

**FEC FORM 3X**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Health Net, Incorporated Political Action Committee

ADDRESS (number and street) 455 Capitol Mall, Suite 600

Check if different than previously reported. (ACC) Sacramento CA 95814

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**C** C00230789

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2012 through 07 / 31 / 2012

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 Thomas W. Hiltachk

Signature of Treasurer Thomas W. Hiltachk [Electronically Filed] Date 08 / 15 / 2012

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)

Write or Type Committee Name

**Health Net, Incorporated Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2012"/>  |                         | 200708.40                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | 140921.79               |                                   |
| (c) Total Receipts (from Line 19) .....  | 4064.03                 | 58277.42                          |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | 144985.82               | 258985.82                         |
| 7. Total Disbursements (from Line 31).....   | 23000.00                | 137000.00                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | 121985.82               | 121985.82                         |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

**Health Net, Incorporated Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 3848.15                       | 39759.19                          |
| (ii) Unitemized .....   | 215.88                        | 18518.23                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | 4064.03                       | 58277.42                          |
| (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) .....  | 4064.03                       | 58277.42                          |
| 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.) (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                          | 0.00                              |
| 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 Transfers (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))..... ▶                        | 4064.03                       | 58277.42                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | 4064.03                       | 58277.42                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated 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.....         | 23000.00                      | 137000.00                         |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (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 .....  | 0.00                          | 0.00                              |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated 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)) ..      | 23000.00                      | 137000.00                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 23000.00                      | 137000.00                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| <b>III. Net Contributions/Operating Expenditures</b>                                 | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 4064.03                               | 58277.42                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 4064.03                               | 58277.42                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 0.00                                  | 0.00                                      |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 0.00                                  | 0.00                                      |

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

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

FOR LINE NUMBER: PAGE 6 OF 114  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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)  
**Health Net, Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Scott Armstrong**

Mailing Address 21650 Oxnard Street

City State Zip Code  
 Woodland Hills CA 91367

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

Name of Employer Occupation  
 Health Net, Inc. Director, Actuarial Services

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : INCA25248**

Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**B. Dennis M. Bell**

Mailing Address 21650 Oxnard Street

City State Zip Code  
 Woodland Hills CA 91367

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

Name of Employer Occupation  
 Health Net, Inc. Vice President, Real Estate Management

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : INCA25249**

Amount of Each Receipt this Period  
 50.00

Full Name (Last, First, Middle Initial)  
**C. Marshall Bentley**

Mailing Address 180 Grand Avenue

City State Zip Code  
 Oakland CA 94612

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

Name of Employer Occupation  
 Health Net, Inc. VP, Legal Affairs

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : INCA25251**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25248

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25249

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25251

Payroll Deduction

Form/Schedule:

Transaction ID:



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

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

FOR LINE NUMBER: PAGE 9 OF 114  
(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)  
**Health Net, Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Ray Nan Berry**

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation Chief Quality Officer

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **07 / 18 / 2012**

**Transaction ID : INCA25253**

Amount of Each Receipt this Period **200.00**

Full Name (Last, First, Middle Initial)  
**B. Richard Bloomquist**

Mailing Address 222 Central Park Avenue, Suite 184

City Virginia Beach State VA Zip Code 23462

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

Name of Employer Health Net Federal Services, Inc. Occupation VP, Optimization

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 18 / 2012**

**Transaction ID : INCA25255**

Amount of Each Receipt this Period **25.00**

Full Name (Last, First, Middle Initial)  
**C. Steven R. Boettcher**

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation Vice President, Talent Management & Or

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **490.00**

Date of Receipt **07 / 18 / 2012**

**Transaction ID : INCA25256**

Amount of Each Receipt this Period **35.00**

**SUBTOTAL** of Receipts This Page (optional)..... **80.00**

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25253

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25255

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25256

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |                              |                                   |                             |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 12 OF 114              |
| <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)  
**Health Net, Incorporated Political Action Committee**

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Pamela Ann Bohall</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 18 / 2012 |
| Mailing Address 2025 Aerojet Road   |   | <b>Transaction ID : INCA25257</b>                   |
| City Rancho Cordova   | State CA                                  | Zip Code 95742                                      |
| FEC ID number of contributing federal political committee.  | C   | Amount of Each Receipt this Period<br>76.92         |
| Name of Employer Health Net Federal Services, Inc.  | Occupation VP, Claims Admin & Enroll Svcs |   |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1076.88       |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Terry F. Boquet</b>  |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 18 / 2012 |
| Mailing Address 2025 Aerojet Drive  |                                    | <b>Transaction ID : INCA25258</b>                   |
| City Rancho Cordova   | State CA                           | Zip Code 95742                                      |
| FEC ID number of contributing federal political committee.  | C                                  | Amount of Each Receipt this Period<br>20.00         |
| Name of Employer Health Net Federal Services, Inc.  | Occupation Dir, Finance            |   |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>280.00 |   |

