

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

FEB 3 12 58 PM '98

1. NAME OF COMMITTEE (in full) WellPoint Health Networks "WELLPAC"		2. FEC IDENTIFICATION NUMBER C00197326
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 21555 Oxnard Street		
CITY, STATE and ZIP CODE Woodland Hills, CA 91367		3. <input checked="" type="checkbox"/> 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

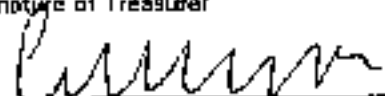
- Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>07/01/97</u> through <u>12/31/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>		\$ 16,793.66
(b) Cash on Hand at Beginning of Reporting Period	\$ 19,573.00	
(c) Total Receipts (from line 1B)	\$ 43,278.19	\$ 76,057.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 64,851.19	\$ 92,851.19
7. Total Disbursements (from Line 3D)	\$ 21,000.00	\$ 49,000.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 43,851.19	\$ 43,851.19
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
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
Cullen M. Lockett

Signature of Treasurer  Date 1/30/98

For further information:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

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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	REPORT COVERING PERIOD	
WellPoint Health Network "WBLI.PAC"	FROM: 07/01/97	TO: 12/31/97
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	30,452.16	41,891.27
ii. Unitemized	12,826.03	32,166.27
iii. Total (add i and ii) >	43,278.19	74,057.54
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add aiii, b and c) >	43,278.19	74,057.54
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	2,000.00	2,000.00
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) >	45,278.19	76,057.54
20. Total Federal Receipts (subtract line 18 from line 19) >	45,278.19	76,057.54
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, 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	21,000.00	49,000.00
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	0.00	0.00
30. Total Disbursements (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	21,000.00	49,000.00
31. Total Federal Disbursements (Subtract line 21 aii from line 30) >	21,000.00	49,000.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d)	43,278.19	74,057.54
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32)	43,278.19	74,057.54
35. Total Federal Operating Expenditures (add 21 ai 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 **16**
FOR LINE NUMBER **11 a :**

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

<p>A. Full Name, Mailing Address and Zip Code RICHARD RANELLI 2207 WESTSHORE LANE WESTLAKE VILLAGE, CA 91361</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation SR. VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 950.00</p>	<p>Amount of Each Receipt this Period</p> <p>494.00</p> <p>(\$38.00 Semimonth)</p>
<p>B. Full Name, Mailing Address and Zip Code HOWARD PHANSTIEL 4395 OAK PLACE DRIVE WESTLAKE VILLAGE, CA 91362</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation EXECUTIVE VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 864.00</p>	<p>Amount of Each Receipt this Period</p> <p>240.00</p> <p>(\$48.00 Semimonth)</p>
<p>C. Full Name, Mailing Address and Zip Code IVAN JACOBSON 2930 NEILSON WAY #506 SANTA MONICA, CA 90405</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation DIRECTOR</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 480.00</p>	<p>Amount of Each Receipt this Period</p> <p>220.00</p> <p>(\$20.00 Semimonth)</p>
<p>D. Full Name, Mailing Address and Zip Code ALICE ROSENBLATT 5948 ANNIE OAKLEY ROAD HIDDEN HILLS, CA 91302</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation SR. VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 840.00</p>	<p>Amount of Each Receipt this Period</p> <p>480.00</p> <p>(\$40.00 Semimonth)</p>
<p>E. Full Name, Mailing Address and Zip Code STEPHEN BARNES #114 38056 AGOURA RD AGOURA HILLS, CA 91301</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 650.00</p>	<p>Amount of Each Receipt this Period</p> <p>325.00</p> <p>(\$25.00 Semimonth)</p>
<p>F. Full Name, Mailing Address and Zip Code MICHAEL LOHNERG 29039 CATHERWOOD COURT AGOURA HILLS, CA 91301</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 545.52</p>	<p>Amount of Each Receipt this Period</p> <p>305.41</p> <p>(\$25.00 Semimonth)</p>
<p>G. Full Name, Mailing Address and Zip Code R KRETSCHMER 952 - 2ND STREET MANHATTAN BEACH, CA 90266</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 637.00</p>	<p>Amount of Each Receipt this Period</p> <p>377.00</p> <p>(\$29.00 Semimonth)</p>

SUB TOTAL of Receipts This Page (Optional).....> **2,441.41**

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 **16**
FOR LINE NUMBER **11 a 1**

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NAME OF COMMITTEE (In full)
WellPoint Health Networks "WELLPAC"

