

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

ADDRESS (number and street) 5995 Plaza Drive, M/S CY20-536  
 Check if different than previously reported. (ACC)  
Cypress CA 90630

2. **FEC IDENTIFICATION NUMBER** C00240903  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 12 01 2005 through 12 31 2005

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 Janet Newport

Signature of Treasurer Electronically Filed by Janet Newport Date 03 14 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>5</td></tr></table>	Y	Y	Y	Y	2	0	0	5		59185.71
Y	Y	Y	Y							
2	0	0	5							
(b) Cash on Hand at Beginning of Reporting Period .....	64953.72									
(c) Total Receipts (from Line 19) .....	17507.00	233225.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	82460.72	292410.72								
7. Total Disbursements (from Line 31) .....	33000.00	242950.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	49460.72	49460.72								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	5

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	14709.00	144817.50
(i) Itemized (use Schedule A) .....	2798.00	65170.50
(ii) Unitemized .....	17507.00	209988.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	17507.00	209988.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	23087.01
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	150.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	17507.00	233225.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	17507.00	233225.01

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>II. DISBURSEMENTS</b>	<b>COLUMN A</b> Total This Period	<b>COLUMN B</b> Calendar Year-to-Date
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 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	30000.00	210800.00
24. Independent Expenditure (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 Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	3000.00	32150.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	33000.00	242950.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	33000.00	242950.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3 .....	17507.00	209988.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17507.00	209988.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Gregory Wright</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925810313239	
Mailing Address 13901 Mauve Drive		Amount of Each Receipt this Period 50.00	
City State Zip Code Santa Ana CA 92705	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Network Dev & Mgmt	P/R Deduction (\$25.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 298.00		

Full Name (Last, First, Middle Initial) <b>B. Lauri N Batterman</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925810913239	
Mailing Address 9819 Mistletoe Ave.		Amount of Each Receipt this Period 20.00	
City State Zip Code Fountain Valley CA 92708	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation Consult-Sr	P/R Deduction (\$10.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>C. Robert S Brummett</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925811113239	
Mailing Address 18309 Santa Stephana		Amount of Each Receipt this Period 50.00	
City State Zip Code Fountain Valley CA 92708	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Fin-II	P/R Deduction (\$50.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	120.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Janet G Newport		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925812813239	
Mailing Address 2421 East 16Th Street #4 #4		Amount of Each Receipt this Period 120.00	
City Newport Beach	State CA	Zip Code 92663	P/R Deduction (\$60.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 1560.00	
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Govt Reltns-II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Glenn Terwilliger		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925813113239	
Mailing Address 29628 Woodbrook Dr.		Amount of Each Receipt this Period 270.00	
City Agoura Hills	State CA	Zip Code 91301	P/R Deduction (\$135.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 2205.00	
Name of Employer PacifiCare Health Systems Inc	Occupation SVP, Pricing/Underwrtnng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Steven M Tucker		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925813213239	
Mailing Address 2422 N. Eaton Ct.		Amount of Each Receipt this Period 192.00	
City Orange	State CA	Zip Code 92867	P/R Deduction (\$96.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 1806.00	
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Govt Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	582.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Sharon A Ricciuti		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925885713239	
Mailing Address 3301 S Bear St #35R		Amount of Each Receipt this Period 40.00	
City State Zip Code Santa Ana CA 92704	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, QI-II	P/R Deduction (\$20.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Alice A Kuchinskas		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925886613239	
Mailing Address 4455 Elm Av		Amount of Each Receipt this Period 20.00	
City State Zip Code Long Beach CA 90807	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Netwk Mgmt/Contracting-I	P/R Deduction (\$10.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Nancy J Monk		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925886713239	
Mailing Address 12271 Chianti Dr.		Amount of Each Receipt this Period 100.00	
City State Zip Code Los Alamitos CA 90720	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Govt Reltns-II	P/R Deduction (\$50.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Heather M Mace-Meador		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925887713239
Mailing Address 13531 Carlton Oaks		Amount of Each Receipt this Period 80.00
City State Zip Code San Antonio TX 78232	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc Dir, Appeals-II	Aggregate Year-to-Date 1040.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>B.</b> Kathie L Bryan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925888413239
Mailing Address 912 Joshua Place		Amount of Each Receipt this Period 50.00
City State Zip Code San Diego CA 92154	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc Consult-Sr	Aggregate Year-to-Date 650.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) <b>C.</b> William Cunningham, MD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925888713239
Mailing Address 26321 Cannes		Amount of Each Receipt this Period 40.00
City State Zip Code Mission Viejo CA 92692	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc Dir, Med	Aggregate Year-to-Date 520.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	170.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Pamela S Leal		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 8371 Clarkdale		<b>Transaction ID:</b> PR925888913239		
City State Zip Code Huntington Beach CA 92646	Amount of Each Receipt this Period _____ 20.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 260.00		
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Netwk Mgmt/Contracting-II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B.</b> Bruce B Fallik		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 530 Orpheus Avenue		<b>Transaction ID:</b> PR924554213239		
City State Zip Code Encinitas CA 92024	Amount of Each Receipt this Period _____ 40.00		P/R Deduction (\$20.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 520.00		
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Pharm Svc-II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C.</b> Craig E Winkler		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 4320 Myrtle Ave		<b>Transaction ID:</b> PR924555413239		
City State Zip Code Long Beach CA 90807	Amount of Each Receipt this Period _____ 20.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 260.00		
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Actuarial II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>80.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Linda D Whetson		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 615 South Race Street		Transaction ID: PR925367513239	
City State Zip Code Denver CO 80209		Amount of Each Receipt this Period 40.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PacifiCare Health Systems Inc		Occupation Dir, Risk Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	
		P/R Deduction (\$20.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Diana S Pete		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 9207 NE 44th Avenue		Transaction ID: PR925071113239	
City State Zip Code Vancouver WA 98665		Amount of Each Receipt this Period 24.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PacifiCare Health Systems Inc		Occupation Mgr, Clin Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 312.00	
		P/R Deduction (\$12.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Brendan Baker		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 9183 E. Mountain Springs Road		Transaction ID: PR925645113239	
City State Zip Code Scottsdale AZ 85255		Amount of Each Receipt this Period 80.00	
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PacifiCare Health Systems Inc		Occupation SVP, Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1040.00	
		P/R Deduction (\$40.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	144.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Fredric S Edwards		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR924820913239	
Mailing Address 8062 Bestel Ave.		Amount of Each Receipt this Period 24.00	
City State Zip Code Garden Grove CA 92844	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PacifiCare Health Systems Inc	Occupation Proj Mgr-II	P/R Deduction (\$12.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Ronald R Stettler		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925232013239	
Mailing Address 6028 Scotmist Dr		Amount of Each Receipt this Period 20.00	
City State Zip Code RanchoPalosVerdes CA 90275	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Med Economics	P/R Deduction (\$10.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Martin Sing		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925212013239	
Mailing Address 9407 Llano Verde		Amount of Each Receipt this Period 20.00	
City State Zip Code Helotes TX 78023	FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Cust Svc Ctr-II	P/R Deduction (\$10.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	64.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Wendy W Kuran</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925232613239	
Mailing Address 3302 Druid Lane		Amount of Each Receipt this Period 40.00	
City State Zip Code Los Alamitos CA 90720	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Mktg	P/R Deduction (\$20.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) <b>B. James Frey</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR924695513239	
Mailing Address 26621 Stetson Pl		Amount of Each Receipt this Period 384.00	
City State Zip Code Laguna Hills CA 92653	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation EVP, Major Accounts	P/R Deduction (\$192.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.00		

Full Name (Last, First, Middle Initial) <b>C. Sandra R Glickman</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925262313239	
Mailing Address 13622 Sioux Rd		Amount of Each Receipt this Period 20.00	
City State Zip Code Westminster CA 92683	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Clin/Util Mgmt-II	P/R Deduction (\$10.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	444.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Jeannine B Ruffner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR924836413239
Mailing Address 21723 Lawrey Drive		Amount of Each Receipt this Period 30.00
City San Antonio	State TX	Zip Code 78259
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Netwk Mgmt/Contracting-I	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Kristina Cournoyer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925337313239
Mailing Address 1019 Campanile		Amount of Each Receipt this Period 20.00
City Newport Beach	State CA	Zip Code 92660
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Fin-II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Scott A Neururer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR924778113239
Mailing Address 9852 Silvretta Drive		Amount of Each Receipt this Period 96.00
City Cypress	State CA	Zip Code 90630
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$48.00 Bi-Weekly)
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	146.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Edward C Cymerys		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925277913239	
Mailing Address 866 SandCastle		Amount of Each Receipt this Period 100.00	
City Corona Del Mar	State CA	Zip Code 92625	P/R Deduction (\$50.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Stop Loss		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Tyler J Mason		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR924563913239	
Mailing Address P O Box 2083		Amount of Each Receipt this Period 20.00	
City Cypress	State CA	Zip Code 90630	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer PacifiCare Health Systems Inc	Occupation VP, PR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Shari R Singleton		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR924565213239	
Mailing Address 8902 S 39th W Ave		Amount of Each Receipt this Period 30.00	
City Tulsa	State OK	Zip Code 74132	P/R Deduction (\$15.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Regltry Affairs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	150.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Patrick J Contrado

Mailing Address 1726 Fanwood Court

City State Zip Code  
Oceanside CA 92054

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

Name of Employer Occupation  
PacifiCare Health Systems Mgr, Pharm Audit  
Inc

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR924550913239

Amount of Each Receipt this Period  
20.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Sharon L Hulbert

Mailing Address 3215 Locust Avenue

City State Zip Code  
Long Beach CA 90807

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

Name of Employer Occupation  
PacifiCare Health Systems Assoc General Counsel  
Inc

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR924895613239

Amount of Each Receipt this Period  
20.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
David S Carlson

Mailing Address 13130 Westport St.