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br><b>C. Shannon Borges</b>   |                                    | Date of Receipt<br>MM / DD / YYYY<br>07 / 18 / 2012 |
| Mailing Address 7755 Center Avenue, Suite 700   |                                    | <b>Transaction ID : INCA25259</b>                   |
| City Huntington Beach   | State CA                           | Zip Code 92647                                      |
| FEC ID number of contributing federal political committee.  | C                                  | Amount of Each Receipt this Period<br>38.00         |
| Name of Employer Health Net of California   | Occupation Director, Sales IV      |   |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>532.00 |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 134.92 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25257

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25258

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25259

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |                              |                                   |                             |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 15 OF 114              |
| <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)  
**Health Net, Incorporated Political Action Committee**

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Russell A. Bretall</b>   |  | Date of Receipt<br>MM / DD / YYYY<br>07 / 18 / 2012<br><b>Transaction ID : INCA25260</b> |
| Mailing Address 21271 Burbank Blvd.   |  | Amount of Each Receipt this Period<br>25.00  |
| City<br>Woodland Hills  | State<br>CA                                    | Zip Code<br>91367  |
| FEC ID number of contributing federal political committee.<br>C   |  |  |
| Name of Employer<br>Health Net, Inc.  | Occupation<br>Director, IT Business Consulting |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>350.00             |  |

|   |  |  |
|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Mark Brooks</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>07 / 18 / 2012<br><b>Transaction ID : INCA25261</b> |
| Mailing Address 11971 Foundation Place, Suite C   |  | Amount of Each Receipt this Period<br>30.00  |
| City<br>Rancho Cordova  | State<br>CA                            | Zip Code<br>95670  |
| FEC ID number of contributing federal political committee.<br>C   |  |  |
| Name of Employer<br>Health Net, Inc.  | Occupation<br>Chief Technology Officer |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>420.00     |  |

|   |                                       |  |
|---|---------------------------------------|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Patricia A. Buss</b>   |                                       | Date of Receipt<br>MM / DD / YYYY<br>07 / 18 / 2012<br><b>Transaction ID : INCA25262</b> |
| Mailing Address 2107 Wilson Blvd.   |                                       | Amount of Each Receipt this Period<br>50.00  |
| City<br>Arlington   | State<br>VA                           | Zip Code<br>22201  |
| FEC ID number of contributing federal political committee.<br>C   |                                       |  |
| Name of Employer<br>Health Net Federal Services, Inc.   | Occupation<br>Senior Medical Director |  |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>700.00    |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 105.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25260

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25261

Payroll Deduction



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25262

Payroll Deduction

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 18 OF 114  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Health Net, Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Mary T. Buster**

Mailing Address 2025 Aerojet Drive

City Rancho Cordova      State CA      Zip Code 95742

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

Name of Employer Health Net Inc.      Occupation Director Referral & Auth Ops

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : INCA25263**

Amount of Each Receipt this Period  
**19.00**

Full Name (Last, First, Middle Initial)  
**B. David B. Campbell**

Mailing Address 2025 Aerojet Road

City Rancho Cordova      State CA      Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc.      Occupation VP & CFO, Federal Services

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : INCA25266**

Amount of Each Receipt this Period  
**15.00**

Full Name (Last, First, Middle Initial)  
**c. Joseph Capezza**

Mailing Address 21650 Oxnard Street

City Woodland Hills      State CA      Zip Code 91367

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

Name of Employer Health Net, Inc.      Occupation EVP & CFO

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : INCA25267**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **74.00**

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25263

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25266

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25267

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 21 OF 114               |
|   | <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)  
**Health Net, Incorporated Political Action Committee**

**A. Sherman R. Card**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11971 Foundation Place, Suite C  
City Rancho Cordova State CA Zip Code 95670  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net of California, Inc. Occupation Director, Claims  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2012**  
**Transaction ID : INCA25268**  
Amount of Each Receipt this Period  
**200.00**