<p>A. Full Name, Mailing Address and Zip Code JOHN SIMON 10220 PRINCIPE PLACE CAMARILLO, CA 93012</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 624.00</p>	<p>Amount of Each Receipt this Period</p> <p>377.00</p> <p>(\$29.00)</p> <p>Semimonth</p>
<p>B. Full Name, Mailing Address and Zip Code THOMAS HELOTES 3760 LOCKERBIE LANE GLENDALE, CA 91208</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 600.00</p>	<p>Amount of Each Receipt this Period</p> <p>390.00</p> <p>(\$30.00)</p> <p>Semimonth</p>
<p>C. Full Name, Mailing Address and Zip Code KANDY WALDIE 25074 N TURKEY CREEK EVERGREEN, CO 80439</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 494.00</p>	<p>Amount of Each Receipt this Period</p> <p>247.00</p> <p>(\$19.00)</p> <p>Semimonth</p>
<p>D. Full Name, Mailing Address and Zip Code FRANK ETTIN 1643 ARCH STREET BERKELEY, CA 94709</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 625.00</p>	<p>Amount of Each Receipt this Period</p> <p>325.00</p> <p>(\$25.00)</p> <p>Semimonth</p>
<p>E. Full Name, Mailing Address and Zip Code SHWU-FEN SZE 26109 VEVA WAY CALABASAS, CA 91302</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation DIRECTOR</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 390.00</p>	<p>Amount of Each Receipt this Period</p> <p>195.00</p> <p>(\$15.00)</p> <p>Semimonth</p>
<p>F. Full Name, Mailing Address and Zip Code DEBORAH LACHMAN 21701 PACIFIC COAST HIGHWAY MALIBU, CA 90265</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation GENERAL MANAGER</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 480.22</p>	<p>Amount of Each Receipt this Period</p> <p>240.11</p> <p>(\$18.47)</p> <p>Semimonth</p>
<p>G. Full Name, Mailing Address and Zip Code MARY KEANE 2471 IVORY WAY OXNARD, CA 93030</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 601.00</p>	<p>Amount of Each Receipt this Period</p> <p>312.52</p> <p>(\$24.04)</p> <p>Semimonth</p>
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>2,086.63</p>
<p>TOTAL this Period (Last page this line number only).....></p>			<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 16
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELL.PAC"

<p>A. Full Name, Mailing Address and Zip Code ROBERT ELLIS 5595 SHOSHONE AVE SIMI VALLEY, CA 93063</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation GENERAL MANAGER</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 325.00 (\$25.00) Semi-monthly</p>
<p>B. Full Name, Mailing Address and Zip Code DAVID HELWIG 2244 SILVER SPRING DRIVE WESTLAKE VILLAGE, CA 91361</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation SR VICE PRESIDENT</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 624.00 (\$48.00) Semi-monthly</p>
<p>C. Full Name, Mailing Address and Zip Code JIM LOVING 635 FAIRVIEW AVENUE SIERRA MADRE, CA 91024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 325.00 (\$25.00) Semi-monthly</p>
<p>D. Full Name, Mailing Address and Zip Code JACQUELINE ANDERSON 6307 LANGHALL COURT AGOURA, CA 91301</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 450.00 (\$40.00) Semi-monthly</p>
<p>E. Full Name, Mailing Address and Zip Code PETER VORRISSES 1146 SIMMONS LN NOVATO, CA 94945</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation REGIONAL SALES MANAGER</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 195.00 (\$15.00) Semi-monthly</p>
<p>F. Full Name, Mailing Address and Zip Code JOSEPH NAVARRO 2000 CORPORATE CENTER DR NEWBURY PARK, CA 91320</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 314.00 (\$29.00) Semi-monthly</p>
<p>G. Full Name, Mailing Address and Zip Code HARRY CEASAR 13817 VALLEY VISTA BLVD SHERMAN OAKS, CA 91423</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 260.00 (\$20.00) Semi-monthly</p>

SUB TOTAL of Receipts This Page (Optional)..... > **2,493.00**

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 **16**
FOR LINE NUMBER **11 a 1**

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NAME OF COMMITTEE (In full)
WellPoint Health Networks "WELLPAC"