City State Zip Code  
Moorpark CA 93021

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

Name of Employer Occupation  
PacifiCare Health Systems Dir, Resrch & Mktg Anlys  
Inc

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR924897713239

Amount of Each Receipt this Period  
40.00

P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>80.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 17 / 90</span> (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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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Michael S Hull</p> <p>Mailing Address 32 Santa Sophia</p> <p>City Rancho Santa Marga      State CA      Zip Code 92688</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: PacifiCare Health Systems Inc Occupation: Busn Mgr (Mid)</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>260.00</b></p>	<p>Date of Receipt  <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p><b>Transaction ID: PR924897813239</b></p> <p>Amount of Each Receipt this Period  <input type="text"/> <b>20.00</b></p> <p>P/R Deduction (\$10.00 Bi-Weekly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Austin T Pittman</p> <p>Mailing Address 3109 Spur Trail</p> <p>City Dallas      State TX      Zip Code 75234</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: PacifiCare Health Systems Inc Occupation: VP, GM-II</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>1785.00</b></p>	<p>Date of Receipt  <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p><b>Transaction ID: PR924914013239</b></p> <p>Amount of Each Receipt this Period  <input type="text"/> <b>270.00</b></p> <p>P/R Deduction (\$135.00 Bi-Weekly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Marilyn A O'Brien</p> <p>Mailing Address 6207 Surfcove Cir</p> <p>City Huntington Beach      State CA      Zip Code 92648</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: PacifiCare Health Systems Inc Occupation: Dir, Sales &amp; Svc</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <b>260.00</b></p>	<p>Date of Receipt  <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p><b>Transaction ID: PR924568213239</b></p> <p>Amount of Each Receipt this Period  <input type="text"/> <b>20.00</b></p> <p>P/R Deduction (\$10.00 Bi-Weekly)</p>
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<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<p><b>310.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text"/></p>

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Doris F Maes</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR924569613239
Mailing Address 850 E Ocean Blvd #1208		Amount of Each Receipt this Period 20.00
City State Zip Code Long Beach CA 90802	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Acct Mgr-Sr (MA) Inc	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Karen L Williams</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR924872513239
Mailing Address 5551 Selkirk Drive		Amount of Each Receipt this Period 80.00
City State Zip Code Huntington Beach CA 92649	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems VP, HR-II Inc	Aggregate Year-to-Date 1040.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Leslie J Carter</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925028713239
Mailing Address 19021 Poppy Hill Circle		Amount of Each Receipt this Period 192.00
City State Zip Code Huntington Beach CA 92648	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems VP, Network Dev & Mgmt Ops Inc	Aggregate Year-to-Date 1776.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	292.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Laura D Henggeler		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5210 Torrance Blvd.		<b>Transaction ID:</b> PR924916413239	
City Torrance	State CA	Zip Code 90503	Amount of Each Receipt this Period _____ 32.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer PacifiCare Health Systems Inc	Occupation Consult-Sr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 416.00		
		P/R Deduction (\$16.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Michael R Henderson		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 24 Camino Manzano		<b>Transaction ID:</b> PR925771313239	
City Placitas	State NM	Zip Code 87043	Amount of Each Receipt this Period _____ 270.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer PacifiCare Health Systems Inc	Occupation SVP, Finance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 2925.00		
		P/R Deduction (\$270.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> William H Olson		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 36 Honey Hill Road		<b>Transaction ID:</b> PR925657613239	
City Orinda	State CA	Zip Code 94563	Amount of Each Receipt this Period _____ 20.00
FEC ID number of contributing federal political committee. C _____			
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Med		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00		
		P/R Deduction (\$10.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>322.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Robert M Burchuk		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR924818713239	
Mailing Address 23522 Califa St		Amount of Each Receipt this Period 192.00	
City Woodland Hills	State CA	Zip Code 91367	P/R Deduction (\$192.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Hlth Svc-II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1806.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Anne P Harvey		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925747213239	
Mailing Address 4916 Thor Way		Amount of Each Receipt this Period 20.00	
City Carmichael	State CA	Zip Code 95608	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Network Mgmt/Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Gregory A Gregson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925772513239	
Mailing Address 913 Pincrest Dr		Amount of Each Receipt this Period 20.00	
City Richardson	State TX	Zip Code 75080	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer PacifiCare Health Systems Inc	Occupation Anlyst, Sys-III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	232.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Randell J Correia Mailing Address P.O. Box 1025 City Rancho Santa Fe State CA Zip Code 92067 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR925774013239 Amount of Each Receipt this Period 60.00
Name of Employer PacifiCare Health Systems Inc Occupation VP, Pharm Mail Svc Ops Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	P/R Deduction (\$30.00 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) Jon W Washizaki Mailing Address 5407 Emporia Av City Culver City State CA Zip Code 90230 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR925775313239 Amount of Each Receipt this Period 20.00
Name of Employer PacifiCare Health Systems Inc Occupation Dir, Tax Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) Jennifer J Block Mailing Address 120 Granada Ave City Long Beach State CA Zip Code 90803 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR925716313239 Amount of Each Receipt this Period 20.00
Name of Employer PacifiCare Health Systems Inc Occupation Consult Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Edward M Feaver		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925816913239	
Mailing Address 6 Leatherwood Court		Amount of Each Receipt this Period 60.00	
City State Zip Code Coto De Caza CA 92679	FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc Pres, Busn Unit-II	Aggregate Year-to-Date 780.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>B.</b> John D Jones		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925817013239	
Mailing Address 3562 Redwood		Amount of Each Receipt this Period 192.00	
City State Zip Code Irvine CA 92606-2124	FEC ID number of contributing federal political committee. C		P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc VP, Govt Affairs	Aggregate Year-to-Date 1806.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C.</b> Joe L Guinn		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925820713239	
Mailing Address 201 W.Edgewater Terr		Amount of Each Receipt this Period 120.00	
City State Zip Code New Braunfels TX 78130	FEC ID number of contributing federal political committee. C		P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc VP, Govt Reltns	Aggregate Year-to-Date 1560.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	372.00
<b>TOTAL</b> This Period (last page this line number only) .....	.....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Susan L Berkel Mailing Address 10 Shadow Glen City Irvine State CA Zip Code 92620-0204 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925862313239 Amount of Each Receipt this Period 384.00
Name of Employer PacifiCare Health Systems Inc Occupation SVP, Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4992.00	P/R Deduction (\$192.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B.</b> Marilyn D Drysch Mailing Address 25 Blackbird Lane City Aliso Viejo State CA Zip Code 92656 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925863713239 Amount of Each Receipt this Period 100.00
Name of Employer PacifiCare Health Systems Inc Occupation VP, Chief of Staff Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1090.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C.</b> Patti Tucker Mailing Address 16815 Wanderly Lane City Huntington Beach State CA Zip Code 92649 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925889313239 Amount of Each Receipt this Period 192.00
Name of Employer PacifiCare Health Systems Inc Occupation VP, Sales & Svc-II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1776.00	P/R Deduction (\$96.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>676.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Tim K Yee		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925889413239	
Mailing Address 11 Regents		Amount of Each Receipt this Period 20.00	
City Newport Beach	State CA	Zip Code 92660	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Actuarial II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Cheryl Tanigawa, MD		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925889513239	
Mailing Address 5598 Naples Canal		Amount of Each Receipt this Period 100.00	
City Long Beach	State CA	Zip Code 90803	P/R Deduction (\$50.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Hlth Svc-II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 804.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Michael J Chiarodit		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925889713239	
Mailing Address 4705 Arcola Av		Amount of Each Receipt this Period 20.00	
City Toluca Lake	State CA	Zip Code 91602	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Sales & Svc-II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Pamela A Puetz		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925890913239	
Mailing Address 12242 Blackmer St.		Amount of Each Receipt this Period 40.00	
City State Zip Code Garden Grove CA 92845	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, HR-II	P/R Deduction (\$20.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Sharon Bottrill		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925891113239	
Mailing Address 3641 S. Greythorne Way		Amount of Each Receipt this Period 40.00	
City State Zip Code Chandler AZ 85248	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Cust Svc Ctr-II	P/R Deduction (\$20.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Debra Althouse		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925891513239	
Mailing Address 2856 Calle Guadalajara		Amount of Each Receipt this Period 80.00	
City State Zip Code San Clemente CA 92673	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Sales & Mktg-II	P/R Deduction (\$40.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 26 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Susan A Linde		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925891813239	
Mailing Address 9845 Joel Circle		Amount of Each Receipt this Period 20.00	
City State Zip Code Cypress CA 90630-3912	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation Proj Mgr-III	P/R Deduction (\$10.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Kevin C Hoskins		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925838013239	
Mailing Address 1918 E. Diamond Drive		Amount of Each Receipt this Period 20.00	
City State Zip Code Tempe AZ 85283	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation Anlyst, Fin-Prin	P/R Deduction (\$10.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Bharat V Patel		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925841313239	
Mailing Address 10251 Sherwood Cir		Amount of Each Receipt this Period 40.00	
City State Zip Code Villa Park CA 92861	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Tax	P/R Deduction (\$20.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Madeline L Harlan Mailing Address 8302 Hill Rock Dr. City Round Rock State TX Zip Code 78681 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR925885113239 Amount of Each Receipt this Period 38.00 P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer: PacifiCare Health Systems Inc Occupation: Dir, Reglrty Affairs-II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 494.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Edward R Jones Mailing Address 2234 Veteran Ave. City Los Angeles State CA Zip Code 90064 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR925885213239 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer: PacifiCare Health Systems Inc Occupation: VP, Med Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1270.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Wayne I Miller Mailing Address 19521 Sierra Soto Rd City Irvine State CA Zip Code 92603 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR925885513239 Amount of Each Receipt this Period 140.00 P/R Deduction (\$70.00 Bi-Weekly)
Name of Employer: PacifiCare Health Systems Inc Occupation: VP, Client Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1490.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>278.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin R Mowll Mailing Address P.O. Box 5070 City State Zip Code Huntington Beach CA 92615-5070 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925885613239 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc Consult-Sr Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 520.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Scott Keim Mailing Address 15241 Shadow Mountain Ranch Rd City State Zip Code Larkspur CO 80118 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925806313239 Amount of Each Receipt this Period 78.00 P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc VP, Network Dev & Mgmt Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1014.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Bradford A Bowlus Mailing Address 3 Ocean Ridge City State Zip Code Newport Coast CA 92657 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925807313239 Amount of Each Receipt this Period 380.00 P/R Deduction (\$190.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc Pres, CEO Hlth Plans Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4940.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>498.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Gregory W Scott		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925605113239	
Mailing Address 24 Inverness Lane		Amount of Each Receipt this Period 60.00	
City Newport Beach	State CA	Zip Code 92660	P/R Deduction (\$30.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer PacifiCare Health Systems Inc	Occupation EVP, CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Carol A Scaccia		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925894913239	
Mailing Address 6093 Trinidad Ave		Amount of Each Receipt this Period 20.00	
City Cypress	State CA	Zip Code 90630	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer PacifiCare Health Systems Inc	Occupation Sales Assoc (Mid)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Mr. David N Booher		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925895813239	
Mailing Address 14812 Smmr Breeze Wy		Amount of Each Receipt this Period 20.00	
City San Diego	State CA	Zip Code 92128	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer PacifiCare Health Systems Inc	Occupation Mgr, Pharm Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Cheryl J Randolph		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925827513239
Mailing Address 212 Via Alcance		Amount of Each Receipt this Period 20.00
City Palos Verdes Estat State CA Zip Code 90274	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer PacifiCare Health Systems Inc	Occupation Proj Mgr-IV	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Samuel W Ho		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925853113239
Mailing Address 4220 Ocean Dr		Amount of Each Receipt this Period 200.00
City Manhattan Beach State CA Zip Code 90266	FEC ID number of contributing federal political committee. C	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer PacifiCare Health Systems Inc	Occupation EVP, Chief Medical Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Michael S Mallory		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925853413239
Mailing Address 1195 Lorain Road		Amount of Each Receipt this Period 192.00
City San Marino State CA Zip Code 91108	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Sales & Svc-II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1440.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	412.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Linda M Dayan		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5364 E.Abbeyfield St		<b>Transaction ID:</b> PR925854813239	
City State Zip Code Long Beach CA 90815-3023	Amount of Each Receipt this Period _____ 38.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$19.00 Bi-Weekly)		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Corp Finance & Planning		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 494.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Harold Coats		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8112 Sapphire Bay Circle		<b>Transaction ID:</b> PR925856213239	
City State Zip Code Las Vegas NV 89128	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$50.00 Bi-Weekly)		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Hlth Svc-II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1300.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Katherine F Feeny		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 25 Sparrowhawk		<b>Transaction ID:</b> PR925856413239	
City State Zip Code Irvine CA 92612	Amount of Each Receipt this Period _____ 384.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$192.00 Bi-Weekly)		
Name of Employer PacifiCare Health Systems Inc	Occupation EVP, Senior Solutions		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 4992.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>522.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 32 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Carol A Black</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 4167 Andros Circle Box 622		<b>Transaction ID: PR925856613239</b>		
City State Zip Code Huntington Beach CA 92649	Amount of Each Receipt this Period _____ 96.00		P/R Deduction (\$48.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Name of Employer Occupation PacifiCare Health Systems SVP, HR Inc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1248.00			

