

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION
JUL 17 9 55 AM '98

1. NAME OF COMMITTEE (in full) WellPoint Health Networks "WELLPAC"	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 21555 Oxnard Street	2. FEC IDENTIFICATION NUMBER 000197228
CITY, STATE and ZIP CODE Woodland Hills, CA 91367	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

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

Monthly Report Due On:

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

Twelfth day report preceding _____
(Type of Election)
election on _____ in the State of _____

Thirtieth day report following the General Election on
_____ in the State of _____

Termination Report

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>06/01/98</u> through <u>06/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 51,314.19
(b) Cash on Hand at Beginning of Reporting Period	\$ 55,941.27	
(c) Total Receipts (from line 19)	\$ 6,047.47	\$ 41,174.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 61,988.74	\$ 92,488.74
7. Total Disbursements (from Line 30)	\$ 9,500.00	\$ 40,000.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d)) ..	\$ 52,488.74	\$ 52,488.74
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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

Type or Print Name Of Treasurer

Callen M. Lockett

Signature of Treasurer



Date

7-14-98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 8437g.

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FEC FORM 3X

(Revised 9/93)

DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/7/97)

NAME OF COMMITTEE WellPoint Health Networks "WELLFAC"	REPORT COVERING PERIOD	
	FROM: 06/01/98	TO: 06/30/98
	COLUMN A	COLUMN B
	Total This Period	Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	4,387.04	19,203.01
ii. Unitemized.....	1,660.43	21,471.54
iii. Total.....[add i and ii] >	6,047.47	40,674.55
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions.....[add iii, b and c] >	6,047.47	40,674.55
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts.....[add 11d, 12, 13, 14, 15, 16, 17, and 18] >	6,047.47	41,174.55
20. Total Federal Receipts.....[subtract line 16 from line 19] >	6,047.47	41,174.55
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	0.00	0.00
c. Total Operating Expenditures.....[Add a, all, 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.....	9,500.00	40,000.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds.....[Add a, b, and c] >	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements.....[Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29] >	9,500.00	40,000.00
31. Total Federal Disbursements.....[Subtract line 21 aii from line 30] >	9,500.00	40,000.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d).....	6,047.47	40,674.55
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32).....	6,047.47	40,674.55
35. Total Federal Operating Expenditures.....[add 21 ai and 21 b] >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures.....[subtract line 36 from 35] >	0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

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 or any political committee to solicit contributions from such committee.

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

<p>A. Full Name, Mailing Address and Zip Code DEBORAH LACHMAN 21701 PACIFIC COAST HIGHWAY MALIBU, CA 90265</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation GENERAL MANAGER</p> <p>Aggregate Year-to-date > \$ 240.11</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 36.94 (\$18.47 Biweekly)</p>
<p>B. Full Name, Mailing Address and Zip Code SUSAN BLAIS 28 FLINTLOCK LANE BELL CANYON, CA 91307</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 812.50</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 125.00 (\$62.50 Biweekly)</p>
<p>C. Full Name, Mailing Address and Zip Code DONALD PETERSON 77 FARMCLIFF DRIVE GLASTONBURY, CT 06033</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE</p> <p>Occupation GENERAL MANAGER</p> <p>Aggregate Year-to-date > \$ 247.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 38.00 (\$19.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and Zip Code RICHARD LACROIX 94 WESLEYAN ROAD GLASTONBURY, CT 06033</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer GENERAL MANAGER</p> <p>Occupation GENERAL MANAGER</p> <p>Aggregate Year-to-date > \$ 325.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$25.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and Zip Code RICHARD RANELLI 2207 WESTSHORE LANE WESTLAKE VILLAGE, CA 91361</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation SR. VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 494.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 76.00 (\$38.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and Zip Code JOHN CYGUL 1629 CASTLEHILL COURT WESTLAKE VILLAGE, CA 91361</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 325.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$25.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and Zip Code DAVID COLBY 200 WEST STAFFORD ROAD LAKE SHERWOOD, CA 91361</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation EXECUTIVE VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 650.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 100.00 (\$50.00 Biweekly)</p>
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>475.94</p>
<p>TOTAL this Period (Last page this line number only).....></p>			<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **2** OF **10**
FOR LINE NUMBER **11 a i**