<p>A. Full Name, Mailing Address and Zip Code I. LEONARD SCHAEFFER 21555 OXNARD ST WOODLAND HILLS, CA 91367</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation CHAIRMAN AND CHIEF EXECUTIVE</p> <p>Aggregate Year-to-date > \$ 2,250.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>1,300.00 (\$100.00) Semimonthly</p>
<p>B. Full Name, Mailing Address and Zip Code WILLIAM OWEN 25922 SANTA SUSANA DRIVE SANTA CLARITA, CA 91321</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 456.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>144.00 (\$24.00) Semimonthly</p>
<p>C. Full Name, Mailing Address and Zip Code REBECCA KAPUSTAY 3107 SEA VIEW AVENUE VENTURA, CA 93001</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation SENIOR VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 1,248.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>624.00 (\$48.00) Semimonthly</p>
<p>D. Full Name, Mailing Address and Zip Code GEORGE STEINHOFF 23619 WHITE OAK CT NEWHALL, CA 91321</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 624.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>312.00 (\$24.00) Semimonthly</p>
<p>E. Full Name, Mailing Address and Zip Code GREG BAIRD 25202 BENTWOOD LAGUNA NIGUEL, CA 92677</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation SR. VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 988.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>494.00 (\$38.00) Semimonthly</p>
<p>F. Full Name, Mailing Address and Zip Code LINDA PAHL 938 18TH STREET HERMOSA BEACH, CA 90254</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 550.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>290.00 (\$25.00) Semimonthly</p>
<p>G. Full Name, Mailing Address and Zip Code DAVID TANTON 408 BLACKHAWK DRIVE NEWBURY PARK, CA 91320</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE</p> <p>Occupation GENERAL MANAGER</p> <p>Aggregate Year-to-date > \$ 650.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>325.00 (\$25.00) Semimonthly</p>
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>3,489.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code HOWARD COHEN 1620 FORDHAM AV THOUSAND OAKS, CA 91360	Name of Employer Blue Cross of California	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation DIRECTOR	Payroll Deduction	195.00 (\$15.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 390.00		
B. Full Name, Mailing Address and Zip Code RONALD RAGLAND 4941 INADALE AVENUE LOS ANGELES, CA 90043	Name of Employer Blue Cross of California	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation VICE PRESIDENT	Payroll Deduction	494.00 (\$38.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 988.00		
C. Full Name, Mailing Address and Zip Code GENE HOUSEHOLTER 6016 LITTLE OAK LANE WOODLAND HILLS, CA 91367	Name of Employer Blue Cross of California	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation GENERAL MANAGER	Payroll Deduction	370.00 (\$30.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 695.00		
D. Full Name, Mailing Address and Zip Code NELSON KAHN 5606 LAUREL BLUFF AGOURA HILLS, CA 91301	Name of Employer Blue Cross of California	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation VICE PRESIDENT	Payroll Deduction	325.00 (\$25.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 650.00		
E. Full Name, Mailing Address and Zip Code MICHAEL HIGGINS 28013 ELLIS CT SANTA CLARITA, CA 91350	Name of Employer Blue Cross of California	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation GENERAL MANAGER	Payroll Deduction	357.00 (\$29.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 682.00		
F. Full Name, Mailing Address and Zip Code PATRICIA DUCHARME 4324 N SKYLARK MOORPARK, CA 93021	Name of Employer Blue Cross of California	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation DIRECTOR	Payroll Deduction	247.00 (\$19.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 475.00		
G. Full Name, Mailing Address and Zip Code JOAN SOFEN 4342 NATOMA AVE WOODLAND HILLS, CA 91364	Name of Employer Blue Cross of California	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation DIRECTOR	Payroll Deduction	195.00 (\$15.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 390.00		

SUB TOTAL of Receipts This Page (Optional).....	2,183.00
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 16

FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

<p>A. Full Name, Mailing Address and Zip Code JOYCE LI 330 ANITA DRIVE PASADENA, CA 91105</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 520.00</p>	<p>Amount of Each Receipt this Period</p> <p>260.00</p> <p>(\$20.00)</p> <p>Semimonth</p>
<p>B. Full Name, Mailing Address and Zip Code ROBERT ANDERSON 52 CLAREMONT NEWPORT BEACH, CA 92657</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 624.00</p>	<p>Amount of Each Receipt this Period</p> <p>312.00</p> <p>(\$24.00)</p> <p>Semimonth</p>
<p>C. Full Name, Mailing Address and Zip Code PATRICK O'BRIEN 11117 TERRACERIDGE RD MOORPARK, CA 93021</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 624.00</p>	<p>Amount of Each Receipt this Period</p> <p>312.00</p> <p>(\$24.00)</p> <p>Semimonth</p>
<p>D. Full Name, Mailing Address and Zip Code RAYMOND PIKE #3 840 VENICE BLVD VENICE, CA 90291</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 520.00</p>	<p>Amount of Each Receipt this Period</p> <p>260.00</p> <p>(\$20.00)</p> <p>Semimonth</p>
<p>E. Full Name, Mailing Address and Zip Code M DOYLE 10105 WATERSIDE DR BURKE, VA 22015</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation DIRECTOR</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 520.00</p>	<p>Amount of Each Receipt this Period</p> <p>260.00</p> <p>(\$40.00)</p> <p>Semimonth</p>
<p>F. Full Name, Mailing Address and Zip Code ANDREW MORRISON 355 MEDEA CREEK LANE AGOURA, CA 91301</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 620.00</p>	<p>Amount of Each Receipt this Period</p> <p>360.00</p> <p>(\$30.00)</p> <p>Semimonth</p>
<p>G. Full Name, Mailing Address and Zip Code JACQUELINE ANDERSON #4 10031 LARWIN AVE CHATSWORTH, CA 91311</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation GENERAL MANAGER</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 480.22</p>	<p>Amount of Each Receipt this Period</p> <p>240.11</p> <p>(\$18.47)</p> <p>Semimonth</p>

SUB TOTAL of Receipts This Page (Optional).....> **2,004.11**

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	DF
7	16
FOR LINE NUMBER	
11 & i	