Full Name (Last, First, Middle Initial) <b>B. Glenda S Owens</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 416 Ave G #6		<b>Transaction ID: PR925857113239</b>		
City State Zip Code Redondo Beach CA 90277	Amount of Each Receipt this Period _____ 40.00		P/R Deduction (\$20.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Name of Employer Occupation PacifiCare Health Systems Consult-Sr Inc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 520.00			

Full Name (Last, First, Middle Initial) <b>C. Terri Marraccino</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 22821 Belquest Dr.		<b>Transaction ID: PR925857813239</b>		
City State Zip Code Lake Forest CA 92630	Amount of Each Receipt this Period _____ 20.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Name of Employer Occupation PacifiCare Health Systems Prog Mgr-IV Inc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>156.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Brian Jeffrey</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5471 Catowba Lane		<b>Transaction ID: PR925858213239</b>	
City State Zip Code Irvine CA 92603	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Network Dev & Mgt Strategy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 575.00		P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Tina Prassas</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3338 W. Links Drive		<b>Transaction ID: PR925834113239</b>	
City State Zip Code Phoenix AZ 85086	Amount of Each Receipt this Period _____ 20.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer PacifiCare Health Systems Inc	Occupation Consult-Sr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 210.00		P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Ronald W Jordan</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 207 Furr Dr		<b>Transaction ID: PR925003913239</b>	
City State Zip Code San Antonio TX 78201	Amount of Each Receipt this Period _____ 30.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer PacifiCare Health Systems Inc	Occupation Mgr, Operations-Cust Svc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 390.00		P/R Deduction (\$15.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 34 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Linda M Hasz</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 12371 Vicksburg Circle		<b>Transaction ID: PR925688913239</b>		
City State Zip Code Los Alamitos CA 90720	Amount of Each Receipt this Period _____ 20.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		_____		
Name of Employer PacifiCare Health Systems Inc	Occupation Supv, Operations-Claims	Aggregate Year-to-Date ▼ _____ 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. Jennifer J Martin</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 617 1/2 Marigold Ave		<b>Transaction ID: PR925746213239</b>		
City State Zip Code Corona Del Mar CA 92625	Amount of Each Receipt this Period _____ 20.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		_____		
Name of Employer PacifiCare Health Systems Inc	Occupation Prog Mgr-IV	Aggregate Year-to-Date ▼ _____ 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. Jerome M Vaccaro M.D.</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 141 S. Swall Drive		<b>Transaction ID: PR924911113239</b>		
City State Zip Code Beverly Hills CA 90211	Amount of Each Receipt this Period _____ 40.00		P/R Deduction (\$20.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		_____		
Name of Employer PacifiCare Health Systems Inc	Occupation Pres, Busn Unit-II	Aggregate Year-to-Date ▼ _____ 520.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>80.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Annette K Parsons</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 21541 Saint John Ln		<b>Transaction ID: PR925209213239</b>		
City State Zip Code Huntington Beach CA 92646	Amount of Each Receipt this Period _____ 20.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 260.00		
Name of Employer PacifiCare Health Systems Inc	Occupation Prog Mgr-IV			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. Andrew R Liles</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 1205 Greenpark		<b>Transaction ID: PR925210013239</b>		
City State Zip Code Plano TX 75075	Amount of Each Receipt this Period _____ 20.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 260.00		
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Busn Ops/Improve-II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. Eugene J Rapisardi</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 7360 Weatherly Pl		<b>Transaction ID: PR925399213239</b>		
City State Zip Code Rancho Cucam CA 91730	Amount of Each Receipt this Period _____ 30.00		P/R Deduction (\$15.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 390.00		
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Sales & Svc-II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>70.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Mary C Aconis</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address P.O. Box 29613		<b>Transaction ID: PR925824613239</b>
City State Zip Code San Antonio TX 78229	Amount of Each Receipt this Period _____ 60.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer PacifiCare Health Systems Inc	Occupation Mgr, Office Svc Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 780.00	

Full Name (Last, First, Middle Initial) <b>B. Michael J Reddy</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 2701 E. Woodacre		<b>Transaction ID: PR925826513239</b>
City State Zip Code Brea CA 92821	Amount of Each Receipt this Period _____ 192.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Cust Svc Ctr-II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1760.00	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth F San Filippo, Hays</b>		Date of Receipt M M / D D / Y Y Y Y Y _____
Mailing Address 19131 Tigerfish Cir		<b>Transaction ID: PR925826813239</b>
City State Zip Code Huntington Beach CA 92646	Amount of Each Receipt this Period _____ 20.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Regltry Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>272.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bradley M Fluitt		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925892313239
Mailing Address 108 North Rolling Oaks		Amount of Each Receipt this Period 60.00
City San Antonio State TX Zip Code 78253	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer PacifiCare Health Systems Inc Occupation VP, Info Tech	Aggregate Year-to-Date ▼ 780.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$30.00 Bi-Weekly)	

