

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

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

FOR LINE NUMBER: PAGE 6 / 62

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) A. Howard G Phanstiel		Date of Receipt M / D / Y 08 / 22 / 2005
Mailing Address 137 N. Woodburn Drive		Transaction ID: 22659577
City Los Angeles	State CA	Zip Code 90049
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer PacifiCare Health Systems Inc	Occupation Chairman & CEO	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jacqueline B Kozecoff		Date of Receipt M / D / Y 08 / 28 / 2005
Mailing Address 1474 Bienveneda		Transaction ID: 22720800
City Pacific Palisades	State CA	Zip Code 90272
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer PacifiCare Health Systems Inc	Occupation EVP, Specialty Companies	Aggregate Year-to-Date ▼ 5000.00
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert S Brunnett		Date of Receipt M / D / Y 08 / 08 / 2005
Mailing Address 18308 Santa Stephana		Transaction ID: PRB25811112440
City Fountain Valley	State CA	Zip Code 92708
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Fin-II	Aggregate Year-to-Date ▼ 425.00
Receipt For: Primary General Other (specify) ▼		
		P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	10050.00
TOTAL This Period (last page this line number only)	▶	