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NAME OF COMMITTEE (In full)
WellPoint Health Networks "WRLLPAC"

A. Full Name, Mailing Address and Zip Code JOHN GARNER 10211 VALLEY SPRING LN TOLUCA LAKE, CA 91602	Name of Employer WellPoint Health Networks	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 624.00 (\$48.00 Semimonth)
	Occupation SR VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,248.00		
B. Full Name, Mailing Address and Zip Code JAMES MILLER 344 INVERNESS LN LONGMEADOW, MA 01106	Name of Employer UNICARE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 400.00 (\$50.00 Semimonth)
	Occupation WORK COMP INVESTOR	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,100.00		
C. Full Name, Mailing Address and Zip Code SUSAN BLAIS 28 FLINTLOCK LANE BELL CANYON, CA 91307	Name of Employer UNICARE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 812.50 (\$62.50 Semimonth)
	Occupation VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,562.50		
D. Full Name, Mailing Address and Zip Code APRIL CHOI 23919 DEER LICK DRIVE WEST HILLS, CA 91304	Name of Employer UNICARE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 247.00 (\$19.00 Semimonth)
	Occupation VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 494.00		
E. Full Name, Mailing Address and Zip Code WILLIAM ROTH 5685 WALNUT RIDGE DRIVE AGOURA HILLS, CA 91301	Name of Employer UNICARE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 240.11 (\$18.47 Semimonth)
	Occupation GENERAL MANAGER	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 480.22		
F. Full Name, Mailing Address and Zip Code JEFFREY CRIPPTEN 3074 LAKEVIEW DR METROPOLIS, IL 62960	Name of Employer UNICARE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 356.00 (\$32.00 Semimonth)
	Occupation VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 616.00		
G. Full Name, Mailing Address and Zip Code DAVID LUDWIG 3107 SEAVIEW AVE VENTURA, CA 93001	Name of Employer UNICARE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 624.00 (\$48.00 Semimonth)
	Occupation SR. VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,248.00		

SUB TOTAL of Receipts This Page (Optional).....> 3,303.61

TOTAL this Period (Last page this line number only).....>

SCHEDULE A

ITEMIZED RECEIPTS

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)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code THOMAS LEVIN P O BOX 2442 MALIBU, CA 90265	Name of Employer UNICARE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 754.00 (\$58.00)
	Occupation SR. VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,508.00		Semimonth)
B. Full Name, Mailing Address and Zip Code MAX BROWN 4514 RAYBURN WESTLAKE VILLAGE, CA 91362	Name of Employer UNICARE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 195.00 (\$15.00)
	Occupation SR. VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 390.00		Semimonth)
C. Full Name, Mailing Address and Zip Code JEFFREY WOFFORD 91 WINDHAM DRIVE EAST LONGMEADOW, MA 01028	Name of Employer UNICARE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 280.00 (\$25.00)
	Occupation VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 540.00		Semimonth)
D. Full Name, Mailing Address and Zip Code DENNIS WEINBERG 10641 CHIPPENHAM CAMARILLO, CA 93012	Name of Employer UNICARE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 1,950.00 (\$150.00)
	Occupation PRESIDENT- UNICARE	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 3,900.00		Semimonth)
E. Full Name, Mailing Address and Zip Code RYAN TRIMBLE 27342 LOST COLT DRIVE LAGUNA HILLS, CA 92653	Name of Employer UNICARE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 650.00 (\$50.00)
	Occupation SR. VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,300.00		Semimonth)
F. Full Name, Mailing Address and Zip Code WILLIAM JACKSON 1460 FORREST KNOLL DRIVE AGOURA, CA 91301	Name of Employer UNICARE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 260.00 (\$20.00)
	Occupation GENERAL MANAGER	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 520.00		Semimonth)
G. Full Name, Mailing Address and Zip Code JOSEPH ZOYZOUNIS 10 POWERS DRIVE WILBRAHAM, MA 01095	Name of Employer UNICARE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 240.11 (\$18.47)
	Occupation VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 480.22		Semimonth)
SUB TOTAL of Receipts This Page (Optional)>			4,329.11
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 9 OF 16
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WRLLPAC"

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
TERESITA MAYR 7311 HYANNIS DRIVE CANOGA PARK, CA 91307	UNICARE Occupation VICE PRESIDENT	 Payroll Deduction	 300.04 (\$23.08 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 600.00		
CHERYL NONCARRROW 2712 ARNOLDSON AVE SAN DIEGO, CA 92122	UNICARE Occupation GENERAL MANAGER	 Payroll Deduction	 500.00 (\$0.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
WILLIAM COLLINS 1731 CROOKED TRAIL PLACE WESTLAKE VILLAGE, CA 91362	UNICARE Occupation GENERAL MANAGER	 08/01/97 Payroll Deduction	 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,000.00		
ROLLIN LACY 199 MASSACHUSETTS AVE 1102 BOSTON, MA 02115	UNICARE Occupation SENIOR VICE PRESIDENT	 Payroll Deduction	 500.00 (\$50.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 700.00		
JOHN CYGUL 1629 CASTLEHILL COURT WESTLAKE VILLAGE, CA 91361	WellPoint Health Networks Occupation VICE PRESIDENT	 Payroll Deduction	 225.00 (\$25.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 425.00		
J VAN BERKEM 23477 PARK COLOMBO CALABASAS, CA 91302	WellPoint Health Networks Occupation SR. VICE PRESIDENT	 Payroll Deduction	 432.00 (\$48.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 624.00		
PEGGY STOREY 9570 HILLHAVEN AVE TUJUNGA, CA 91042	Blue Cross of California Occupation DIRECTOR	 Payroll Deduction	 103.95 (\$11.55 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 300.30		