**B. Thomas Carrato**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2107 Wilson Blvd., Suite 900  
City Arlington State VA Zip Code 22201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Federal Services Occupation Program Officer - DoD  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2012**  
**Transaction ID : INCA25269**  
Amount of Each Receipt this Period  
**50.00**

**C. Julia Ann Ceballos**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13221 SW 68th Parkway  
City Tigard State OR Zip Code 97223  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net of Oregon Occupation VP, Provider Network Mgt.  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2012**  
**Transaction ID : INCA25270**  
Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **100.00**  
**TOTAL** This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25268

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25269

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25270

Payroll Deduction

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 24 OF 114  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Health Net, Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Debra Chase**  
 Mailing Address 21281 Burbank Blvd.  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP Administrative Services  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2012**  
**Transaction ID : INCA25271**  
 Amount of Each Receipt this Period  
**30.00**

Full Name (Last, First, Middle Initial)  
**B. Daniel C. Chick**  
 Mailing Address 1201 K Street, Suite 1815  
 City Sacramento State CA Zip Code 95814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net of California, Inc. Occupation Director, Government Affairs  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **406.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2012**  
**Transaction ID : INCA25272**  
 Amount of Each Receipt this Period  
**29.00**

Full Name (Last, First, Middle Initial)  
**C. Jeffrey A. Cinciarelli**  
 Mailing Address 11971 Foundation Place C  
 City Rancho Cordova State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Director, Sales IV  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2012**  
**Transaction ID : INCA25273**  
 Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **109.00**  
**TOTAL** This Period (last page this line number only)..... ▶



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25271

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25272

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25273

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 27 OF 114               |
|   | <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)  
**Health Net, Incorporated Political Action Committee**

**A. Patricia Clarey**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street  
22nd Floor

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation SVP, Chief Regulatory & External Rela

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **532.00**

Date of Receipt  
07 / 18 / 2012  
**Transaction ID : INCA25274**

Amount of Each Receipt this Period  
**38.00**

**B. Sam Cole**  
Full Name (Last, First, Middle Initial)

Mailing Address 11971 Foundation Place, Suite C

City Rancho Cordova State CA Zip Code 95670

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

Name of Employer Health Net of California Occupation Director of Sales IV

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
07 / 18 / 2012  
**Transaction ID : INCA25275**

Amount of Each Receipt this Period  
**20.00**

**C. Robert F. Crawford, Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1230 West Washington Street

City Tempe State AZ Zip Code 85281

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

Name of Employer Health Net, Inc. Occupation Contracts Director

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
07 / 18 / 2012  
**Transaction ID : INCA25277**

Amount of Each Receipt this Period  
**20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **78.00**

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25274

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25275

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25277

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 30 OF 114               |
|   | <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)  
**Health Net, Incorporated Political Action Committee**

**A. Diane Dunphy**  
Full Name (Last, First, Middle Initial)

Mailing Address 2370 Kerner Blvd.

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>San Raphael | State<br>CA | Zip Code<br>94901 |
|---------------------|-------------|-------------------|

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

|   |                              |
|---|------------------------------|
| Name of Employer<br>Mental Health Network | Occupation<br>VP, Operations |
|---|------------------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 18  |   | 2012    |

**Transaction ID : INCA25279**

Amount of Each Receipt this Period  
19.00

**B. Joanne Dunsmore**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd.

|                   |             |                   |
|-------------------|-------------|-------------------|
| City<br>Arlington | State<br>VA | Zip Code<br>22201 |
|-------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer<br>Health Net Federal Services, Inc. | Occupation<br>Director, Field Optimization |
|---|--|

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 18  |   | 2012    |

**Transaction ID : INCA25280**

Amount of Each Receipt this Period  
20.00

**C. Tim Duval**  
Full Name (Last, First, Middle Initial)

Mailing Address 12033 Foundation Place

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Rancho Cordova | State<br>CA | Zip Code<br>95670 |
|------------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer<br>Health Net Federal Services | Occupation<br>Chief Technology Officer |
|---|--|

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
672.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 18  |   | 2012    |

**Transaction ID : INCA25281**

Amount of Each Receipt this Period  
48.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 87.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25279

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25280

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25281

Payroll Deduction

Form/Schedule:

Transaction ID:



