

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
PacifiCare Health Systems, Inc. PAC

ADDRESS (number and street) Check if different than previously reported
P.O. Box 25186

CITY, STATE and ZIP CODE
Santa Ana, CA 92799

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Dec 5 11 17 AM '98

2. FEC IDENTIFICATION NUMBER
C00240903

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

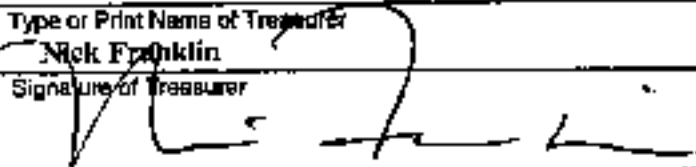
- Twelfth day report preceding _____
(Type of Election)
- election on _____ in the State of _____
- Thirtieth day report following the General Election on
_____/_____/_____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/15/98</u> through <u>11/23/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 61,941.49
(b) Cash on Hand at Beginning of Reporting Period	\$ 31,994.78	
(c) Total Receipts (from Line 19)	\$ 7,319.52	\$ 43,600.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 39,314.30	\$ 105,542.04
7. Total Disbursements (from Line 30)	\$ 16,250.00	\$ 82,477.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 23,064.30	\$ 23,064.30
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 990 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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

Type or Print Name of Treasurer
Nick Franklin

Signature of Treasurer  Date 11/25/98

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

FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE PacificCare Health Systems, Inc. PAC		REPORT COVERING PERIOD	
		FROM	TO
		10/15/98	11/23/98
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
I. Receipts			
11.	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	4,542.00	27,278.00
ii.	Unitemized	2,777.52	16,322.55
iii.	Total (add i and ii) >	7,319.52	43,600.55
b.	Political Party Committees	0.00	0.00
c.	Other Political Committees (such as PACs)	0.00	0.00
d.	Total Contributions (add a ii, b and c) >	7,319.52	43,600.55
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.)	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 Nonfederal Account for Joint Activity	0.00	0.00
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	7,319.52	43,600.55
20.	Total Federal Receipts (subtract line 18 from line 19) >	7,319.52	43,600.55
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share	0.00	0.00
ii.	Non-Federal Share	0.00	0.00
b.	Other Federal Operating Expenditures	0.00	0.00
c.	Total Operating Expenditures (add 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	15,500.00	74,548.91
24.	Independent Expenditures (use Schedule E)	0.00	0.00
25.	Coordinated Expenditures Made by Party Committees (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 a, b and c) >	0.00	0.00
29.	Other Disbursements	750.00	7,928.83
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	16,250.00	82,477.74
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	16,250.00	82,477.74
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	7,319.52	43,600.55
33.	Total Contribution Refunds (from line 28d)	0.00	0.00
34.	Net Contributions (other than loans)(subtract line 33 from 32)	7,319.52	43,600.55
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00
37.	Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **7**
FOR LINE NUMBER **11 a i**

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)
PacifiCare Health Systems, Inc. PAC