<b>B.</b> Full Name (Last, First, Middle Initial) Kenneth R Davis		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925892413239
Mailing Address 7640 N 10Th Ave		Amount of Each Receipt this Period 40.00
City Phoenix State AZ Zip Code 85021	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer PacifiCare Health Systems Inc Occupation Dir, Med	Aggregate Year-to-Date ▼ 520.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$20.00 Bi-Weekly)	

<b>C.</b> Full Name (Last, First, Middle Initial) Robert A Friedman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR925893613239
Mailing Address 24336 La Masina Ct.		Amount of Each Receipt this Period 40.00
City Calabasas State CA Zip Code 91302	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer PacifiCare Health Systems Inc Occupation Busn Mgr-Sr (Mid)	Aggregate Year-to-Date ▼ 520.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	P/R Deduction (\$20.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	140.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. James G Gonzalez</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 8008 Bridge Street		<b>Transaction ID: PR925893913239</b>	
City State Zip Code North Richland Hil TX 76180	Amount of Each Receipt this Period _____ 60.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer PacifiCare Health Systems Inc	Occupation Prog Mgr-IV		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 780.00		P/R Deduction (\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Michael G Lamers</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 1452 S Ellsworth Rd #3060		<b>Transaction ID: PR925894313239</b>	
City State Zip Code Mesa AZ 85209	Amount of Each Receipt this Period _____ 20.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer PacifiCare Health Systems Inc	Occupation Anlyst, Sys-Prin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00		P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Paul R Miller</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 903 Firmona		<b>Transaction ID: PR925894513239</b>	
City State Zip Code Redondo Beach CA 90278	Amount of Each Receipt this Period _____ 38.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer PacifiCare Health Systems Inc	Occupation VP, CFO-II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 494.00		P/R Deduction (\$19.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>118.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Jennifer L Veasey</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 3700 S Plaza Dr #B 112		<b>Transaction ID: PR925489113239</b>
City Santa Ana	State CA	Zip Code 92704
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 60.00
Name of Employer PacifiCare Health Systems Inc	Occupation Proj Mgr-II	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>B. Adriane R Kingman</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1209E Cottonwood Ln		<b>Transaction ID: PR925154813239</b>
City Phoenix	State AZ	Zip Code 85048
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 72.00
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Cust Svc Ctr	P/R Deduction (\$36.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 936.00	

Full Name (Last, First, Middle Initial) <b>C. Peter W McKinley</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 6212 Oakbrook Circle		<b>Transaction ID: PR925650713239</b>
City Huntington Beach	State CA	Zip Code 92648
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 150.00
Name of Employer PacifiCare Health Systems Inc	Occupation SVP, Network Dev & Mgmt	P/R Deduction (\$75.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1950.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>282.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Jeff S Dumcum Mailing Address 24952 Oxford Drive City Laguna Nigual State CA Zip Code 92677 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR928472413239</b> Amount of Each Receipt this Period 80.00
Name of Employer PacifiCare Health Systems Inc Occupation VP, Fin-II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 740.00	P/R Deduction (\$40.00 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) Daniel P Cadriel Mailing Address 7010 W. Aurora Dr. City Glendale State AZ Zip Code 85308 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR928481613239</b> Amount of Each Receipt this Period 20.00
Name of Employer PacifiCare Health Systems Inc Occupation Busn Mgr-Sr (Mid) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) Edward D Yarbrough Mailing Address 8271 Cherrywood Circle City Huntington Beach State CA Zip Code 92646 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR928497313239</b> Amount of Each Receipt this Period 60.00
Name of Employer PacifiCare Health Systems Inc Occupation Dir, Investor Reltns Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	P/R Deduction (\$60.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>160.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Lee A Zambrano		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928513713239	
Mailing Address 2904 E. 2nd Street		Amount of Each Receipt this Period 20.00	
City Long Beach	State CA	Zip Code 90803	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 260.00	
Name of Employer PacifiCare Health Systems Inc	Occupation Consult-Sr		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>B.</b> Full Name (Last, First, Middle Initial) Julie A Kizziar		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928581513239	
Mailing Address 11832 Martha Ann Drive		Amount of Each Receipt this Period 100.00	
City Los Alamitos	State CA	Zip Code 90720	P/R Deduction (\$50.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 500.00	
Name of Employer PacifiCare Health Systems Inc	Occupation Assoc, Clin Info-III		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>C.</b> Full Name (Last, First, Middle Initial) William Y Mickle		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928630713239	
Mailing Address 8 Durango Court		Amount of Each Receipt this Period 40.00	
City Aliso Viejo	State CA	Zip Code 92656	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 520.00	
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	160.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Jill V Selby Mailing Address 6082 Thor Drive City State Zip Code Huntington Beach CA 92647 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR928634213239 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer: PacifiCare Health Systems Inc Occupation: Dir, Prod Dvlp/Mgmt-II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Joel R Graves Mailing Address 8 Twilight Bluff City State Zip Code Newport Coast CA 92657 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR928645313239 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer: PacifiCare Health Systems Inc Occupation: VP, Sales & Svc-II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Angela M Acree Mailing Address 4808 E 142nd Place City State Zip Code Bixby OK 74008 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR928645913239 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer: PacifiCare Health Systems Inc Occupation: Mgr, Acct Mgmt (Mid) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>120.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth M McDonnell Mailing Address 13173 Pacif Promenade #115 City State Zip Code Playa Vista CA 90094 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR928650813239</b> Amount of Each Receipt this Period 38.00 P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems VP, Branding & Advertising Inc Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 494.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Rita A Woodruff Mailing Address 13698 S Poplar St City State Zip Code Glenpool OK 74033 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR928654713239</b> Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Pharmacist, Clin Inc Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 260.00		

<b>C.</b> Full Name (Last, First, Middle Initial) William J Kelley Mailing Address 4040 Chestnut Ave. City State Zip Code Long Beach CA 90807 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID: PR928659513239</b> Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems VP, Sales & Svc-II Inc Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 520.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>98.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) John H Van Horn Mailing Address 5 Mandrin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928689213239 Amount of Each Receipt this Period 100.00
City State Zip Code Irvine CA 92604	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc VP, Network Dev & Mgmt Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 820.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Gregg R Ratkovic Mailing Address 603 Corte Calmo		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928695613239 Amount of Each Receipt this Period 100.00
City State Zip Code San Clemente CA 92673	FEC ID number of contributing federal political committee. C	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc VP, Sales & Svc-II Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1300.00		

<b>C.</b> Full Name (Last, First, Middle Initial) David M Hansen Mailing Address 206 Via Sedona		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928696413239 Amount of Each Receipt this Period 270.00
City State Zip Code San Clemente CA 92673	FEC ID number of contributing federal political committee. C	P/R Deduction (\$135.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc SVP, Sales & Svc Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1485.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	470.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 90						
	(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

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Arnold C Paulson</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 5127 E El Roble St		<b>Transaction ID: PR928711613239</b>		
City State Zip Code Long Beach CA 90815	Amount of Each Receipt this Period _____ 38.00		P/R Deduction (\$19.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 494.00		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Actuary			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. Marilynn D Styers</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 6485 Wayfinders Ct		<b>Transaction ID: PR928723013239</b>		
City State Zip Code Carlsbad CA 92009	Amount of Each Receipt this Period _____ 40.00		P/R Deduction (\$20.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 520.00		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Med Mgmt			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. David J Milligan</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 21065 Ashley Lane		<b>Transaction ID: PR928726813239</b>		
City State Zip Code Lake Forest CA 92630	Amount of Each Receipt this Period _____ 40.00		P/R Deduction (\$20.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 520.00		
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Sales & Svc-II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>118.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Bridget C Harper Mailing Address 2319 Penmar Ave. City State Zip Code Venice CA 90291 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928730513239 Amount of Each Receipt this Period 192.00 P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer: PacifiCare Health Systems Inc Occupation: VP, Mktg Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1776.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Deborah A Salas Mailing Address 2405 E Dana Ave City State Zip Code Orange CA 92867 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928757613239 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer: PacifiCare Health Systems Inc Occupation: Dir, Cust Svc Ctr-II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Kathleen M Kanne Mailing Address 43 Barbados City State Zip Code Aliso Viejo CA 92656 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928763513239 Amount of Each Receipt this Period 60.00 P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer: PacifiCare Health Systems Inc Occupation: VP, Mktg Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 330.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>292.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Isaac J Brown		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928767413239
Mailing Address 2381 Moonridge Cir.		Amount of Each Receipt this Period 20.00
City State Zip Code Corona CA 92879	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc Dir, Undrwrtnng-II	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Donna J Dansie		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928771913239
Mailing Address 1558 SW Cloverdale Way		Amount of Each Receipt this Period 20.00
City State Zip Code Aloha OR 97006	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc Mgr, Facilities	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Robert M Thompson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928805113239
Mailing Address 4181 E Sand Hill Ln		Amount of Each Receipt this Period 40.00
City State Zip Code Highlands Ranch CO 80126	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc Acct Exec-Sr (SG)	Aggregate Year-to-Date 520.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 / 90						
	(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