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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 33 OF 114  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Health Net, Incorporated Political Action Committee**

|   |  |   |
|---|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Ezra Martin Easley, Sr.</b>  |  | Date of Receipt<br>MM / DD / YYYY<br>07 / 18 / 2012 |
| Mailing Address 2025 Aerojet Road   |  | <b>Transaction ID : INCA25282</b>                   |
| City<br>Rancho Cordova  | State<br>CA  | Zip Code<br>95742                                   |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>200.00         |   |
| Name of Employer<br>Health Net Federal Services   | Occupation<br>Director, Patient Appointment Services |   |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>280.00                   |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>B. Daria A. Eppley</b>  |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 18 / 2012 |
| Mailing Address 2025 Aerojet Road   |   | <b>Transaction ID : INCA25284</b>                   |
| City<br>Rancho Cordova  | State<br>CA                                 | Zip Code<br>95742                                   |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>50.00 |   |
| Name of Employer<br>Health Net Federal Services, Inc.   | Occupation<br>VP, Access to Data            |   |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>700.00          |   |

|   |   |   |
|---|---|---|
| Full Name (Last, First, Middle Initial)<br><b>C. David R. Feniger</b>   |   | Date of Receipt<br>MM / DD / YYYY<br>07 / 18 / 2012 |
| Mailing Address 2025 Aerojet Road   |   | <b>Transaction ID : INCA25285</b>                   |
| City<br>Rancho Cordova  | State<br>CA                                 | Zip Code<br>95742                                   |
| FEC ID number of contributing federal political committee.<br>C   | Amount of Each Receipt this Period<br>42.00 |   |
| Name of Employer<br>Health Net, Inc.  | Occupation<br>Executive Counsel             |   |
| Receipt For: 2012<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>588.00          |   |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 112.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25282

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25284

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25285

Payroll Deduction

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 36 OF 114  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Health Net, Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Brian J. Fields**

Mailing Address 21550 Oxnard Street, Suite 1080

City State Zip Code  
 Woodland Hills CA 91367

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

Name of Employer Occupation  
 Health Net, Inc. Vice President, Asst. General Counsel

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 532.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : INCA25286**

Amount of Each Receipt this Period  
 38.00

Full Name (Last, First, Middle Initial)  
**B. Cathleen F. Fischbach**

Mailing Address 2025 Aerojet Drive

City State Zip Code  
 Rancho Cordova CA 95742

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

Name of Employer Occupation  
 Health Net Inc. Dir. Claims Quality Mgmt.

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : INCA25287**

Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. David J. Friedman**

Mailing Address 3400 Data Drive

City State Zip Code  
 Rancho Cordova CA 95670

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

Name of Employer Occupation  
 Health Net, Inc. VP, State Health Programs

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 560.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : INCA25288**

Amount of Each Receipt this Period  
 40.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 98.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25286

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25287

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25288

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 39 OF 114               |
|   | <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)  
**Health Net, Incorporated Political Action Committee**

**A. Jenny Geraty**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Drive

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation Director Performance Development & Sup

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : INCA25289**

Amount of Each Receipt this Period  
 19.00

**B. Paul A. Gilbertson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation Operations Officer

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : INCA25290**

Amount of Each Receipt this Period  
 75.00

**C. Jody Giordano**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer HealthNet of California Occupation Vice President of Underwriting

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012

**Transaction ID : INCA25291**

Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 144.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25289

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25290

Payroll Deduction



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25291

Payroll Deduction

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 42 OF 114  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Health Net, Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Robert R. Green**

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation Director, Finance

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **490.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : INCA25293**

Amount of Each Receipt this Period  
**35.00**

Full Name (Last, First, Middle Initial)  
**B. Anne Hanlon**

Mailing Address 180 Grand Avenue

City Oakland State CA Zip Code 94612

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

Name of Employer Health Net of California Occupation Director of Sales IV

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **532.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : INCA25294**

Amount of Each Receipt this Period  
**38.00**

Full Name (Last, First, Middle Initial)  
**C. Edward Hanson**

Mailing Address 10540 White Rock Road, Suite 280

City Rancho Cordova State CA Zip Code 95670

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

Name of Employer Health Net Pharmacy Services Occupation Director, Pharmacy

Receipt For: 2012  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : INCA25295**

Amount of Each Receipt this Period  
**30.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **103.00**

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25293

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25294

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25295

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 45 OF 114               |
|   | <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)  
**Health Net, Incorporated Political Action Committee**

**A. Eric Hause**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21650 Oxnard Street

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Woodland Hills | State<br>CA | Zip Code<br>91367 |
|------------------------|-------------|-------------------|

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

|                                      |  |
|--------------------------------------|--|
| Name of Employer<br>Health Net, Inc. | Occupation<br>Vice President - Strategy and Business |
|--------------------------------------|--|