A. Full Name, Mailing Address and ZIP Code Bradford Bowlus 630 Ramona Drive Corona del Mar, CA 92625 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare of California	Date (month, day, year) Payroll	Amount of Each Receipt this Period 300.00
	Occupation President and CEO	Deduction (\$100.00)	Biweekly
Aggregate Year-to-Date > \$ 1,860.00			
B. Full Name, Mailing Address and ZIP Code Pat Feyen 1420 W. Mockingbird Lane Suite 800 Dallas, TX 75247 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare of Texas	Date (month, day, year) Payroll	Amount of Each Receipt this Period 150.00
	Occupation President, CEO & RVP	Deduction (\$50.00)	Biweekly
Aggregate Year-to-Date > \$ 700.00			
C. Full Name, Mailing Address and ZIP Code Alan Hoops 3120 Lake Center Drive Santa Ana, CA 92704 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare Health Systems	Date (month, day, year) Payroll	Amount of Each Receipt this Period 450.00
	Occupation President & CEO	Deduction (\$150.00)	Biweekly
Aggregate Year-to-Date > \$ 2,100.00			
D. Full Name, Mailing Address and ZIP Code C. Daniel Koon 1 Guerrero Drive Taunung, GU Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare Health Systems	Date (month, day, year) Payroll	Amount of Each Receipt this Period 60.00
	Occupation Business Unit President	Deduction (\$20.00)	Biweekly
Aggregate Year-to-Date > \$ 280.00			
E. Full Name, Mailing Address and ZIP Code Wanda Lee 3100 Lake Center Drive Santa Ana, CA 92704 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare Health Systems	Date (month, day, year) Payroll	Amount of Each Receipt this Period 150.00
	Occupation Senior Vice President,	Deduction (\$50.00)	Biweekly
Aggregate Year-to-Date > \$ 700.00			
F. Full Name, Mailing Address and ZIP Code Paul Poon 5995 Plaza Drive Cypress, CA 90630 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare of California	Date (month, day, year) Payroll	Amount of Each Receipt this Period 60.00
	Occupation Director, Finance	Deduction (\$20.00)	Biweekly
Aggregate Year-to-Date > \$ 280.00			
G. Full Name, Mailing Address and ZIP Code Michael Reddy 10700 Valley View Street Cypress, CA 90630 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare of California	Date (month, day, year) Payroll	Amount of Each Receipt this Period 90.00
	Occupation Director, Cust. Svc. Ctr.	Deduction (\$30.00)	Biweekly
Aggregate Year-to-Date > \$ 420.00			

SUBTOTAL of Receipts This Page (optional) **1,260.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 7
FOR LINE NUMBER 11 a 1

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)
PacifiCare Health Systems, Inc. PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Stumpfel 14451 Chambers Road Tustin, CA 92780	California Dental Health		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President, Business Unit	Payroll	60.00
	Aggregate Year-to-Date > \$ 280.00	Deduction	(\$20.00)
			Biweekly
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Francis Sullivan 1420 W. Mockingbird Lane Suite 800 Dallas, TX 75247	PacifiCare Life & Health		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Sales & Service	Payroll	51.00
	Aggregate Year-to-Date > \$ 238.00	Deduction	(\$17.00)
			Biweekly
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Neil Toyota 10833 Valley View Street Cypress, CA 90630	PacifiCare of California		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Sales Business	Payroll	90.00
	Aggregate Year-to-Date > \$ 420.00	Deduction	(\$30.00)
			Biweekly
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jon Buss 3110 Lake Center Drive Santa Ana, CA 92704	Secure Horizons USA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Prov. Svc.	Payroll	90.00
	Aggregate Year-to-Date > \$ 390.00	Deduction	(\$30.00)
			Biweekly
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Katherine Fry 410 N. 44th Street Phoenix, AZ 85008	PacifiCare Administrative Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Finance	Payroll	48.00
	Aggregate Year-to-Date > \$ 248.00	Deduction	(\$8.00)
			Biweekly
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph Hall 3515 Harbor Blvd. Costa Mesa, CA 92626	Prescription Solutions		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Business	Payroll	90.00
	Aggregate Year-to-Date > \$ 390.00	Deduction	(\$30.00)
			Biweekly
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Samuel Ho 3100 Lake Center Drive Santa Ana, CA 92704	PacifiCare Health Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Quality	Payroll	300.00
	Aggregate Year-to-Date > \$ 1,300.00	Deduction	(\$100.00)
			Biweekly

SUBTOTAL of Receipts This Page (optional) 729.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 7
FOR LINE NUMBER 11 a i