SUB TOTAL of Receipts This Page (Optional).....> 3,060.99

TOTAL this Period (Last page this line number only).....>

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code BARBARA LYNCH #124 21535 ERWIN STREET WOODLAND HILLS, CA 91367	Name of Employer Blue Cross of California	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 152.00 (\$19.00 Semimonth)
	Occupation VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 350.00		
B. Full Name, Mailing Address and Zip Code KENNETH ZUREK 1259 LAMONT AVENUE THOUSAND OAKS, CA 91362	Name of Employer WellPoint Health Networks	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 200.00 (\$25.00 Semimonth)
	Occupation VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 400.00		
C. Full Name, Mailing Address and Zip Code JOHN KALB 34781 CAMINO CAPISTRANO CAPISTRANO BEACH, CA 92624	Name of Employer UNICARE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 140.00 (\$20.00 Semimonth)
	Occupation GENERAL MANAGER	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 340.00		
D. Full Name, Mailing Address and Zip Code YOUSSEF TOWLIATI #2 2450 E DEL MAR PASADENA, CA 91107	Name of Employer Blue Cross of California	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 175.00 (\$25.00 Semimonth)
	Occupation DIRECTOR	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 375.00		
E. Full Name, Mailing Address and Zip Code RICKEY SIMMONS 2825 PLAZA DEL AMO #147 TORRANCE, CA 90503	Name of Employer WellPoint Health Networks	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 133.00 (\$19.00 Semimonth)
	Occupation VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 323.00		
F. Full Name, Mailing Address and Zip Code MARY MARTIN 2408 EAST 1ST STREET LONG BEACH, CA 90803	Name of Employer Blue Cross of California	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00 (\$10.00 Semimonth)
	Occupation GENERAL MANAGER	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		
G. Full Name, Mailing Address and Zip Code WILLIAM HALBERT 1325 PITCARIN PLACE LAGUNA BEACH, CA 92651	Name of Employer Blue Cross of California	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00 (\$10.00 Semimonth)
	Occupation VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		
SUB TOTAL of Receipts This Page (Optional).....>			920.00
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	OF
11	16
FOR LINE NUMBER	
11 a j	