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2012        |

**Transaction ID : INCA25296**

Amount of Each Receipt this Period  

|       |
|-------|
| 40.00 |
|-------|

**B. Juanell Hefner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11031 Sun Center Drive

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Rancho Cordova | State<br>CA | Zip Code<br>95670 |
|------------------------|-------------|-------------------|

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

|   |   |
|---|---|
| Name of Employer<br>MHN - Mental Health Network | Occupation<br>Chief Customer Services Officer |
|---|---|

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2012        |

**Transaction ID : INCA25297**

Amount of Each Receipt this Period  

|       |
|-------|
| 50.00 |
|-------|

**C. Jaimee E. Hemphill**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21650 Oxnard Street

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Woodland Hills | State<br>CA | Zip Code<br>91367 |
|------------------------|-------------|-------------------|

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

|                                |  |
|--------------------------------|--|
| Name of Employer<br>Health Net | Occupation<br>VP, Project Portfolio Planning & Deliv |
|--------------------------------|--|

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **490.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2012        |

**Transaction ID : INCA25299**

Amount of Each Receipt this Period  

|       |
|-------|
| 35.00 |
|-------|

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>125.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25296

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25297

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25299

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 48 OF 114  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Health Net, Incorporated Political Action Committee**

**A. Nicolas Hiner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 N. Finance Center Drive, Suite  
 City Tucson State AZ Zip Code 85710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Pharmacy Services Occupation Director, Pharmacy  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25301**  
 Amount of Each Receipt this Period  
 19.00

**B. Donna Hoffmeier**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 Wilson Blvd., Suite 900  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc. Occupation Program Officer - VA Services  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 532.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25302**  
 Amount of Each Receipt this Period  
 38.00

**C. Diane C. Iverson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP, Operations  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25305**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 77.00  
**TOTAL** This Period (last page this line number only)..... ▶



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25301

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25302

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25305

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 51 OF 114               |
|   | <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)  
**Health Net, Incorporated Political Action Committee**

**A. Elita Johnston**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation Director, Case Management

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : INCA25306**

Amount of Each Receipt this Period  
**20.00**

**B. Kieffer, George B.**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation Spokesman

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : INCA25307**

Amount of Each Receipt this Period  
**20.00**

**C. Joseph K. Klinger**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services Occupation Executive Counsel

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **532.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : INCA25308**

Amount of Each Receipt this Period  
**38.00**

**SUBTOTAL** of Receipts This Page (optional)..... **78.00**

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25306

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25307

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25308

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 54 OF 114               |
|   | <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)  
**Health Net, Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Anthony J. Koelker**

Mailing Address 2107 Wilson Blvd.

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Health Net Federal Services VP, Provider Network Management

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
560.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : INCA25310**

Amount of Each Receipt this Period  
40.00

Full Name (Last, First, Middle Initial)  
**B. David Kosterman**

Mailing Address 11971 Foundation Place, Suite C

City State Zip Code  
Rancho Cordova CA 95670

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

Name of Employer Occupation  
Health Net, Inc. Dir, IT Business Consulting

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
490.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : INCA25311**

Amount of Each Receipt this Period  
35.00

Full Name (Last, First, Middle Initial)  
**C. Arthur H. Kummer**

Mailing Address 21281 Burbank Blvd.

City State Zip Code  
Woodland Hills CA 91367

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

Name of Employer Occupation  
Health Net Inc. VP, Medicare Programs

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : INCA25312**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25310

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25311

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25312

Payroll Deduction

Form/Schedule:

Transaction ID:



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 57 OF 114  |
| <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)  
**Health Net, Incorporated Political Action Committee**

**A. Mauricio Leal**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21271 Burbank Blvd.  
City Woodland Hills State CA Zip Code 91367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net of California Occupation Director, Call Center  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2012**  
**Transaction ID : INCA25313**  
Amount of Each Receipt this Period  
**25.00**

**B. Sharon Lewis**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3400 Data Drive  
City Rancho Cordova State CA Zip Code 95670  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net, Inc. Occupation VP Org. Effectiveness  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2012**  
**Transaction ID : INCA25315**  
Amount of Each Receipt this Period  
**15.00**

**C. Joyce Li**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21650 Oxnard Street  
City Woodland Hills State CA Zip Code 91367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net, Inc. Occupation Chief Healthcare Solutions Ofcr  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **1120.00**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**07 / 18 / 2012**  
**Transaction ID : INCA25316**  
Amount of Each Receipt this Period  
**80.00**

**SUBTOTAL** of Receipts This Page (optional)..... **120.00**  
**TOTAL** This Period (last page this line number only).....