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Paul Bihm Mailing Address 703 1/2 Marguerite Ave City State Zip Code Corona del Mar CA 92625 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928806213239 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc VP, Business Dvlp Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 1300.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Diana G Robertson Mailing Address 5831 Heather View City State Zip Code San Antonio TX 78249 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928809913239 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc Proj Mgr-II Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 260.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Carolyn M Seabolt Mailing Address 14042 Fairoak Crossing City State Zip Code San Antonio TX 78231 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928810213239 Amount of Each Receipt this Period 32.00 P/R Deduction (\$16.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc Dir, QI-II Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 416.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>152.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Colleen Campbell		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928818513239	
Mailing Address 2525ArapahoePMB251#E4		Amount of Each Receipt this Period 30.00	
City Boulder	State CO	Zip Code 80302	P/R Deduction (\$15.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 390.00	
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, QI		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Charles E Lewis		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928827813239	
Mailing Address 7417 S Lafayette Cr East		Amount of Each Receipt this Period 20.00	
City Littleton	State CO	Zip Code 80122	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 260.00	
Name of Employer PacifiCare Health Systems Inc	Occupation Mgr, Field Sales (Sr Sol)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Agnes Bayer		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928828813239	
Mailing Address 5403 W. Westberry		Amount of Each Receipt this Period 20.00	
City San Antonio	State TX	Zip Code 78228	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 260.00	
Name of Employer PacifiCare Health Systems Inc	Occupation Mgr, Operations-MAS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	70.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David L Sachau Mailing Address 42681 Ricki Dr City State Zip Code Parker CO 80138 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928846013239 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Acct Mgr-Sr (Mid) Inc Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 260.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Cynthia A Kunkel Mailing Address 2650 S Dillon St City State Zip Code Aurora CO 80014 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928848313239 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Acct Mgr-Sr (Mid) Inc Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 390.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Donna L Huser Mailing Address 406 Skytrail Dr. City State Zip Code New Braunfels TX 78130 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928850113239 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Supv, Operations-Claims Inc Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>70.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Miguel Gonzalez</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 6454 Silver Mesa Dr., Apt F		<b>Transaction ID: PR928852413239</b>		
City State Zip Code Highlands Ranch CO 80130	Amount of Each Receipt this Period _____ 30.00		P/R Deduction (\$15.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 390.00		
Name of Employer PacifiCare Health Systems Inc	Occupation Busn Mgr (Mid)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. Pauline M Hayes</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 2706 Bourbon Street		<b>Transaction ID: PR928864413239</b>		
City State Zip Code Orange CA 92865	Amount of Each Receipt this Period _____ 20.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 260.00		
Name of Employer PacifiCare Health Systems Inc	Occupation Proj Mgr-IV			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. Steven C Young</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 16401 Blue Bonnet Dr.		<b>Transaction ID: PR928866013239</b>		
City State Zip Code Parker CO 80134	Amount of Each Receipt this Period _____ 20.00		P/R Deduction (\$10.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 260.00		
Name of Employer PacifiCare Health Systems Inc	Occupation Acct Exec-Sr (SG)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>70.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Lois B Norket		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928870113239	
Mailing Address 13806 Ridge Farm		Amount of Each Receipt this Period 40.00	
City San Antonio	State TX	Zip Code 78230	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 520.00	
Name of Employer PacifiCare Health Systems Inc	Occupation Mgr, Operations-Claims		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B.</b> Kristin Hayes		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928872313239	
Mailing Address 19675 Twisted Pine Dr		Amount of Each Receipt this Period 16.00	
City Colorado Springs	State CO	Zip Code 80908	P/R Deduction (\$8.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 208.00	
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Undrwrtnng		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C.</b> Christina C Cooper		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928880813239	
Mailing Address 19351 E Berry Pl		Amount of Each Receipt this Period 40.00	
City Aurora	State CO	Zip Code 80015	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date ▼ 520.00	
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Fin		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	96.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 53 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Lori S Wolfe		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928886313239	
Mailing Address 17119 Granger Patch		Amount of Each Receipt this Period 20.00	
City State Zip Code San Antonio TX 78247	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation Mgr, Operations-Claims	P/R Deduction (\$10.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Donna L Debner		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928887713239	
Mailing Address 1727 Aspen Ridge		Amount of Each Receipt this Period 40.00	
City State Zip Code San Antonio TX 78248	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Cust Svc Ctr-II	P/R Deduction (\$20.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Tiffany L Borodkin		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928899513239	
Mailing Address 3321 Alabama Circle		Amount of Each Receipt this Period 50.00	
City State Zip Code Costa Mesa CA 92626	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Sales	P/R Deduction (\$25.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	110.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. James F Morphew</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 23505 Bent Oak Court		<b>Transaction ID: PR928904013239</b>		
City State Zip Code Parker CO 80138	Amount of Each Receipt this Period _____ 50.00		P/R Deduction (\$25.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 650.00		
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Info Tech-II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. Lynda A Paxson</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 3924 E. Garnet Pl.		<b>Transaction ID: PR928907413239</b>		
City State Zip Code Highlands Ranch CO 80126	Amount of Each Receipt this Period _____ 50.00		P/R Deduction (\$25.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 650.00		
Name of Employer PacifiCare Health Systems Inc	Occupation Prog Mgr-I			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. Brian L Crary</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 729 Emerson		<b>Transaction ID: PR928930913239</b>		
City State Zip Code Denver CO 80218	Amount of Each Receipt this Period _____ 146.00		P/R Deduction (\$73.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 1898.00		
Name of Employer PacifiCare Health Systems Inc	Occupation SVP, Region			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>246.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Virginia K McCabe		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928939213239	
Mailing Address 1482 Lily St.		Amount of Each Receipt this Period 50.00	
City State Zip Code El Cajon CA 92021-3531	P/R Deduction (\$25.00 Bi-Weekly)		
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 600.00		
Name of Employer PacifiCare Health Systems Inc	Occupation Assoc Acct Mgr (Mid)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> Jacqueline M Tyszka		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928943813239	
Mailing Address 14074 Mercado Dr.		Amount of Each Receipt this Period 20.00	
City State Zip Code Del Mar CA 92014	P/R Deduction (\$10.00 Bi-Weekly)		
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 260.00		
Name of Employer PacifiCare Health Systems Inc	Occupation Mgr, HDA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Michael E Clark		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR928990713239	
Mailing Address 7540 E Buteo		Amount of Each Receipt this Period 100.00	
City State Zip Code Scottsdale AZ 85255	P/R Deduction (\$100.00 Bi-Weekly)		
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 1300.00		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Sales & Mktg-II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	170.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Susan W Rudshagen</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929006913239	
Mailing Address 5203 Briercrest Ave.		Amount of Each Receipt this Period 20.00	
City State Zip Code Lakewood CA 90713	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer PacifiCare Health Systems Inc	Occupation Proj Mgr-IV	Aggregate Year-to-Date ▼ 210.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Jon D Beaty</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929012913239	
Mailing Address 13066 S E Scenic Ridge Rd		Amount of Each Receipt this Period 20.00	
City State Zip Code Clackamas OR 97015	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)	
Name of Employer PacifiCare Health Systems Inc	Occupation Mgr, Medical Mgmt	Aggregate Year-to-Date ▼ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Camlien Q Tsai</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929021113239	
Mailing Address 117 Monticello		Amount of Each Receipt this Period 40.00	
City State Zip Code Irvine CA 92620	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Info Tech-II	Aggregate Year-to-Date ▼ 520.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	80.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Mary R Teylan		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929021413239	
Mailing Address 11948 E 186Th St		Amount of Each Receipt this Period 20.00	
City Artesia	State CA	Zip Code 90701	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer PacifiCare Health Systems Inc	Occupation Supv-V/Team Ldr-V		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Timothy L Clark		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929024213239	
Mailing Address 813 Kallin Ave.		Amount of Each Receipt this Period 20.00	
City Long Beach	State CA	Zip Code 90815-5005	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer PacifiCare Health Systems Inc	Occupation Consultant, IT-I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>C.</b> LeeAnn B Vinson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929056213239	
Mailing Address 18003 Cerca Azul Dr		Amount of Each Receipt this Period 20.00	
City San Antonio	State TX	Zip Code 78259	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C			
Name of Employer PacifiCare Health Systems Inc	Occupation Mgr, Operations-MAS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Joseph A Zimmerman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929069813239
Mailing Address 8811 Braun Valley		Amount of Each Receipt this Period 50.00
City San Antonio	State TX	Zip Code 78254
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Cust Svc Ctr-II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Althea Barber-Smith		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929081013239
Mailing Address 3442 Alderly Lane		Amount of Each Receipt this Period 40.00
City Orange	State CA	Zip Code 92867
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Med Mgmt Appeals & Griev	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Wendy E Sack		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929088113239
Mailing Address 5521 Ridgebury Dr		Amount of Each Receipt this Period 40.00
City Huntington Beach	State CA	Zip Code 92649
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Undrwrtnng	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	130.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Maria C Gonzales		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929110513239	
Mailing Address 14111 Parkhurst		Amount of Each Receipt this Period 20.00	
City State Zip Code San Antonio TX 78232	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation Mgr, Medical Mgmt	P/R Deduction (\$10.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Alonzo Sanchez		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929171813239	
Mailing Address 841 Vicksburg Ln		Amount of Each Receipt this Period 20.00	
City State Zip Code Burleson TX 76028	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation Acct Mgr (Mid)	P/R Deduction (\$10.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Rosemary Wood		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929176113239	
Mailing Address 4917 Weyland Drive		Amount of Each Receipt this Period 60.00	
City State Zip Code Hurst TX 76053-3816	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Sales & Svc	P/R Deduction (\$30.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	100.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Danny Sanchez</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929247213239
Mailing Address 611 Creekbend CT.		Amount of Each Receipt this Period 25.00
City State Zip Code Mesquite TX 75149	FEC ID number of contributing federal political committee. C	P/R Deduction (\$12.50 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc VP, HR-II	Aggregate Year-to-Date 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. David DeGraaf</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929253013239
Mailing Address 5264 S Hoyt St		Amount of Each Receipt this Period 30.00
City State Zip Code Littleton CO 80123	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc Dir, Sales & Svc	Aggregate Year-to-Date 390.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Tara M Dungan</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929261813239
Mailing Address P.O. Box 691354		Amount of Each Receipt this Period 20.00
City State Zip Code San Antonio TX 78269	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc Supv-V/Team Ldr-V	Aggregate Year-to-Date 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	75.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Keith E Nygard Mailing Address 372 1/2 Newport Ave City Long Beach State CA Zip Code 90814 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR929302313239 Amount of Each Receipt this Period 40.00 P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer: PacifiCare Health Systems Inc Occupation: Mgr, HDA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Patrick A Anderson Mailing Address 8702 Luss Drive City Huntington Beach State CA Zip Code 92646 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR929431513239 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer: PacifiCare Health Systems Inc Occupation: Dir, Cntrct-II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey S Mason Mailing Address 5670 Shemiran St City La Verne State CA Zip Code 91750 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR929440013239 Amount of Each Receipt this Period 30.00 P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer: PacifiCare Health Systems Inc Occupation: Dir, Med Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 390.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>90.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Raynee D Andrews</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929469113239
Mailing Address 2323 Creekside Bend		Amount of Each Receipt this Period 60.00
City State Zip Code San Antonio TX 78259	FEC ID number of contributing federal political committee. C	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc Dir, Cust Svc Ctr-II	Aggregate Year-to-Date ▼ 780.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Cassandra M Loch</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929536113239
Mailing Address 14025 Riverside Drive, Unit 4		Amount of Each Receipt this Period 192.00
City State Zip Code Sherman Oaks CA 91423	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc VP, Chief of Staff	Aggregate Year-to-Date ▼ 1056.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. William G Connolly</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929554013239
Mailing Address 24822 Birdie Ridge		Amount of Each Receipt this Period 192.00
City State Zip Code San Antonio TX 78258	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer Occupation PacifiCare Health Systems Inc VP, Cust Svc Ctr-II	Aggregate Year-to-Date ▼ 1776.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	444.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> George M Young		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929613413239	
Mailing Address 16363 E. Fremont Ave.		Amount of Each Receipt this Period 30.00	
City Aurora	State CO	Zip Code 80016	P/R Deduction (\$15.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 390.00	
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Netwk Mgmt/Contracting-II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) <b>B.</b> John W Whalley		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929618613239	
Mailing Address 5752 Madrid Lane		Amount of Each Receipt this Period 20.00	
City Long Beach	State CA	Zip Code 90814	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 260.00	
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Sales & Svc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