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

<p>A. Full Name, Mailing Address and Zip Code PAIGE ROTHERMEL 2958 SAPRA ST THOUSAND OAKS, CA 91362</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation DIRECTOR</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 260.00</p>	<p>Amount of Each Receipt this Period</p> <p>60.00</p> <p>(\$10.00 Semimonth)</p>
<p>B. Full Name, Mailing Address and Zip Code ROBERT MICHAEL 22831 CEDAR SPRING LAKE FOREST, CA 92630</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation REG SALES MGR</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 260.00</p>	<p>Amount of Each Receipt this Period</p> <p>60.00</p> <p>(\$10.00 Semimonth)</p>
<p>C. Full Name, Mailing Address and Zip Code SABRY MOUSSA 3418 LOWRY RD LOS ANGELES, CA 90027</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation MANAGER</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 260.00</p>	<p>Amount of Each Receipt this Period</p> <p>60.00</p> <p>(\$10.00 Semimonth)</p>
<p>D. Full Name, Mailing Address and Zip Code SCOTT BENICK 1124 GREENACRE AVENUE LOS ANGELES, CA 90046</p> <p>Receipts For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 260.00</p>	<p>Amount of Each Receipt this Period</p> <p>60.00</p> <p>(\$10.00 Semimonth)</p>
<p>E. Full Name, Mailing Address and Zip Code ROBERT TRAINOR 1735 DRUMCLIFF CT WESTLAKE VILLAGE, CA 91360</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation MANAGER</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 260.00</p>	<p>Amount of Each Receipt this Period</p> <p>60.00</p> <p>(\$10.00 Semimonth)</p>
<p>F. Full Name, Mailing Address and Zip Code ROBERT MARSHALL 1148 BRYSON AVE SIMI VALLEY, CA 93065</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation MANAGER</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 260.00</p>	<p>Amount of Each Receipt this Period</p> <p>60.00</p> <p>(\$10.00 Semimonth)</p>
<p>G. Full Name, Mailing Address and Zip Code MARGARET SANCES 6424 FRANRIVERS CANOGA PARK, CA 91304</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation SUPERVISOR</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p> <p>Aggregate Year-to-date > \$ 260.00</p>	<p>Amount of Each Receipt this Period</p> <p>60.00</p> <p>(\$10.00 Semimonth)</p>
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>420.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code DONNIE DYER 427 WELLS LANE RIPON, CA 95366	Name of Employer Blue Cross of California	Date (Month day, Year)	Amount of Each Receipt this Period Payroll Deduction (\$10.00)
	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Semimonth
B. Full Name, Mailing Address and Zip Code JANICE GIVENS 6704 SHOUP AVE WEST HILLS, CA 91307	Name of Employer Blue Cross of California	Date (Month day, Year)	Amount of Each Receipt this Period Payroll Deduction (\$10.00)
	Occupation MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Semimonth
C. Full Name, Mailing Address and Zip Code MARK KELLIM 938 ERLINGER ROAD SIMI VALLEY, CA 93065	Name of Employer Blue Cross of California	Date (Month day, Year)	Amount of Each Receipt this Period Payroll Deduction (\$10.00)
	Occupation DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Semimonth
D. Full Name, Mailing Address and Zip Code ANGEL HOYHANESSIAN 22325 ERWIN ST WOODLAND HILLS, CA 91367	Name of Employer Blue Cross of California	Date (Month day, Year)	Amount of Each Receipt this Period Payroll Deduction (\$25.00)
	Occupation DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 350.00		Semimonth
E. Full Name, Mailing Address and Zip Code EDWARD GOLDSTEIN 17730 KINSBURY ST #4 GRANADA HILLS, CA 91344	Name of Employer Blue Cross of California	Date (Month day, Year)	Amount of Each Receipt this Period Payroll Deduction (\$10.00)
	Occupation SR PROGRAMMER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Semimonth
F. Full Name, Mailing Address and Zip Code LISA REHBURG #2103 2323 N. CENTRAL AVENUE PHOENIX, AZ 85004	Name of Employer Blue Cross of California	Date (Month day, Year)	Amount of Each Receipt this Period Payroll Deduction (\$10.00)
	Occupation DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Semimonth
G. Full Name, Mailing Address and Zip Code RUSSELL BRETALL 20557 CAITLIN LANE SAUGUS, CA 91351	Name of Employer Blue Cross of California	Date (Month day, Year)	Amount of Each Receipt this Period Payroll Deduction (\$10.00)
	Occupation DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Semimonth

SUB TOTAL of Receipts This Page (Optional)..... > **510.00**

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 OF
13 16
FOR LINE NUMBER
11 of 1

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

<p>A. Full Name, Mailing Address and Zip Code STEVEN DUCCHARME 4324 N SKYLARK MOORPARK, CA 93021</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation DIRECTOR</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$10.00 Semimonth)</p>
<p>B. Full Name, Mailing Address and Zip Code JOHN LESLIE 3118 BIANCA CIRCLE SIMI VALLEY, CA 93063</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation MANAGER</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$10.00 Semimonth)</p>
<p>C. Full Name, Mailing Address and Zip Code ERDOGAN CHAKIN 9547 VIA VENEZIA BURBANK, CA 91504</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation MANAGER</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$10.00 Semimonth)</p>
<p>D. Full Name, Mailing Address and Zip Code CHARLES MUSE 2 SUNSET ROCK RD WILBRAHAM, MA 01095</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$10.00 Semimonth)</p>
<p>E. Full Name, Mailing Address and Zip Code PETER KENNY 727 NORTH VALLEJO ST BREA, CA 92621</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation DIRECTOR</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$10.00 Semimonth)</p>
<p>F. Full Name, Mailing Address and Zip Code JAMES MILLER 344 INVERNESS LN LONGMEADOW, MA 01106</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE</p> <p>Occupation WORK COMP INVESTOR</p>	<p>Date (Month day, Year) 10/14/97</p>	<p>Amount of Each Receipt this Period 50.00</p>
<p>G. Full Name, Mailing Address and Zip Code PAMELA JONES 515 FLORAL PARK TERRACE SOUTH PASADENA, CA 91030</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation DIRECTOR</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 95.00 (\$19.00 Semimonth)</p>

