

**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 192 / 462

<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

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)
Health Net, Incorporated Political Action Committee

Full Name (Last, First, Middle Initial) A. Lungren for Congress		Transaction ID: EXP:B:2814 Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2005
Mailing Address 9321 Silverbend Lane		Amount of Each Disbursement this Period 1000.00
City Elk Grove State CA Zip Code 95624	011 Category/ Type	
Purpose of Disbursement Monetary contribution		
Candidate Name Daniel E. Lungren		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 03	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. JD Hayworth for Congress		Transaction ID: EXP:B:2815 Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2005
Mailing Address 14300 N. Northsight Blvd., Suite 1		Amount of Each Disbursement this Period 1000.00
City Scottsdale State AZ Zip Code 85260	011 Category/ Type	
Purpose of Disbursement Monetary contribution		
Candidate Name JD Hayworth		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 5	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. America's Health Insurance Plans PAC (AHIP PAC)		Transaction ID: EXP:B:2817 Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2005
Mailing Address 601 Penn. Avenue, NW, #500, South		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20004	011 Category/ Type	
Purpose of Disbursement Monetary contribution		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2005 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