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

A. Full Name, Mailing Address and Zip Code APRIL CHOI 23919 DEER LICK DRIVE WEST HILLS, CA 91304		Name of Employer UNICARE	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 38.00 (\$19.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation VICE PRESIDENT	Aggregate Year-to-date > \$ 247.00	
B. Full Name, Mailing Address and Zip Code BARBARA LYNCH #124 21535 ERWIN STREET WOODLAND HILLS, CA 91367		Name of Employer Blue Cross of California	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 38.00 (\$19.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation VICE PRESIDENT	Aggregate Year-to-date > \$ 247.00	
C. Full Name, Mailing Address and Zip Code ALICE ROSENBLATT 5948 ANNIE OAKLEY ROAD HIDDEN HILLS, CA 91302		Name of Employer WellPoint Health Networks	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 80.00 (\$40.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation SR. VICE PRESIDENT	Aggregate Year-to-date > \$ 520.00	
D. Full Name, Mailing Address and Zip Code PAMELA JONES 515 FLORAL PARK TERRACE SOUTH PASADENA, CA 91030		Name of Employer Blue Cross of California	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 38.00 (\$19.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation DIRECTOR	Aggregate Year-to-date > \$ 247.00	
E. Full Name, Mailing Address and Zip Code YOUSSEF TOWLIATI #2 2450 E DEL MAR PASADENA, CA 91107		Name of Employer Blue Cross of California	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 50.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation DIRECTOR	Aggregate Year-to-date > \$ 325.00	
F. Full Name, Mailing Address and Zip Code ROBERT ANDERSON 52 CLAREMONT NEWPORT BEACH, CA 92657		Name of Employer UNICARE	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 48.00 (\$24.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation VICE PRESIDENT	Aggregate Year-to-date > \$ 312.00	
G. Full Name, Mailing Address and Zip Code REBECCA KAPUSTAY 3107 SEAVIEW AVENUE VENTURA, CA 93001		Name of Employer Blue Cross of California	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 96.00 (\$48.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation SENIOR VICE PRESIDENT	Aggregate Year-to-date > \$ 624.00	
SUB TOTAL of Receipts This Page (Optional)>				388.00
TOTAL this Period (Last page this line number only)>				

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ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code M DOYLE 10105 WATERSIDE DR BURKE, VA 22015	Name of Employer Blue Cross of California	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00 (\$20.00 Biweekly)
	Occupation DIRECTOR	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 240.00		
B. Full Name, Mailing Address and Zip Code GEORGE STEINHOF 23619 WHITE OAK CT NEWHALL, CA 91321	Name of Employer Blue Cross of California	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 48.00 (\$24.00 Biweekly)
	Occupation VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 312.00		
C. Full Name, Mailing Address and Zip Code ANDREW MORRISON 355 MEDEA CREEK LANE AGOURA, CA 91301	Name of Employer WellPoint Health Networks	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00 (\$30.00 Biweekly)
	Occupation VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 390.00		
D. Full Name, Mailing Address and Zip Code ALLAN ROTH 1740 BUTTERFLY CT THOUSAND OAKS, CA 91320	Name of Employer UNICARE	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 38.00 (\$19.00 Biweekly)
	Occupation VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 247.00		
E. Full Name, Mailing Address and Zip Code STEPHEN BARNES #114 38056 AGOURA RD AGOURA HILLS, CA 91301	Name of Employer WellPoint Health Networks	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 50.00 (\$25.00 Biweekly)
	Occupation VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 325.00		
F. Full Name, Mailing Address and Zip Code MARK GRANOFF #112 311 BORA BORA WAY MARINA DEL REY, CA 90292	Name of Employer Blue Cross of California	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 58.00 (\$29.00 Biweekly)
	Occupation DIRECTOR	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 377.00		
G. Full Name, Mailing Address and Zip Code GREG BAIRD 25202 BENTWOOD LAGUNA NIGUEL, CA 92677	Name of Employer Blue Cross of California	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 76.00 (\$38.00 Biweekly)
	Occupation SR. VICE PRESIDENT	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 494.00		

SUB TOTAL of Receipts This Page (Optional).....>	390.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE A