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)
PacifiCare Health Systems, Inc. PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ace Hodgin 410 N. 44th Street Phoenix, AZ 85008	PacifiCare of Arizona		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Health	Payroll Deduction	60.00 (\$20.00)
	Aggregate Year-to-Date > \$	260.00	Biweekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carroll Roarty 4601 E. Hilton Avenue Phoenix, AZ 85034	PacifiCare Administrative Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Human	Payroll Deduction	60.00 (\$20.00)
	Aggregate Year-to-Date > \$	260.00	Biweekly)
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Williams 3110 Lake Center Drive Santa Ana, CA 92704	PacifiCare Health Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Vice Pres., Info. Tech	Payroll Deduction	138.00 (\$46.00)
	Aggregate Year-to-Date > \$	598.00	Biweekly)
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christopher Wing 7525 S.E. 24th Street Ste. 200 Mercer Island, WA 98040	PacifiCare of Washington		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President, CEO & RVP	Payroll Deduction	225.00 (\$75.00)
	Aggregate Year-to-Date > \$	975.00	Biweekly)
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joseph De Vita 35 W. Broadway Salt Lake City, UT 84101	PacifiCare of Utah		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Finance	Payroll Deduction	90.00 (\$30.00)
	Aggregate Year-to-Date > \$	360.00	Biweekly)
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Laurie Greenberg 525 Central Park Drive #350 Oklahoma City, OK 73105	PacifiCare of Oklahoma		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Medical	Payroll Deduction	120.00 (\$40.00)
	Aggregate Year-to-Date > \$	480.00	Biweekly)
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Kao 3120 Lake Center Drive Santa Ana, CA 92704	PacifiCare Health Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Vice Pres., Corp.	Payroll Deduction	90.00 (\$30.00)
	Aggregate Year-to-Date > \$	360.00	Biweekly)

SUBTOTAL of Receipts This Page (optional) 783.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 7
FOR LINE NUMBER 11 a 1

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)
PacifiCare Health Systems, Inc. PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kevin Mowl 3100 Lake Center Drive Santa Ana, CA 92704 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Secure Horizons USA	Payroll	60.00 (\$20.00 Biweekly)
	Occupation: Senior Consultant	Deduction	
Aggregate Year-to-Date > 6		240.00	
B. Full Name, Mailing Address and ZIP Code Sharon Ricciardi 3100 Lake Center Drive Santa Ana, CA 92704 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PacifiCare Health Systems	Payroll	60.00 (\$20.00 Biweekly)
	Occupation: Manager, Health Data	Deduction	
Aggregate Year-to-Date > 6		240.00	
C. Full Name, Mailing Address and ZIP Code DeAnn Warfel 525 Central Park Drive #350 Oklahoma City, OK 73105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PacifiCare of Oklahoma	Payroll	60.00 (\$20.00 Biweekly)
	Occupation: Director, Sales	Deduction	
Aggregate Year-to-Date > 6		240.00	
D. Full Name, Mailing Address and ZIP Code Mimi Haley 600 University Suite 700 Seattle, WA 98101 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PacifiCare of Washington	Payroll	60.00 (\$20.00 Biweekly)
	Occupation: Director, Regulatory	Deduction	
Aggregate Year-to-Date > 9		230.00	
E. Full Name, Mailing Address and ZIP Code Nancy Monk 5701 Katella Avenue Cypress, CA 90630 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PacifiCare of California	Payroll	60.00 (\$20.00 Biweekly)
	Occupation: Vice President, Gov't	Deduction	
Aggregate Year-to-Date > 8		220.00	
F. Full Name, Mailing Address and ZIP Code Geoffrey Macpherson 7525 S.E. 24th Mercer Island, WA 98040 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PacifiCare of Washington	Payroll	120.00 (\$40.00 Biweekly)
	Occupation: Director, Medical	Deduction	
Aggregate Year-to-Date > 8		360.00	
G. Full Name, Mailing Address and ZIP Code Barbara Blanchard 3100 Lake Center Drive Santa Ana, CA 92704 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	PacifiCare Health Systems	Payroll	150.00 (\$50.00 Biweekly)
	Occupation: Vice President, Human	Deduction	
Aggregate Year-to-Date > 4		330.00	

SUBTOTAL of Receipts This Page (optional) 570.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 7
FOR LINE NUMBER 11 a i

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)
PacifiCare Health Systems, Inc. PAC

