amount of Each Receipt this Period  
 36.00

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

Mailing Address 21650 Oxnard Street

City State Zip Code  
 Woodland Hills CA 91367

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

Name of Employer Occupation  
 Health Net, Inc. Attorney at Law

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 04 / 25 / 2014  
**Transaction ID : INCA31267**

Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 121.00

**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 : INCA31263

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31265

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31267

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 111 OF 126
<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. Jeff W. Robertson**  
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 Manager, Data Analysis
---	--------------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2014

**Transaction ID : INCA31271**

Amount of Each Receipt this Period  

93.00
-------

**B. Charles Rose**  
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 & Asst. General Counsel
---	--

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2014

**Transaction ID : INCA31272**

Amount of Each Receipt this Period  

25.00
-------

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

Mailing Address 2107 Wilson Blvd, Suite 900

City Arlington	State VA	Zip Code 22201
-------------------	-------------	-------------------

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

Name of Employer Health Net	Occupation Market Manager II
--------------------------------	---------------------------------

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2014

**Transaction ID : INCA31274**

Amount of Each Receipt this Period  

38.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>93.00</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 : INCA31271

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31272

Payroll Deduction



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

Form/Schedule: SA11AI

Transaction ID : INCA31274

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 114 OF 126  
(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**

**A. Lori R. Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21281 Burbank Blvd.  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net of California Occupation VP, Sales Integration & Ops  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2014  
**Transaction ID : INCA31278**  
 Amount of Each Receipt this Period  
**38.00**

**B. 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 ▼ **900.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2014  
**Transaction ID : INCA31279**  
 Amount of Each Receipt this Period  
**100.00**

**C. Jeffrey Lee Shelton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 K Street, Suite 1815  
 City Sacramento State CA Zip Code 95814  
 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 ▼ **360.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2014  
**Transaction ID : INCA31281**  
 Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **178.00**  
**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 : INCA31278

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31279

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31281

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 117 OF 126  
(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. Larry Tallman**

Mailing Address 21281 Burbank Blvd.

City Woodland Hills      State CA      Zip Code 91367

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

Name of Employer Health Net of California      Occupation VP Sales

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  
 04 / 25 / 2014

**Transaction ID : INCA31283**

Amount of Each Receipt this Period  
 25.00

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

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, Organization Effectiveness

Receipt For: 2014  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 25 / 2014

**Transaction ID : INCA31284**

Amount of Each Receipt this Period  
 50.00

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

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, Inc.      Occupation Director of Business Intelligence

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  
 04 / 25 / 2014

**Transaction ID : INCA31286**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

**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 : INCA31283

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31284

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31286

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 120 OF 126  
(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. Steven D. Tough**  
 Mailing Address 2025 Aerojet Drive  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services Occupation President - Government Programs  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 25 / 2014**  
**Transaction ID : INCA31287**  
 Amount of Each Receipt this Period  
**50.00**

Full Name (Last, First, Middle Initial)  
**B. Richard A. Weirich**  
 Mailing Address 11971 Foundation Place, Suite C  
 City Rancho Cordova State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Director Real Estate Admin.  
 Receipt For: 2014  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **270.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 25 / 2014**  
**Transaction ID : INCA31292**  
 Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**C. Virginia E. White**  
 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 ▼ **1800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 25 / 2014**  
**Transaction ID : INCA31296**  
 Amount of Each Receipt this Period  
**200.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **280.00**  
**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 : INCA31287

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31292

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31296

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 123 OF 126
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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**

Full Name (Last, First, Middle Initial) <b>A. Gay Ann Williams</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2014
Mailing Address 21650 Oxnard Street		<b>Transaction ID : INCA31297</b>
City Woodland Hills	State CA	Zip Code 91367
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Health Net, Inc.	Occupation VP State Leg & Reg Compliance	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B. Lawrence Wong</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2014
Mailing Address 21650 Oxnard Street		<b>Transaction ID : INCA31298</b>
City Woodland Hills	State CA	Zip Code 91367
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer Health Net, Inc.	Occupation Director, Call Center	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. James E. Woys</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 25 / 2014
Mailing Address 2025 Aerojet Road		<b>Transaction ID : INCA31299</b>
City Rancho Cordova	State CA	Zip Code 95742
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 205.00	
Name of Employer Health Net Federal Services, Inc..	Occupation EVP & COO	
Receipt For: 2014 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1845.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	330.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5537.84

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

Form/Schedule: SA11AI

Transaction ID : INCA31297

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA31298

Payroll Deduction

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

Form/Schedule: SA11AI

Transaction ID : INCA31299

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. America's Health Insurance Plans PAC (AHIP PAC)**

Mailing Address 601 Pennsylvania Avenue NW  
South Building, Suite 500

City Washington State DC Zip Code 20004

Purpose of Disbursement  
Monetary Contribution

Category/  
Type

Candidate Name

**America's Health Insurance Plans PAC (AHIP PAC)**

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : EXPB31171**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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