ITEMIZED RECEIPTS

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

<p>A. Full Name, Mailing Address and Zip Code JOHN KALE 34781 CAMINO CAPISTRANO CAPISTRANO BEACH, CA 92624</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE Occupation GENERAL MANAGER</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 40.00 (\$20.00) Biweekly)</p>
<p>B. Full Name, Mailing Address and Zip Code LEONARD SCHAEFFER 21555 OXNARD ST WOODLAND HILLS, CA 91367</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks Occupation CHAIRMAN AND CHIEF EXECUTIVE</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 200.00 (\$100.00) Biweekly)</p>
<p>C. Full Name, Mailing Address and Zip Code JAMES BROWN 42199 CRESTVIEW CIRCLE NORTHVILLE, MI 48167</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE Occupation SECOND VICE PRESIDENT</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$25.00) Biweekly)</p>
<p>D. Full Name, Mailing Address and Zip Code MICHAEL LOHNERG 29039 CATHERWOOD COURT AGOURA HILLS, CA 91301</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$25.00) Biweekly)</p>
<p>E. Full Name, Mailing Address and Zip Code JEFFREY CRIPPEN 3074 LAKEVIEW DR METROPOLIS, IL 62960</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 64.00 (\$32.00) Biweekly)</p>
<p>F. Full Name, Mailing Address and Zip Code KENNETH ZUREK 1259 LAMONT AVENUE THOUSAND OAKS, CA 91362</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$25.00) Biweekly)</p>
<p>G. Full Name, Mailing Address and Zip Code DAVID HELWIG 188 COLT LANE THOUSAND OAKS, CA 91360</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California Occupation SR VICE PRESIDENT</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 96.00 (\$48.00) Biweekly)</p>

<p>SUB TOTAL of Receipts This Page (Optional).....></p>	<p>550.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 10
FOR LINE NUMBER 11 a 1

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

<p>A. Full Name, Mailing Address and Zip Code R. KRETSCHMER 952 - 2ND STREET MANHATTAN BEACH, CA 90266</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 377.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>58.00</p> <p>(\$29.00)</p> <p>Biweekly)</p>
<p>B. Full Name, Mailing Address and Zip Code DAVID LUDWIG 3107 SEAVIEW AVE VENTURA, CA 93001</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE</p> <p>Occupation SR. VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 624.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>96.00</p> <p>(\$48.00)</p> <p>Biweekly)</p>
<p>C. Full Name, Mailing Address and Zip Code THOMAS LEVIN P O BOX 2442 MALIBU, CA 90265</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE</p> <p>Occupation SR. VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 754.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>116.00</p> <p>(\$58.00)</p> <p>Biweekly)</p>
<p>D. Full Name, Mailing Address and Zip Code ALEXANDER CUNNINGHAM #22 2798 WHITE RIDGE PLACE THOUSAND OAKS, CA 91362</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation DIRECTOR</p> <p>Aggregate Year-to-date > \$ 260.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>40.00</p> <p>(\$20.00)</p> <p>Biweekly)</p>
<p>E. Full Name, Mailing Address and Zip Code JACQUELINE ANDERSON #4 10031 LARWIN AVE CHATSWORTH, CA 91311</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation GENERAL MANAGER</p> <p>Aggregate Year-to-date > \$ 240.11</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>36.94</p> <p>(\$18.47)</p> <p>Biweekly)</p>
<p>F. Full Name, Mailing Address and Zip Code JIM LOVING 635 FAIRVIEW AVENUE SIERRA MADRE, CA 91024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 325.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p> <p>(\$25.00)</p> <p>Biweekly)</p>
<p>G. Full Name, Mailing Address and Zip Code JEFFREY WOFFORD 91 WINDHAM DRIVE EAST LONGMEADOW, MA 01028</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 325.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p> <p>(\$25.00)</p> <p>Biweekly)</p>

SUB TOTAL of Receipts This Page (Optional).....> **446.94**

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

SCHEDULE A ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and Zip Code RICKEY SIMMONS #147 2825 PLAZA DEL AMO TORRANCE, CA 90503		Name of Employer WellPoint Health Networks	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 38.00 (\$19.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 247.00		
B. Full Name, Mailing Address and Zip Code JOHN MONAHAN 6373 KERRYHILL COURT AGOURA HILLS, CA 91301		Name of Employer Blue Cross of California	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 64.00 (\$32.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 416.00		
C. Full Name, Mailing Address and Zip Code JAMES CARTER #411 2910 NELSON BLVD SANTA MONICA, CA 90405		Name of Employer Blue Cross of California	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 40.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 260.00		
D. Full Name, Mailing Address and Zip Code LINDA PAHL 938 18TH STREET HERMOSA BEACH, CA 90254		Name of Employer Blue Cross of California	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 50.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 325.00		
E. Full Name, Mailing Address and Zip Code DENNIS WEINBERG 10641 CHIPPENHAM CAMARILLO, CA 93012		Name of Employer UNICARE	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 300.00 (\$150.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 1,950.00		
F. Full Name, Mailing Address and Zip Code ROLLIN LACY #1102 199 MASSACHUSETTS AVENUE BOSTON, MA 02115		Name of Employer UNICARE	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 100.00 (\$50.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 650.00		
G. Full Name, Mailing Address and Zip Code JOHN SIEMON 10220 PRINCIPE PLACE CAMARILLO, CA 93012		Name of Employer WellPoint Health Networks	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 58.00 (\$29.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 377.00		
SUB TOTAL of Receipts This Page (Optional)>				650.00
TOTAL this Period (Last page this line number only)>				