A. Full Name, Mailing Address and ZIP Code Shirley Nelson 73 West Yale Loop Irvine, CA 92714 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare of California	Date (month, day, year) Payroll	Amount of Each Receipt this Period 30.00 (\$10.00 Biweekly)
	Occupation Director, Clinical &	Deduction Aggregate Year-to-Date > \$ 240.00	
B. Full Name, Mailing Address and ZIP Code W. Joseph Arbanas 5408 Bay Road Freeland, WA 98249 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare Health Systems	Date (month, day, year) Payroll	Amount of Each Receipt this Period 90.00 (\$30.00 Biweekly)
	Occupation Vice President, Human	Deduction Aggregate Year-to-Date > \$ 720.00	
C. Full Name, Mailing Address and ZIP Code Lauri Batterman 9819 Mistletoe Avenue Fountain Valley, CA 92708 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare Health Systems	Date (month, day, year) Payroll	Amount of Each Receipt this Period 30.00 (\$10.00 Biweekly)
	Occupation Senior Consultant	Deduction Aggregate Year-to-Date > \$ 240.00	
D. Full Name, Mailing Address and ZIP Code Robert Brunnett 18309 Santa Stephens Fountain Valley, CA 92708 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare Health Systems	Date (month, day, year) Payroll	Amount of Each Receipt this Period 30.00 (\$10.00 Biweekly)
	Occupation Director, Customer	Deduction Aggregate Year-to-Date > \$ 240.00	
E. Full Name, Mailing Address and ZIP Code Ronald Davis 8 Meadowgrass Irvine, CA 92714 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare Health Systems	Date (month, day, year) Payroll	Amount of Each Receipt this Period 120.00 (\$40.00 Biweekly)
	Occupation Senior Vice President,	Deduction Aggregate Year-to-Date > \$ 690.00	
F. Full Name, Mailing Address and ZIP Code Fred Deraney 3657 Cliffside Drive Rancho Palos Verdes, CA 90274 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare Health Systems	Date (month, day, year) Payroll	Amount of Each Receipt this Period 30.00 (\$10.00 Biweekly)
	Occupation Director, Human	Deduction Aggregate Year-to-Date > \$ 360.00	
G. Full Name, Mailing Address and ZIP Code Patricia Douglass 2068 Dublin Drive Glendale, CA 91206 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare Health Systems	Date (month, day, year) Payroll	Amount of Each Receipt this Period 150.00 (\$50.00 Biweekly)
	Occupation Director, Government	Deduction Aggregate Year-to-Date > \$ 1,100.00	

SUBTOTAL of Receipts This Page (optional) 480.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 6 OF 7
FOR LINE NUMBER 11 a i

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)
PacifiCare Health Systems, Inc. PAC

A. Full Name, Mailing Address and ZIP Code Gene Drabinski 2947 Calle Guadaluja San Clemente, CA 92673 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare Health Systems	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Vice President, Health	Payroll Deduction	90.00 (\$30.00)
Aggregate Year-to-Date > 6 720.00			Biweekly)
B. Full Name, Mailing Address and ZIP Code Robert Franklin 318 Snug Harbor Newport Beach, CA 92663 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare Health Systems	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Senior Vice President	Payroll Deduction	150.00 (\$50.00)
Aggregate Year-to-Date > 5 1,023.00			Biweekly)
C. Full Name, Mailing Address and ZIP Code Burke Gumbiner 371 Orchid Avenue Corona del Mar, CA 92625 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare Health Systems	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Conversion Executive	Payroll Deduction	75.00 (\$25.00)
Aggregate Year-to-Date > 8 550.00			Biweekly)
D. Full Name, Mailing Address and ZIP Code Joy Higa 2132-B Monterey Boulevard Hermosa Beach, CA 90254 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare Health Systems	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Project Manager	Payroll Deduction	15.00 (\$0.00)
Aggregate Year-to-Date > 3 260.00			Biweekly)
E. Full Name, Mailing Address and ZIP Code Leeba Lessin 13972 Midvale Whittier, CA 90602 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare Health Systems	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Vice President, Provider	Payroll Deduction	90.00 (\$30.00)
Aggregate Year-to-Date > 4 720.00			Biweekly)
F. Full Name, Mailing Address and ZIP Code Linda Lyons 14886 De La Valle Place Del Mar, CA 92014 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare Health Systems	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Senior Vice President,	Payroll Deduction	120.00 (\$40.00)
Aggregate Year-to-Date > 5 850.00			Biweekly)
G. Full Name, Mailing Address and ZIP Code Janet Newport 2421 East 16th Street #4 Newport Beach, CA 92663 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer PacifiCare Health Systems	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation Vice President,	Payroll Deduction	60.00 (\$20.00)
Aggregate Year-to-Date > 5 440.00			Biweekly)