Full Name (Last, First, Middle Initial) <b>C.</b> Loy A Suderman		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929633913239	
Mailing Address 9512 17th Ave NW		Amount of Each Receipt this Period 50.00	
City Seattle	State WA	Zip Code 98117	P/R Deduction (\$25.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Aggregate Year-to-Date 650.00	
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Netwk Mgmt/Contracting-II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	100.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Mark C Knutson</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929653913239	
Mailing Address 13102 Palomar Way		Amount of Each Receipt this Period 30.00	
City State Zip Code Santa Ana CA 92705	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Cust Svc Ctr-II	P/R Deduction (\$15.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00		

Full Name (Last, First, Middle Initial) <b>B. David J Bohmfalk</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929683913239	
Mailing Address 24 La Solita		Amount of Each Receipt this Period 100.00	
City State Zip Code Foothill Ranch CA 92610	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Actuary	P/R Deduction (\$50.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		

Full Name (Last, First, Middle Initial) <b>C. Fred C Martinez</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR929687313239	
Mailing Address 418 Whitman		Amount of Each Receipt this Period 16.00	
City State Zip Code San Antonio TX 78211	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation Prog Mgr-I	P/R Deduction (\$8.00 Bi-Weekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	146.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Julie Thompson		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5341 El Prado Ave		<b>Transaction ID:</b> PR929707813239
City Long Beach	State CA	Zip Code 90815
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 24.00
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Busn Ops/Improve-II	P/R Deduction (\$12.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Doug M Wilson		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 17706 E Jamison Ave		<b>Transaction ID:</b> PR929721413239
City Centennial	State CO	Zip Code 80016
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 80.00
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Sales & Svc-II	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1040.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Vishwajit P Phadnis		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 53 Canyon Ridge		<b>Transaction ID:</b> PR929722113239
City Irvine	State CA	Zip Code 92603
FEC ID number of contributing federal political committee.	<b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Info Tech-II	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	124.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Charleen M Milburn		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 3041 San Lorenzo Way		<b>Transaction ID:</b> PR929727413239	
City State Zip Code Carmichael CA 95608	Amount of Each Receipt this Period _____ 130.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Govt Reltns-II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1690.00		P/R Deduction (\$65.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B.</b> Robin L Carder		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 17881 W. 35th Steet South		<b>Transaction ID:</b> PR929730813239	
City State Zip Code Sand Springs OK 74063	Amount of Each Receipt this Period _____ 20.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer PacifiCare Health Systems Inc	Occupation Mgr, HDA		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 260.00		P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C.</b> Kevin D Host		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 9090 Rotherham Ave		<b>Transaction ID:</b> PR929742513239	
City State Zip Code San Diego CA 92129	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. <b>C</b> _____			
Name of Employer PacifiCare Health Systems Inc	Occupation Mgr, Pharm Ops		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 520.00		P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Richard A Cross Mailing Address 11361 Donovan Road City State Zip Code Rossmoor CA 90720 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR931741513239 Amount of Each Receipt this Period 192.00 P/R Deduction (\$96.00 Bi-Weekly)
Name of Employer: PacifiCare Health Systems Inc Occupation: Asst General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1431.00		

<b>B.</b> Full Name (Last, First, Middle Initial) William L Prichard Mailing Address 6 Thornapple City State Zip Code Laguna Niguel CA 92677 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR931845613239 Amount of Each Receipt this Period 26.00 P/R Deduction (\$13.00 Bi-Weekly)
Name of Employer: PacifiCare Health Systems Inc Occupation: Prog Mgr-IV Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 338.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Paul D Jackson Mailing Address 19703 E. Fair Pl. City State Zip Code Aurora CO 80016 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR931927713239 Amount of Each Receipt this Period 20.00 P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer: PacifiCare Health Systems Inc Occupation: Dir, Prod Dvlp/Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>238.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Andrea E Dilweg</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 2321 Carroll Pk South		<b>Transaction ID: PR963492013239</b>	
City State Zip Code Long Beach CA 90814	Amount of Each Receipt this Period _____ 74.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Govt Reltns-II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 962.00		P/R Deduction (\$37.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. Russell A Bennett</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 5 Silver Creek		<b>Transaction ID: PR963495913239</b>	
City State Zip Code Irvine CA 92603	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Prod Dvlp/Mgmt-II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 520.00		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. Angelo Giambrone</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 18467 Santa Leonora Cir		<b>Transaction ID: PR1157800113239</b>	
City State Zip Code Fountain Valley CA 92708	Amount of Each Receipt this Period _____ 40.00		
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Industry Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 220.00		P/R Deduction (\$20.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>154.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Susan M Blais</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1157800513239	
Mailing Address 28 Flintlock Ln		Amount of Each Receipt this Period 96.00	
City State Zip Code Bell Canyon CA 91307	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation GM, Ind & Sm Grp Busn		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00		
		P/R Deduction (\$48.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B. Michael E Jansen</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1216629413239	
Mailing Address 29463 Malibu View Ct.		Amount of Each Receipt this Period 100.00	
City State Zip Code Agoura Hills CA 91301	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation Deputy General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		
		P/R Deduction (\$-50.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. Gary J Ahwah</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1270884313239	
Mailing Address 2010 Velez Dr		Amount of Each Receipt this Period 100.00	
City State Zip Code Rancho Palos Verde CA 90275	FEC ID number of contributing federal political committee. C		
Name of Employer PacifiCare Health Systems Inc	Occupation SVP, CIO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00		
		P/R Deduction (\$50.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	296.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Lawrence Baca</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1277060513239	
Mailing Address 1576 Rancho Hills Drive		Amount of Each Receipt this Period 20.00	
City Chino Hills	State CA	Zip Code 91709	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 260.00	
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Sales & Svc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Staci D Chambers</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1363617513239	
Mailing Address 6716 N 24th Dr		Amount of Each Receipt this Period 20.00	
City Phoenix	State AZ	Zip Code 85015	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer PacifiCare Health Systems Inc	Occupation Contract Mgr, Netwk Mgmt Sr-I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Kathryn H Lourtie</b>		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1363622713239	
Mailing Address 307 29th Street		Amount of Each Receipt this Period 20.00	
City Hermosa Beach	State CA	Zip Code 90254	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 260.00	
Name of Employer PacifiCare Health Systems Inc	Occupation Proj Mgr-II		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	60.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Cynthia L Polich		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1397332513239	
Mailing Address 3401 E Via Palomita		Amount of Each Receipt this Period 96.00	
City Tucson	State AZ	Zip Code 85718	P/R Deduction (\$48.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 96.00	
Name of Employer PacifiCare Health Systems Inc	Occupation SVP, Product Dvlp & Adv		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00		