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 10
FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and Zip Code RYAN TRIMBLE 27342 LOST COLT DRIVE LAGUNA BEACH, CA 92653		Name of Employer UNICARE	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 100.00 (\$50.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation SR. VICE PRESIDENT	Aggregate Year-to-date > \$ 650.00	
B. Full Name, Mailing Address and Zip Code THOMAS HELOTES 3760 LOCKERBIE LANE GLENDALE, CA 91208		Name of Employer WellPoint Health Networks	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 60.00 (\$30.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation VICE PRESIDENT	Aggregate Year-to-date > \$ 390.00	
C. Full Name, Mailing Address and Zip Code J VAN BERKEM 23477 PARK COLOMBO CALABASAS, CA 91302		Name of Employer WellPoint Health Networks	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 96.00 (\$48.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation SR. VICE PRESIDENT	Aggregate Year-to-date > \$ 624.00	
D. Full Name, Mailing Address and Zip Code KANDY WALDIE 25074 N TURKEY CREEK EVERGREEN, CO 80439		Name of Employer UNICARE	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 38.00 (\$19.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation VICE PRESIDENT	Aggregate Year-to-date > \$ 247.00	
E. Full Name, Mailing Address and Zip Code LAWRENCE KIMMELMAN 2727 AUTUMN RIDGE DR THOUSAND OAKS, CA 91362		Name of Employer Occupation VICE PRESIDENT	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 50.00 (\$25.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 325.00		
F. Full Name, Mailing Address and Zip Code ANTHONY D'ASARO 6872 BAR HARBOR LANE HUNTINGTON BEACH, CA 92648		Name of Employer UNICARE	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 40.00 (\$20.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation VICE PRESIDENT	Aggregate Year-to-date > \$ 260.00	
G. Full Name, Mailing Address and Zip Code PAMELA KEHALY #D7 30856 AGOURA ROAD AGOURA, CA 91301		Name of Employer Blue Cross of California	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 38.00 (\$19.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation VICE PRESIDENT	Aggregate Year-to-date > \$ 247.00	
SUB TOTAL of Receipts This Page (Optional).....>				422.00
TOTAL this Period (Last page this line number only).....>				

SCHEDULE A ITEMIZED RECEIPTS

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

<p>A. Full Name, Mailing Address and Zip Code RONALD RAGLAND 4941 INADALE AVENUE LOS ANGELES, CA 90043</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 76.00 (\$38.00) Biweekly)</p>
<p>B. Full Name, Mailing Address and Zip Code PATRICK O'BRIEN 1117 TERRACERIDGE RD MOORPARK, CA 93021</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 48.00 (\$24.00) Biweekly)</p>
<p>C. Full Name, Mailing Address and Zip Code GENE HOUSEHOLDER 6016 LITTLE OAK LANE WOODLAND HILLS, CA 91367</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation GENERAL MANAGER</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$30.00) Biweekly)</p>
<p>D. Full Name, Mailing Address and Zip Code NELSON KAHN 5606 LAUREL BLUFF AGOURA HILLS, CA 91301</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation VICE PRESIDENT</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 50.00 (\$25.00) Biweekly)</p>
<p>E. Full Name, Mailing Address and Zip Code CALLEN LOCKETT 212 LAGROSS WAY CHATSWORTH, CA 91311</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Occupation DIRECTOR</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 40.00 (\$20.00) Biweekly)</p>
<p>F. Full Name, Mailing Address and Zip Code MICHAEL HIGGINS 28013 ELLIS CT SANTA CLARITA, CA 91350</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation GENERAL MANAGER</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 58.00 (\$29.00) Biweekly)</p>
<p>G. Full Name, Mailing Address and Zip Code SHARON SMITH 2111 FITZGERALD ROAD SIMI VALLEY, CA 93065</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation DIRECTOR</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 40.00 (\$20.00) Biweekly)</p>

<p>SUB TOTAL of Receipts This Page (Optional).....></p>	<p>372.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>	<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 10
FOR LINE NUMBER 11 & i