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25313

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25315

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25316

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |                              |                                   |                             |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 60 OF 114              |
| <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)  
**Health Net, Incorporated Political Action Committee**

**A. Fidel G. Ligsay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services Occupation VP Call Centers  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25317**  
 Amount of Each Receipt this Period  
 20.00

**B. Lori A. Long**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2107 Wilson Blvd.  
 City Arlington State VA Zip Code 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Occupation Director, Public Policy & Government R  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 752.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25318**  
 Amount of Each Receipt this Period  
 58.00

**C. Denise Louie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net of California Occupation Senior Counsel  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25319**  
 Amount of Each Receipt this Period  
 20.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25317

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25318

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25319

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 63 OF 114               |
|   | <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)  
**Health Net, Incorporated Political Action Committee**

**A. Lisa Maher**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Drive

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services Occupation Director, Legal & Reg Compliance

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt **07 / 18 / 2012**

**Transaction ID : INCA25321**

Amount of Each Receipt this Period **19.00**

**B. Susan Mandry**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd., Suite 900

City Arlington State VA Zip Code 22201

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

Name of Employer Health Net Federal Services Occupation VP Beneficiary & Government Reglations

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **07 / 18 / 2012**

**Transaction ID : INCA25322**

Amount of Each Receipt this Period **50.00**

**C. Karin Mayhew**  
Full Name (Last, First, Middle Initial)

Mailing Address 21650 Oxnard Street

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation SVP Organization Effectiveness

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **07 / 18 / 2012**

**Transaction ID : INCA25323**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **119.00**

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25321

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25322

Payroll Deduction



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25323

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |                              |                                   |                             |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 66 OF 114              |
| <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)  
**Health Net, Incorporated Political Action Committee**

**A. Candace Maynard**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3131 Camino Del Rio  
City San Diego State CA Zip Code 92108  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net of California Occupation Director, Case Management  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 18 / 2012  
**Transaction ID : INCA25324**  
Amount of Each Receipt this Period 25.00

**B. Rose V. Megian**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21281 Burbank Boulevard  
City Woodland Hills State CA Zip Code 91367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net, Inc. Occupation VP Membership Acct & Eligibility  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 266.00

Date of Receipt 07 / 18 / 2012  
**Transaction ID : INCA25325**  
Amount of Each Receipt this Period 19.00

**C. Kevin Meier**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13221 SW 68th Parkway  
City Tigard State OR Zip Code 97223  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net of Oregon Occupation Director Sales II  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 18 / 2012  
**Transaction ID : INCA25326**  
Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 64.00  
**TOTAL** This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25324

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25325

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25326

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 69 OF 114  |
| <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)  
**Health Net, Incorporated Political Action Committee**

**A. Steven A. Miller**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Drive  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services Occupation VP, Controller  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25327**  
 Amount of Each Receipt this Period  
 25.00

**B. Susan K. W. Misura**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services Occupation Director, Call Center  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25329**  
 Amount of Each Receipt this Period  
 20.00

**C. Marie Montgomery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation SVP & Corporate Controller  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25330**  
 Amount of Each Receipt this Period  
 40.00

|  |       |
|--|-------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 85.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |       |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25327

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25329

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25330

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 72 OF 114               |
|   | <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             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Health Net, Incorporated Political Action Committee**

**A. Cynthia E. Moore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13221 SW 68th Parkway  
City Tigard State OR Zip Code 97223  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net of Oregon Occupation Director, Sales II  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2012**  
**Transaction ID : INCA25331**  
Amount of Each Receipt this Period  
**25.00**

**B. Kimberly A. Morgan**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2025 Aerojet Road  
City Rancho Cordova State Ca Zip Code 95742  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Federal Services, Inc. Occupation VP Healthcare Services  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **269.22**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2012**  
**Transaction ID : INCA25332**  
Amount of Each Receipt this Period  
**19.23**

**C. Adrienne Biggert Morrell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2107 Wilson Blvd.  
City Arlington State VA Zip Code 22201  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net, Inc. Occupation VP Government Relations  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2012**  
**Transaction ID : INCA25333**  
Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **94.23**  
**TOTAL** This Period (last page this line number only).....



