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FEC
FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines.

12FE4M5

Health Net, Incorporated Federal Services Political Action Committee

ADDRESS (number and street)

21650 Oxnard Street, 25th Floor

(Check if address is changed)

Woodland Hills

CA

91367

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE

02 10 2003

3. FEC IDENTIFICATION NUMBER ▶

C 00343402

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

Type or Print Name of Treasurer

Thomas W. Hiltachk, Asst. Treasurer

Signature of Treasurer

Date 02 10 2003

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 1/01)

FEC Form 1 (Revised 1/01)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought

House

Senate

President

State

District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d)

This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

(e)

This committee is a separate segregated fund.

(f)

This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Connected Organization - Health Net Federal Services, Inc.

Affiliated Committee - Health Net, Inc. PAC

Mailing Address

21650 Oxnard Street, 25th Floor

Woodland Hills

CA

91367

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship

Type of Connected Organization:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

Write or Type Committee Name

Health Net, Inc. Federal Services Political Action Committee

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name Halcy Smith

Mailing Address 21650 Oxnard Street, 25th Floor
Woodland Hills CA 91367

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 818 676 6717

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer)

Full Name of Treasurer Halcy Smith

Mailing Address 21650 Oxnard Street, 25th Floor
Woodland Hills CA 91367

Title or Position Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 818 676 6717

Full Name of Designated Agent Tozias N. Kiltachik

Mailing Address 455 Capitol Mall, Suite 301
Sacramento CA 95814

Title or Position Asst. Treasurer CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 916 442 7757

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Union Bank of California

Mailing Address

400 California Street

San Francisco

CA

95104

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

PLACE STICKER AT TOP OF ENVELOPE
 TO THE RIGHT OF RETURN ADDRESS.
 SOLD AT POSTAGE OFFICE
CERTIFIED MAIL



7000 0520 0017 3198 5596
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U.S. Postal Service
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Recipient's Name (Please Print Clearly) (To be completed by mailer) Federal Elections Commission Street, Apt. No., or PO Box No. 999 E Street, NW City, State, ZIP+4 Washington, DC 20463		
PS Form 3800, February 2000 See Reverse for Instructions		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Public Records Office
 Federal Elections Commission
 999 E Street, NW
 Washington, DC 20463

2. Article Number
(Transfer from service label) 7000-0520-0017-3198-5596

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>ca</i> PREPARER	<i>2/30/03</i> DATE PREPARED

(6/20/00)

2003 FEB 24 10 57 AM '03