

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

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.	Full Name (Last, First, Middle Initial) Walter Jones Committee	Transaction ID: EXP.B.15019 Date of Disbursement
	Mailing Address P. O. Box 3962	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="21"/> <input type="text" value="1"/> / <input type="text" value="20"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Greenville State NC Zip Code 27836	Amount of Each Disbursement this Period
	Purpose of Disbursement Monetary contribution Candidate Name Walter Jones	<input type="text" value="1000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Charlie Crist for US Senate	Transaction ID: EXP.B.15020 Date of Disbursement
	Mailing Address 909 North Sepulveda Blvd., Suite 2	<input type="text" value="10"/> <input type="text" value="0"/> / <input type="text" value="22"/> <input type="text" value="2"/> / <input type="text" value="20"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City El Segundo State CA Zip Code 90245	Amount of Each Disbursement this Period
	Purpose of Disbursement Monetary contribution Candidate Name Charlie Crist	<input type="text" value="2000.00"/>
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Mike Thompson for Congress	Transaction ID: EXP.B.15457 Date of Disbursement
	Mailing Address P. O. Box 10541	<input type="text" value="11"/> <input type="text" value="1"/> / <input type="text" value="05"/> <input type="text" value="5"/> / <input type="text" value="20"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/>
	City Napa State CA Zip Code 94581	Amount of Each Disbursement this Period
	Purpose of Disbursement Monetary contribution Candidate Name Mike Thompson	<input type="text" value="1000.00"/>
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>