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25331

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25332

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25333

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:             | PAGE 75 OF 114               |
|   | (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"/> 12  |
|   |                              | <input type="checkbox"/> 15  |
|   |                              | <input type="checkbox"/> 16  |
|   |                              | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Health Net, Incorporated Political Action Committee**

**A. Bret A. Morris**  
Full Name (Last, First, Middle Initial)

Mailing Address 1230 West Washington Street

City State Zip Code  
Tempe AZ 85281

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

Name of Employer Occupation  
Health Net, Inc. President - Health Net of Arizona

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : INCA25334**

Amount of Each Receipt this Period  
100.00

**B. Lawrence Naehr**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd.

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Health Net Federal Services, Inc. VP, Optimization

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : INCA25335**

Amount of Each Receipt this Period  
50.00

**C. Gary Neiman**  
Full Name (Last, First, Middle Initial)

Mailing Address 11031 Sun Center Drive

City State Zip Code  
Rancho Cordova CA 95670

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

Name of Employer Occupation  
Health Net, Inc. VP, Customer Contact Centers

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
224.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : INCA25336**

Amount of Each Receipt this Period  
16.00

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 166.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |        |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25334

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25335

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25336

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 78 OF 114  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

|                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)  
**Health Net, Incorporated Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Chad S. Niles**

Mailing Address 1230 West Washington Street, Suite

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>Tempe | State<br>AZ | Zip Code<br>85281 |
|---------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer<br>Health Net of Arizona, Inc. | Occupation<br>Regional Vice President of Large Group |
|---|--|

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : INCA25337**

Amount of Each Receipt this Period  
**36.00**

Full Name (Last, First, Middle Initial)  
**B. Jennifer Nuovo**

Mailing Address 11931 Foundation Place, Suite D

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Rancho Cordova | State<br>CA | Zip Code<br>95670 |
|------------------------|-------------|-------------------|

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

|  |                                       |
|--|---------------------------------------|
| Name of Employer<br>Health Net of California | Occupation<br>Senior Medical Director |
|--|---------------------------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **532.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : INCA25338**

Amount of Each Receipt this Period  
**38.00**

Full Name (Last, First, Middle Initial)  
**C. Pierre Pendergrass**

Mailing Address 21650 Oxnard Street

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Woodland Hills | State<br>CA | Zip Code<br>91367 |
|------------------------|-------------|-------------------|

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

|                                      |                               |
|--------------------------------------|-------------------------------|
| Name of Employer<br>Health Net, Inc. | Occupation<br>Attorney at Law |
|--------------------------------------|-------------------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **490.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 18 / 2012**

**Transaction ID : INCA25340**

Amount of Each Receipt this Period  
**35.00**

|  |               |
|--|---------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>109.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |               |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25337

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25338

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25340

Payroll Deduction

Form/Schedule:

Transaction ID:



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

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 81 OF 114  |
| <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)  
**Health Net, Incorporated Political Action Committee**

**A. Lynn Pettitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 13221 SW 68th Parkway  
City Tigard State OR Zip Code 97223  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Inc. Occupation Director Pharmacy  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 266.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 18 / 2012  
**Transaction ID : INCA25341**  
Amount of Each Receipt this Period  
19.00

**B. Jeff W. Robertson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2025 Aerojet Road  
City Rancho Cordova State CA Zip Code 95742  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Federal Services, Inc. Occupation Manager, Data Analysis  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 18 / 2012  
**Transaction ID : INCA25342**  
Amount of Each Receipt this Period  
30.00

**C. Charles Rose**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2025 Aerojet Road  
City Rancho Cordova State CA Zip Code 95742  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Federal Services, Inc. Occupation VP & Asst. General Counsel  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 18 / 2012  
**Transaction ID : INCA25343**  
Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 74.00  
**TOTAL** This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25341

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25342

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25343

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 84 OF 114               |
|   | <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)  
**Health Net, Incorporated Political Action Committee**

**A. Matthew M. Ruest**  
Full Name (Last, First, Middle Initial)

Mailing Address 2107 Wilson Blvd, Suite 900

City State Zip Code  
Arlington VA 22201

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

Name of Employer Occupation  
Health Net Market Manager II

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
532.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : INCA25345**

Amount of Each Receipt this Period  
38.00

**B. David A. Sandkuhl**  
Full Name (Last, First, Middle Initial)

Mailing Address 1230 West Washington Street

City State Zip Code  
Tempe AZ 85281

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

Name of Employer Occupation  
Health Net of Arizona VP, Medicare Programs

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : INCA25346**

Amount of Each Receipt this Period  
150.00

**C. William Sawin**  
Full Name (Last, First, Middle Initial)

Mailing Address 21281 Burbank Blvd.