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

<p>A. Full Name, Mailing Address and Zip Code ANGEL HOYHANESSIAN 22325 ERWIN ST WOODLAND HILLS, CA 91367</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation DIRECTOR</p> <p>Aggregate Year-to-date > \$ 325.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p> <p>(\$25.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and Zip Code FRANK ETTIN 1643 ARCH STREET BERKELEY, CA 94709</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 325.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p> <p>(\$25.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and Zip Code JOHN GARNER 10211 VALLEY SPRING LN TOLUCA LAKE, CA 91602</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer WellPoint Health Networks</p> <p>Occupation SR VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 624.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>96.00</p> <p>(\$48.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and Zip Code RAYMOND PIKE #3 840 VENICE BLVD VENICE, CA 90291</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 260.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>40.00</p> <p>(\$20.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and Zip Code JACQUELINE ANDERSON 5779 WILLOWTREE DRIVE AGOURA HILLS, CA 91301</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer UNICARE</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 520.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>80.00</p> <p>(\$40.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and Zip Code RONALD SMITH 21509 WINTERSET DRIVE SAUGUS, CA 91350</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation ADMIN SUPPORT</p> <p>Aggregate Year-to-date > \$ 234.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>36.00</p> <p>(\$18.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and Zip Code BARRY FORD 23901 ASPEN WAY CALABASAS, CA 91302</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer Blue Cross of California</p> <p>Occupation VICE PRESIDENT</p> <p>Aggregate Year-to-date > \$ 247.00</p>	<p>Date (Month day, Year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>38.00</p> <p>(\$19.00 Biweekly)</p>
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>390.00</p>
<p>TOTAL this Period (Last page this line number only).....></p>			<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
JOSEPH NAVARRO 2000 CORPORATE CENTER DR NEWBURY PARK, CA 91320	Blue Cross of California		
	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	377.00	Payroll Deduction 58.00 (\$29.00) Biweekly
PATRICIA DUCHARME 4324 N SKYLARK MOORPARK, CA 93021	Blue Cross of California		
	Occupation DIRECTOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	247.00	Payroll Deduction 38.00 (\$19.00) Biweekly
JOHN WATTS JR 27354 SHELBOURNE DRIVE VALENCIA, CA 91354	Blue Cross of California		
	Occupation GENERAL MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	260.00	Payroll Deduction 40.00 (\$20.00) Biweekly
HARRY CEASAR 13817 VALLEY VISTA BLVD SHERMAN OAKS, CA 91423	Blue Cross of California		
	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	260.00	Payroll Deduction 40.00 (\$20.00) Biweekly
MARK GASTINEAU 4051 FIGARO CIRCLE HUNTINGTON BEACH, CA 92649	WellPoint Health Networks		
	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	260.00	Payroll Deduction 40.00 (\$20.00) Biweekly
TERESITA MAYR 7311 IYANNIS DRIVE CANOGA PARK, CA 91307	UNICARE		
	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	300.04	Payroll Deduction 46.16 (\$23.08) Biweekly
JOYCE LI 330 ANITA DRIVE PASADENA, CA 91105	Blue Cross of California		
	Occupation VICE PRESIDENT		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	260.00	Payroll Deduction 40.00 (\$20.00) Biweekly

SUB TOTAL of Receipts This Page (Optional).....>	302.16
TOTAL this Period (Last page this line number only).....>	4,387.04

SCHEDULE B ITEMIZED DISBURSEMENTS

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

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Health Insurance Political Action Committee 555 13th St., NW, #600E Washington, DC 20004	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/01/98	5,000.00
B. Full Name, Mailing Address and Zip Code John Breaux Committee 10-B East Broad Street Falls Church, VA 22046	Purpose of Disbursement John B. Breaux, U.S. SENATE LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 06/01/98	Amount of Each Disb. this Period 2,000.00
C. Full Name, Mailing Address and Zip Code FRIENDS OF CUNNINGHAM P.O. BOX 40227 SAN DIEGO, CA 92164	Purpose of Disbursement Randy "Duke" Cunningham, U.S. HOUSE 51st CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 06/29/98	Amount of Each Disb. this Period 500.00
D. Full Name, Mailing Address and Zip Code Committee Preservation of Capitalism P.O. Box 22614 Alexandria, VA 22304	Purpose of Disbursement Jim McCrery, U.S. HOUSE 5th LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 06/29/98	Amount of Each Disb. this Period 1,000.00
E. Full Name, Mailing Address and Zip Code SHERMAN FOR CONGRESS P.O. BOX 75214 WASHINGTON, DC 20013	Purpose of Disbursement Brad Sherman, U.S. HOUSE 24th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 06/29/98	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	9,500.00
TOTAL this Period (Last page this line number only).....>	9,500.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>7-17-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Sen</i> PREPARER	<i>7-17-98</i> DATE PREPARED