

**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)

Health Net, Incorporated Political Action Committee

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Avenue NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Monetary Contribution

011

Candidate Name

Democratic Senatorial Campaign Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2013

Transaction ID : EXPB26813

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Kevin McCarthy for Congress

Mailing Address P.O. Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Monetary Contribution

011

Candidate Name

Kevin McCarthy

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 23

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2013

Transaction ID : EXPB26810

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Medicaid Health Plans of America Political Action Committee

Mailing Address 1150 18th Street NW, Suite 1010

City Washington State DC Zip Code 20036

Purpose of Disbursement
Monetary Contribution

011

Candidate Name

Medicaid Health Plans of America Political Action Committee

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 16 / 2013

Transaction ID : EXPB26812

Amount of Each Disbursement this Period

5000.00

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

15000.00

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