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 7
FOR LINE NUMBER 11 a 1

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)
PacifiCare Health Systems, Inc. PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ben Singer 8204 Westlawn Avenue Los Angeles, CA 90701	PacifiCare Health Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Public Relations	Payroll Deduction	60.00 (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ 480.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Glean Terwilliger 29628 Woodbrook Drive Agoura Hills, CA 91301	PacifiCare Health Systems		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Underwriting, Vice	Payroll Deduction	60.00 (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ 480.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional) 120.00

TOTAL This Period (last page this line number only) 4,542.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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)
PacifiCare Health Systems, Inc. PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Easign for Senate 405 South Decatur Las Vegas, NV 89107	Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/15/98	-500.00
Easign for Senate 405 South Decatur Las Vegas, NV 89107	John Easign, U.S. HOUSE 1th NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/16/98	1,000.00
Friends of Rick White P. O. Box 8156 Kirkland, WA 98034	Rick White, U.S. HOUSE 1th WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/16/98	1,000.00
American Success PAC 1155 21st Street Suite 300 Washington, DC 20036	Rep. Dreier's leadership PAC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/16/98	1,000.00
The Rogan Campaign Committee P. O. Box 36 Montrose, CA 91021	James Rogan, U.S. HOUSE 27th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/21/98	1,000.00
Brian Bilbray for Congress 970 Seacoast Drive Imperial Beach, CA 91932	Brian Bilbray, U.S. HOUSE 49th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/21/98	1,000.00
George Radanovich for Congress 2037 W. Bullard Box 240 Fresno, CA 93711	George Radanovich, U.S. HOUSE 19th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/21/98	500.00
Christopher Cox Congressional Committee Post Office Box 8088-C Newport Beach, CA 92658	Christopher Cox, U.S. HOUSE 47th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/21/98	1,000.00
FRIENDS OF JENNIFER B DUNN 37 TATOOSH KEY BELLEVUE, WA 98006	Jennifer Dunn, U.S. HOUSE 8th WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/21/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)

7,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 23

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)
PacifiCare Health Systems, Inc. PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Friends of Ron Packard Post Office Box 2010 Mission Viejo, CA 92690	Ron Packard, U.S. HOUSE 48th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/21/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Matt Fong, U.S. Senate Committee 770 L Street Rm. 900 Sacramento, CA 95814	Matt Fong, U.S. SENATE CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/21/98	4,000.00
C. Full Name, Mailing Address and ZIP Code Wally Herger for Congress Committee P. O. Box 1500 Chico, CA 95927	Wally Herger, U.S. HOUSE 2nd CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/21/98	500.00
D. Full Name, Mailing Address and ZIP Code Mary Bono Campaign 1555 South Palm Canyon Suite D-105 Palm Springs, CA 92264	Mary Bono, U.S. HOUSE 44th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/21/98	500.00
E. Full Name, Mailing Address and ZIP Code Friends of Connie Mack P. O. Box 23264 Tampa, FL 33623-3264	Connie Mack, U.S. SENATE FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/21/98	1,000.00
F. Full Name, Mailing Address and ZIP Code J.D. Hayworth for Congress P. O. Box 14273 Scottsdale, AZ 85267	J.D. Hayworth, U.S. HOUSE 6th AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/23/98	1,000.00
G. Full Name, Mailing Address and ZIP Code Kolbe '98 4001 East Pima Tucson, AZ 85712	Kolbe, U.S. HOUSE 5th AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/23/98	500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	8,500.00
TOTAL This Period (last page this line number only)	15,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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)
PacifiCare Health Systems, Inc. PAC

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Leticia Van De Putte Campaign Fund 3718 Blanco Road Suite 2 San Antonio, TX 78212	Leticia Van de Putte, STATE HOUSE REP. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/29/98	500.00
B. Full Name, Mailing Address and ZIP Code Friends of Jeff Wentworth P. O. Box 6274 San Antonio, TX 78209-9861	Jeff Wentworth, STATE HOUSE REP. 25th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/19/98	250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	750.00
TOTAL This Period (last page this line number only)	750.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 12/1/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
AA PREPARER	12/5/98 DATE PREPARED