SUB TOTAL of Receipts This Page (Optional) > 445.00

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 14 OF 16
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code BARBARA DAYE DIBBLE 1304 PEARTREE COURT CROFTON, MD 21114		Name of Employer Blue Cross of California Occupation DIRECTOR	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 46.15 (\$9.23) Semimonthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 239.98		
B. Full Name, Mailing Address and Zip Code JOHN MONAHAN 6373 KERRYHILL COURT AGOURA HILLS, CA 91301		Name of Employer Blue Cross of California Occupation GENERAL MANAGER	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 160.00 (\$32.00) Semimonthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 346.00		
C. Full Name, Mailing Address and Zip Code PAMELA KEHALY 30852 AGOURA ROAD D7 AGOURA, CA 91301		Name of Employer Blue Cross of California Occupation VICE PRESIDENT	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 95.00 (\$19.00) Semimonthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 286.00		
D. Full Name, Mailing Address and Zip Code ROBERT SCARLETT 2732 NINTH AVE SACRAMENTO, CA 95818		Name of Employer WellPoint Health Networks Occupation VICE PRESIDENT	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 46.15 (\$9.23) Semimonthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 239.98		
E. Full Name, Mailing Address and Zip Code JAMES BROWN 42199 CRESTVIEW CIRCLE NORTHVILLE, MI 48167		Name of Employer UNICARE Occupation SECOND VICE PRESIDENT	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 125.00 (\$25.00) Semimonthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 325.00		
F. Full Name, Mailing Address and Zip Code ROBERT MORAN 1ST FLOOR 9 E HURON ST CHICAGO, IL 60611		Name of Employer UNICARE Occupation SUPERVISOR	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 50.00 (\$10.00) Semimonthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
G. Full Name, Mailing Address and Zip Code THOMAS FARRO 2525 WORTHINGTON ROAD AKRON, OH 44313		Name of Employer Blue Cross of California Occupation REGIONAL SALES DIRECTOR	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 50.00 (\$10.00) Semimonthly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
SUB TOTAL of Receipts This Page (Optional)>				572.30
TOTAL this Period (Last page this line number only)>				

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code DAVID COLBY 177 HUMBOLDT DENVER, CO 80218		Name of Employer WellPoint Health Networks	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 200.00 (\$50.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation EXECUTIVE VICE PRESIDENT	Aggregate Year-to-date > \$ 400.00	
B. Full Name, Mailing Address and Zip Code MARK GRANOFF #112 311 BORA BORA WAY MARINA DEL REY, CA 90292		Name of Employer Blue Cross of California	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 116.00 (\$29.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation DIRECTOR	Aggregate Year-to-date > \$ 290.00	
C. Full Name, Mailing Address and Zip Code ALLAN ROTH 1222B WESTLAKE BOULEVARD WESTLAKE VILLAGE, CA 91361		Name of Employer UNICARE	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 76.00 (\$19.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation VICE PRESIDENT	Aggregate Year-to-date > \$ 266.00	
D. Full Name, Mailing Address and Zip Code RONALD SMITH 21509 WINTERSET DRIVE SAUGUS, CA 91350		Name of Employer Blue Cross of California	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 72.00 (\$18.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation ADMIN SUPPORT	Aggregate Year-to-date > \$ 270.00	
E. Full Name, Mailing Address and Zip Code SHARON SMITH 2111 FITZGERALD ROAD SIMI VALLEY, CA 93065		Name of Employer Blue Cross of California	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 60.00 (\$20.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation DIRECTOR	Aggregate Year-to-date > \$ 260.00	
F. Full Name, Mailing Address and Zip Code JIN-DIH SHIH 5526 NORTH JOHN DODSON DR AGOURA HILLS, CA 91301		Name of Employer WellPoint Health Networks	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 30.00 (\$15.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation VICE PRESIDENT	Aggregate Year-to-date > \$ 230.00	
G. Full Name, Mailing Address and Zip Code LAWRENCE KIMMELMAN 2727 AUTUMN RIDGE DR THOUSAND OAKS, CA 91362		Name of Employer Occupation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 50.00 (\$25.00 Semimonth)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 240.00		

SUB TOTAL of Receipts This Page (Optional).....> **604.00**

TOTAL this Period (Last page this line number only).....>

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
WellPoint Health Networks "WELLFAC"

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
SUSAN TOUSIGNANT 7 ASHTON LN SOUTH HADLEY, MA 01075	UNICARE		Payroll Deduction (\$20.00)
	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 240.00		Semimonthly
RON WILLIAMS 21555 OXNARD ST. WOODLAND HILLS, CA 91367	Blue Cross of California	12/26/97	Payroll Deduction 1,500.00
	Occupation PRESIDENT CA BUSINESSES		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,500.00		Semimonthly
RUBY GALANTO 27712 LONESTAR PL CASTAIC, CA 91384	Blue Cross of California		Payroll Deduction (\$8.00)
	Occupation MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 208.00		Semimonthly
ALEXANDER CUNNINGHAM 2798 WHITE RIDGE PLACE #22 THOUSAND OAKS, CA 91362	Blue Cross of California		Payroll Deduction (\$20.00)
	Occupation DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 220.00		Semimonthly
HARVEY BURNS 552 STRAUSS DRIVE NEWBURY PARK, CA 91320	Blue Cross of California		Payroll Deduction (\$14.00)
	Occupation MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 210.00		Semimonthly
KEITH WOLFE 4573 DOGWOOD AVENUE SEAL BEACH, CA 90740			Payroll Deduction (\$8.00)
	Occupation DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 208.00		Semimonthly
G. Full Name, Mailing Address and Zip Code _____ _____ _____	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
SUB TOTAL of Receipts This Page (Optional).....>			1,590.00
TOTAL this Period (Last page this line number only).....>			30,452.16