Full Name (Last, First, Middle Initial) <b>B.</b> Roger A Davidson		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1397336113239	
Mailing Address 3726 Effingham Pl		Amount of Each Receipt this Period 20.00	
City Los Angeles	State CA	Zip Code 90027	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00	
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Enterprise Analytics		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) <b>C.</b> Leigh Volkland		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1397341313239	
Mailing Address 775 Promontory Dr West		Amount of Each Receipt this Period 78.00	
City Newport Beach	State CA	Zip Code 92660	P/R Deduction (\$39.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 78.00	
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Govt Reltns I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1014.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	194.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	194.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 72 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Lorraine A Garcia Mailing Address 9479 Celine City San Antonio State TX Zip Code 78250 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1449977013239 Amount of Each Receipt this Period 20.00
Name of Employer PacifiCare Health Systems Inc Occupation Supv, Operations-Cust Svc Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>B.</b> Full Name (Last, First, Middle Initial) Preddis L Sullivan Mailing Address 15555 Oliver Street Apt #513 City Moreno Valley State CA Zip Code 92555 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1468350113239 Amount of Each Receipt this Period 50.00
Name of Employer PacifiCare Health Systems Inc Occupation VP, Chief Dental Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	P/R Deduction (\$25.00 Bi-Weekly)

<b>C.</b> Full Name (Last, First, Middle Initial) Ann McClanathan Mailing Address 2700 Manhattan Ave City Manhattan Beach State CA Zip Code 90266 FEC ID number of contributing federal political committee. <b>C</b>		Date of Receipt M M / D D / Y Y Y Y Y <b>Transaction ID:</b> PR1481688613239 Amount of Each Receipt this Period 40.00
Name of Employer PacifiCare Health Systems Inc Occupation VP, Sales & Mktg-II Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	P/R Deduction (\$40.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Carolyn L Murray		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 134 Elegante Way		Transaction ID: PR1492498013239	
City Henderson	State NV	Zip Code 89074	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PacifiCare Health Systems Inc	Occupation Acct Exec (SG)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>B.</b> Joseph E Addiego		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 19 Monte Av		Transaction ID: PR1527339113239	
City Piedmont	State CA	Zip Code 94611	Amount of Each Receipt this Period 192.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Chief Med Officer-Rx Sol		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1056.00	P/R Deduction (\$96.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C.</b> Edward Trejo		Date of Receipt M M / D D / Y Y Y Y Y	
Mailing Address 16711 Sausalito Dr		Transaction ID: PR1531184113239	
City Whittier	State CA	Zip Code 90603	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer PacifiCare Health Systems Inc	Occupation Mgr, Field Sales (Sr Sol)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	232.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 90						
	(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

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Michael A Blea</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 1275 E Sunny Dunes Rd		<b>Transaction ID: PR1543587813239</b>		
City State Zip Code Palm Springs CA 92264	Amount of Each Receipt this Period _____ 30.00		P/R Deduction (\$15.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 390.00		
Name of Employer PacifiCare Health Systems Inc	Occupation Dir, Sales & Svc-II			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>B. Marilyn A McCullough</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 6282 Doral Dr		<b>Transaction ID: PR1556368013239</b>		
City State Zip Code Huntington Beach CA 92648	Amount of Each Receipt this Period _____ 40.00		P/R Deduction (\$20.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 520.00		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Cust Svc Ctr			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

Full Name (Last, First, Middle Initial) <b>C. John F Fritz</b>		Date of Receipt M M / D D / Y Y Y Y Y _____		
Mailing Address 25 Elliot Lane		<b>Transaction ID: PR1556368113239</b>		
City State Zip Code Coto De Caza CA 92679	Amount of Each Receipt this Period _____ 120.00		P/R Deduction (\$60.00 Bi-Weekly)	
FEC ID number of contributing federal political committee. <b>C</b> _____		Aggregate Year-to-Date ▼ _____ 1560.00		
Name of Employer PacifiCare Health Systems Inc	Occupation SVP, Chief Actuary			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Scott D Weeks</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 5855 Arbor Hills Way		<b>Transaction ID: PR1574240113239</b>
City State Zip Code The Colony TX 75056	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 20.00
Name of Employer PacifiCare Health Systems Inc	Occupation Mgr, Sales & Svc	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) <b>B. Dat T Bui</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 22 Le Conte		<b>Transaction ID: PR1574247213239</b>
City State Zip Code Laguna Niguel CA 92677	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 192.00
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Info Tech	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1056.00	

Full Name (Last, First, Middle Initial) <b>C. Samia Soliman</b>		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 19055 Redford Ln		<b>Transaction ID: PR1574247413239</b>
City State Zip Code Huntington Beach CA 92648	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 40.00
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Info Tech	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>252.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Benito M Miranda		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596328013239	
Mailing Address PO Box 1522		Amount of Each Receipt this Period 24.00	
City Lomita	State CA	Zip Code 90717	P/R Deduction (\$12.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 24.00	
Name of Employer PacifiCare Health Systems Inc	Occupation Field Sales Rep-Sr (Sr Sol)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.00		

<b>B.</b> Full Name (Last, First, Middle Initial) Dixon W Keller		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1596331113239	
Mailing Address 221 Lakewood Garden Dr		Amount of Each Receipt this Period 40.00	
City Las Vegas	State NV	Zip Code 89148	P/R Deduction (\$20.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.00	
Name of Employer PacifiCare Health Systems Inc	Occupation Mgr, Field Sales (Sr Sol)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

<b>C.</b> Full Name (Last, First, Middle Initial) Debra E Rogers		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1613550613239	
Mailing Address 212 E La Deney Dr		Amount of Each Receipt this Period 20.00	
City Ontario	State CA	Zip Code 91764	P/R Deduction (\$10.00 Bi-Weekly)
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 20.00	
Name of Employer PacifiCare Health Systems Inc	Occupation Acct Mgr-Sr (Mid)		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	84.00
<b>TOTAL</b> This Period (last page this line number only) .....	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 77 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Gilbert J Miller</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 15254 E Peakview Court		<b>Transaction ID: PR1621183013239</b>	
City State Zip Code Fountain Hills AZ 85268	Amount of Each Receipt this Period _____ 192.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$96.00 Bi-Weekly)		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Sales & Svc		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1056.00		

Full Name (Last, First, Middle Initial) <b>B. Patricia A Freeman</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 4940 Huntsmen Place		<b>Transaction ID: PR1621191613239</b>	
City State Zip Code Fontana CA 92336	Amount of Each Receipt this Period _____ 50.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$25.00 Bi-Weekly)		
Name of Employer PacifiCare Health Systems Inc	Occupation Consultant, IT-I		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 575.00		

Full Name (Last, First, Middle Initial) <b>C. Michael A Montevideo</b>		Date of Receipt M M / D D / Y Y Y Y Y _____	
Mailing Address 31221 Paseo Miraloma		<b>Transaction ID: PR1633627013239</b>	
City State Zip Code S Juan Capistrano CA 92675	Amount of Each Receipt this Period _____ 192.00		
FEC ID number of contributing federal political committee. C _____	P/R Deduction (\$96.00 Bi-Weekly)		
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Treasury		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ _____ 1056.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	_____ <b>434.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	_____

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 / 90
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A.</b> Kevin J Donnelly		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1633628513239
Mailing Address 20300 Via Tarragona		Amount of Each Receipt this Period 40.00
City Yorba Linda	State CA	Zip Code 92887
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer PacifiCare Health Systems Inc	Occupation Anlyst, Sys-Prin	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Deborah McQuade		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1722498713239
Mailing Address 11630 NE Jefferson Point Road		Amount of Each Receipt this Period 60.00
City Kingston	State WA	Zip Code 98346
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Network Dev & Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Bret A Morris		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR1746007513239
Mailing Address 1670 Malcolm Ave #301		Amount of Each Receipt this Period 200.00
City Los Angeles	State CA	Zip Code 90024
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer PacifiCare Health Systems Inc	Occupation VP, Fin-II	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	300.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 / 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Wayne D Lehman

Mailing Address 25 Modesto

City Irvine State CA Zip Code 92602-0929

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

Name of Employer PacifiCare Health Systems Inc  
Occupation VP, Fin-II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1753987313239

Amount of Each Receipt this Period  
100.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
Christina M Sumpter

Mailing Address 2009 Kornat Dr

City Costa Mesa State CA Zip Code 92626-3531

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

Name of Employer PacifiCare Health Systems Inc  
Occupation VP, Ops & GM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1056.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1754001313239