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in full)
 WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code Bank of America		Name of Employer	Date (Month day, Year) 12/19/97	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998		Occupation	Aggregate Year-to-date > \$	2,000.00
B. 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 > \$	
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 > \$	
SUB TOTAL of Receipts This Page (Optional).....>				2,000.00
TOTAL this Period (Last page this line number only).....>				2,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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NAME OF COMMITTEE (in Full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
LUCILLE ROYBAL-ALLARD FOR CONGRESS P.O. BOX 2884 WASHINGTON, DC 20013	ROYBAL-ALLARD, U.S. HOUSE 33rd CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/11/97	500.00
Ken Armbrister Campaign for Senate 3205 E Mockingbird Lane Victoria, TX 77904	ARMBRISTER, U.S. SENATE TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/27/97	1,500.00
BLUE CROSS BLUE SHIELD ASSOCIATION 1310 G. Street N.W. 12th Floor Washington, DC 20005	Contribution to Care-PAC Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	07/29/97	4,000.00
RE-ELECT BRIAN BILBRAY FOR CONGRESS 4451 BROOKFIELD CORP. DR. STE 200 CHANTILLY, VA 20151-1652	Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/10/97	500.00
George Bush Committee 807 BRAZOS SUITE 800 AUSTIN, TX 78701	BUSH, GOVERNOR TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/02/97	1,000.00
CONGRESSMAN CAL DOOLEY CAMPAIGN 44 CANAL CENTER PLAZA, STE.400 ALEXANDRIA, VA 22314	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/30/97	-500.00
Democratic Senatorial Campaign Committee 430 S. Capitol Street Washington, DC 20003	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/26/97	1,000.00
Craig Eiland Campaign Committee 217 23rd Street Galveston, TX 77550	Eiland, STATE HOUSE REP. TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	08/26/97	750.00
John Ensign for Congress 413 South Decatur Blvd Las Vegas, NV 89107	John Ensign, U.S. HOUSE 1st NV Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/26/97	1,000.00

SUB TOTAL of Disbursements this page (Optional).....> 9,750.00

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

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NAME OF COMMITTEE (in Full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
FAZIO FOR CONGRESS P.O. BOX 990 WASHINGTON, DC 20044	Vic Fazio, U.S. HOUSE 3rd CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/19/97	2,000.00
FAZIO FOR CONGRESS P.O. BOX 990 WASHINGTON, DC 20044	Voided Check Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	12/30/97	-2,000.00
Friends of Newt Gingrich P.O. Box 1399 Roswell, GA 30077	Newt Gingrich, U.S. HOUSE 6th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/07/97	1,000.00
Capital Committee 9115 Westerholme Way Vienna, VA 22182	Orrin G. Hatch, U.S. SENATE UT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/07/97	750.00
HIPAC 555 13TH ST. N.W. STE 600 WASHINGTON, DC 20004-1109	 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	08/04/97	2,500.00
HIPAC 555 13TH ST. N.W. STE 600 WASHINGTON, DC 20004-1109	 Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	09/10/97	2,500.00
LEWIS FOR CONGRESS COMMITTEE P.O. BOX 247 REDLANDS, CA 92373	Jerry Lewis, U.S. HOUSE 40th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/10/97	500.00
BOB MATSUI FOR CONGRESS 5501 CHEROKEE AVE SUITE 112 ALEXANDRIA, VA 22312	Robert T. Matsui, U.S. HOUSE 5th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/26/97	1,000.00
BUCK MCKEON FOR CONGRESS P.O. BOX 2071 SANTA CLARITA, CA 91386	Howard P. "Buck" McKeon, U.S. HOUSE 25th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/10/97	500.00

SUB TOTAL of Disbursements this page (Optional).....> **8,750.00**

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
WellPoint Health Networks "WELLPAC"

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Friends of Senator Don Nickles P.O. Box 1549 Ponca City, OK 74602	Don Nickles, U.S. SENATE OK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/26/97	1,000.00
B. Full Name, Mailing Address and Zip Code Committee for Loretta Sanchez 38 Ivy Street, S.E. Washington, DC 20003	Sanchez, U.S. HOUSE CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/23/97	500.00
C. Full Name, Mailing Address and Zip Code Upton for All of Us 4451 Brookfield Corporate Dr. Suite 200 Chantilly, VA 20151-1652	Fred Upton, U.S. HOUSE 6th MI Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/10/97	500.00
D. Full Name, Mailing Address and Zip Code WOOLSEY FOR CONGRESS P.O. BOX 750176 PETALUMA, CA 94975	Lynn Woolsey, U.S. HOUSE 6th CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/10/97	500.00
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 Disb. 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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	2,500.00
TOTAL this Period (Last page this line number only).....>	21,000.00

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
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