Amount of Each Receipt this Period  
192.00

P/R Deduction (\$96.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	292.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	14709.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Texans for Henry Bonilla</b>		Transaction ID: 23182681 Date of Disbursement 12 / 05 / 2005	
Mailing Address P.O. Box 690663		Amount of Each Disbursement this Period 2000.00	
City San Antonio State TX Zip Code 78269-0663	Purpose of Disbursement 011 Category/ Type	Candidate Name Henry Bonilla	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 23	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Texans For Lamar Smith</b>		Transaction ID: 23182762 Date of Disbursement 12 / 05 / 2005	
Mailing Address 1001 Congress, Suite 340		Amount of Each Disbursement this Period 1000.00	
City Austin State TX Zip Code 78701	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Lamar Smith	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 21	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. John Carter For Congress Committee</b>		Transaction ID: 23182760 Date of Disbursement 12 / 05 / 2005	
Mailing Address 1005 Congress Avenue Suite 910		Amount of Each Disbursement this Period 1000.00	
City Austin State TX Zip Code 78701	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. John Carter	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 31	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Ryan For Congress</b>		<b>Transaction ID: 23182677</b> Date of Disbursement 12 / 05 / 2005	
Mailing Address P. O. Box 1919		Amount of Each Disbursement this Period 2000.00	
City Janesville State WI Zip Code 53547	Purpose of Disbursement 011 Category/ Type		
Candidate Name Rep. Paul Ryan			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 1	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Charles A. Gonzalez Congressional Campaign</b>		<b>Transaction ID: 23213413</b> Date of Disbursement 12 / 12 / 2005	
Mailing Address PO Box 70101		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20024-0101	Purpose of Disbursement 011 Category/ Type		
Candidate Name Charlie Gonzalez			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 20	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. The Freedom Project</b>		<b>Transaction ID: 23255957</b> Date of Disbursement 12 / 14 / 2005	
Mailing Address 111 C Street, S.E.		Amount of Each Disbursement this Period 2500.00	
City Washington State DC Zip Code 20003	Purpose of Disbursement 011 Category/ Type		
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. The Committee for the Preservation of Capitalism</b>		<b>Transaction ID:</b> 23255952 Date of Disbursement
Mailing Address P. O. Box 22614		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City Alexandria	State VA	Zip Code 22304
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

Full Name (Last, First, Middle Initial) <b>B. PETE PAC</b>		<b>Transaction ID:</b> 23255949 Date of Disbursement
Mailing Address 3686 King Street, #146		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City Alexandria	State VA	Zip Code 22302
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) <b>C. Rely on Your Beliefs Fund</b>		<b>Transaction ID:</b> 23255958 Date of Disbursement
Mailing Address 1300 Pennsylvania Ave., NW Suite 700		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="5"/>
City Washington	State DC	Zip Code 20004
Purpose of Disbursement	<input type="text" value="011"/> Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		
		Amount of Each Disbursement this Period <input type="text" value="2000.00"/>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Jon Kyl for U.S. Senate</b>		<b>Transaction ID: 23255942</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 507 Captiol Court, NE, #100		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Jon Kyl		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Wally Herger For Congress Comm.</b>		<b>Transaction ID: 23255943</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 2505 Huston St		Amount of Each Disbursement this Period 1000.00
City Marysville State CA Zip Code 95901	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Wally Herger		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 2	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. PRYCE PROJECT</b>		<b>Transaction ID: 23255959</b> Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 1155 21st Street, NW Suite 300		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20036	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Brady For Congress</b>		<b>Transaction ID:</b> 23255950 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address 3323 North Washington Blvd.		Amount of Each Disbursement this Period 1000.00
City Arlington State VA Zip Code 22201	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Kevin Brady		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 8	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Santorum 2006</b>		<b>Transaction ID:</b> 23255955 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address One Tower Bridge Suite 1440		Amount of Each Disbursement this Period 1000.00
City West Conshohocken State PA Zip Code 19428	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Rick Santorum		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Devin Nunes Campaign Committee</b>		<b>Transaction ID:</b> 23255947 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 5
Mailing Address PO Box 6545		Amount of Each Disbursement this Period 1000.00
City Visalia State CA Zip Code 93290	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Devin Nunes		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Battle Born PAC</b>		<b>Transaction ID:</b> 23255948
Mailing Address 1155 21 st Street, NW Suite 300		Date of Disbursement 12 / 14 / 2005
City Washington	State DC	Zip Code 20036
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ERICPAC</b>		<b>Transaction ID:</b> 23255951
Mailing Address 25 East Main Street, Suite 200		Date of Disbursement 12 / 14 / 2005
City Richmond	State VA	Zip Code 23219
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. TOMPAC</b>		<b>Transaction ID:</b> 23255953
Mailing Address P.O. Box 16488		Date of Disbursement 12 / 14 / 2005
City Arlington	State VA	Zip Code 22215
Purpose of Disbursement		Amount of Each Disbursement this Period 2000.00
Candidate Name		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Nathan Deal For Congress</b>		<b>Transaction ID: 23255954</b> Date of Disbursement 12 / 14 / 2005
Mailing Address PO Box 902		Amount of Each Disbursement this Period 2000.00
City Gainesville	State GA	
Zip Code 30503		011 Category/ Type
Purpose of Disbursement		
Candidate Name Rep. Nathan Deal		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: GA District: 10	

Full Name (Last, First, Middle Initial) <b>B. Enzi For US Senate</b>		<b>Transaction ID: 23255956</b> Date of Disbursement 12 / 14 / 2005
Mailing Address PO Box 2775		Amount of Each Disbursement this Period 2000.00
City Cody	State WY	
Zip Code 82414		011 Category/ Type
Purpose of Disbursement		
Candidate Name Sen. Michael Enzi		Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Federal Primary
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WY District: 2	

Full Name (Last, First, Middle Initial) <b>C. Nancy Johnson For Congress</b>		<b>Transaction ID: 23287613</b> Date of Disbursement 12 / 21 / 2005
Mailing Address 2875 Towerview Road Suite 1000		Amount of Each Disbursement this Period -5000.00
City Herndon	State VA	
Zip Code 20171		011 Category/ Type
Purpose of Disbursement Void - Nancy Johnson For Congress		
Candidate Name Nancy L. Johnson		Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CT District: 6	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	-1000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Nancy Johnson For Congress

Mailing Address 2875 Towerview Road  
Suite 1000

City Herndon State VA Zip Code 20171

Purpose of Disbursement

Category/  
Type

Candidate Name  
Nancy L. Johnson

Office Sought:  House  
 Senate  
 President

Disbursement For: 2006  
 Primary  General  
 Other (specify) ▼

State: CT District: 6

Transaction ID: 23287620

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends of Jeff Wentworth</b>		<b>Transaction ID:</b> 23182761 Date of Disbursement 12 / 05 / 2005
Mailing Address PO Box 6274		Amount of Each Disbursement this Period 1000.00
City San Antonio	State TX	
Zip Code 78209-9861		
Purpose of Disbursement Jeff Wentworth, STATE SENATE TX		
Candidate Name State Rep. Jeff Wentworth		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Texas	Jeff Wentworth, STATE SEN- ATE TX
State: TX	District: 25	

Full Name (Last, First, Middle Initial) <b>B. Friends of Kyle Janek</b>		<b>Transaction ID:</b> 23182691 Date of Disbursement 12 / 05 / 2005
Mailing Address 3323 Richmond, Suite C		Amount of Each Disbursement this Period 500.00
City Houston	State TX	
Zip Code 77098		
Purpose of Disbursement Kyle Janek, STATE HOUSE 134th TX		
Candidate Name State Rep. Kyle Janek		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Texas	Kyle Janek, STATE HOUSE 134th TX
State: TX	District: 13	

Full Name (Last, First, Middle Initial) <b>C. Pat Carlson for State Representative #95</b>		<b>Transaction ID:</b> 23212602 Date of Disbursement 12 / 12 / 2005
Mailing Address PO Box 185100		Amount of Each Disbursement this Period -250.00
City Fort Worth	State TX	
Zip Code 76181-0100		
Purpose of Disbursement Void - Pat Carlson for State Representat		
Candidate Name Pat Carlson		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Texas	Void - Pat Carlson for St- ate Representative #95
State: TX	District: 95	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial) <b>A. Friends of Bill Zedler</b>		Transaction ID: 23213412 Date of Disbursement 12 / 12 / 2005
Mailing Address PO Box 175473		Amount of Each Disbursement this Period 250.00
City Arlington	State TX	
Zip Code 76003		Bill Zedler, STATE HOUSE 96th TX
Purpose of Disbursement Bill Zedler, STATE HOUSE 96th TX		
Candidate Name TX Rep. Bill Zedler		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Texas	
State: TX District: 96		

Full Name (Last, First, Middle Initial) <b>B. Friends of Frank Madla</b>		Transaction ID: 23287850 Date of Disbursement 12 / 21 / 2005
Mailing Address PO Box 460261		Amount of Each Disbursement this Period 500.00
City San Antonio	State TX	
Zip Code 78246		Frank Madla, STATE SENATE TX
Purpose of Disbursement Frank Madla, STATE SENATE TX		
Candidate Name Frank Madla		011 Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Texas	
State: TX District: 19		

Full Name (Last, First, Middle Initial) <b>C. Thad Balkman Campaign</b>		Transaction ID: 23287845 Date of Disbursement 12 / 21 / 2005
Mailing Address 3403 36th Avenue		Amount of Each Disbursement this Period 500.00
City Norman	State OK	
Zip Code 73026		Thad Balkman, STATE HOUSE 45th OK
Purpose of Disbursement Thad Balkman, STATE HOUSE 45th OK		
Candidate Name Representative Thad Balkman		011 Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 OK Primary	
State: OK District: 45		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 90 / 90

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

PacifiCare Health Systems, Inc. Employees' Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Oklahoma State Senate Democrats

Mailing Address P.O. Box 18552

City Oklahoma City State OK Zip Code 73154

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Transaction ID: 23288250

Date of Disbursement

12 / 21 / 2005

Amount of Each Disbursement this Period

500.00

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

500.00

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

3000.00