City State Zip Code  
Woodland Hills CA 91367

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

Name of Employer Occupation  
Health Net of California Dir., Sales IV

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
266.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 18 / 2012

**Transaction ID : INCA25349**

Amount of Each Receipt this Period  
19.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 207.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25345

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25346

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25349

Payroll Deduction

Form/Schedule:

Transaction ID:

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

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

FOR LINE NUMBER: PAGE 87 OF 114  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Health Net, Incorporated Political Action Committee**

**A. Lori R. Scott**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21281 Burbank Blvd.  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net of California Occupation VP, Sales Integration & Ops  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **532.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25351**  
 Amount of Each Receipt this Period  
**38.00**

**B. Steven J. Sell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2370 Kerner Blvd.  
 City San Rafael State CA Zip Code 94901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation President, West Region Health Plan  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25352**  
 Amount of Each Receipt this Period  
**100.00**

**C. Jeffrey Lee Shelton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1201 K Street, Suite 1815  
 City Sacramento State CA Zip Code 95814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP State Leg & Reg Compliance  
 Receipt For: 2012  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ **560.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25354**  
 Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional)..... ► **178.00**  
**TOTAL** This Period (last page this line number only)..... ►

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25351

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25352

Payroll Deduction



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25354

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 90 OF 114               |
|   | <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)  
**Health Net, Incorporated Political Action Committee**

**A. Michael P. Sobetzko**  
Full Name (Last, First, Middle Initial)

Mailing Address 21271 Burbank Blvd.

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net, Inc. Occupation VP, Business Plan, Ops, Qual & Trng

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 07 / 18 / 2012

**Transaction ID : INCA25355**

Amount of Each Receipt this Period 200.00

**B. Larry Tallman**  
Full Name (Last, First, Middle Initial)

Mailing Address 21281 Burbank Blvd.

City Woodland Hills State CA Zip Code 91367

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

Name of Employer Health Net of California Occupation VP Sales

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 18 / 2012

**Transaction ID : INCA25356**

Amount of Each Receipt this Period 25.00

**C. Debra Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 2025 Aerojet Road

City Rancho Cordova State CA Zip Code 95742

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

Name of Employer Health Net Federal Services, Inc. Occupation VP, Organization Effectiveness

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 18 / 2012

**Transaction ID : INCA25357**

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 95.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25355

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25356

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25357

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 93 OF 114               |
|   | <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             | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
**Health Net, Incorporated Political Action Committee**

**A. Jacqueline B. Thames**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 N. Finance Center, Drive, Suit  
 City Tucson State AZ Zip Code 85710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Inc. Occupation Director, Contracts  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25358**  
 Amount of Each Receipt this Period  
 15.00

**B. Susan I. Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation Director of Business Intelligence  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25359**  
 Amount of Each Receipt this Period  
 25.00

**C. Steven D. Tough**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Drive  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services Occupation President - Government Programs  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25361**  
 Amount of Each Receipt this Period  
 50.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 90.00  
**TOTAL** This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25358

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25359

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25361

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |   |                              |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 96 OF 114               |
|   | <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)  
**Health Net, Incorporated Political Action Committee**

**A. Richard A. Weirich**  
Full Name (Last, First, Middle Initial)

Mailing Address 11971 Foundation Place, Suite C

|                        |             |                   |
|------------------------|-------------|-------------------|
| City<br>Rancho Cordova | State<br>CA | Zip Code<br>95670 |
|------------------------|-------------|-------------------|

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

|                                      |   |
|--------------------------------------|---|
| Name of Employer<br>Health Net, Inc. | Occupation<br>Director Real Estate Admin. |
|--------------------------------------|---|

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2012        |

**Transaction ID : INCA25365**

Amount of Each Receipt this Period  

|       |
|-------|
| 69.00 |
|-------|

**30.00**

**B. Kory M. Wells**  
Full Name (Last, First, Middle Initial)

Mailing Address 3458 Neeley Road

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>McGuire AFB | State<br>NJ | Zip Code<br>08641 |
|---------------------|-------------|-------------------|

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

|   |  |
|---|--|
| Name of Employer<br>Health Net Federal Services, Inc. | Occupation<br>Director, Field Optimization |
|---|--|

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2012        |

**Transaction ID : INCA25366**

Amount of Each Receipt this Period  

|       |
|-------|
| 69.00 |
|-------|

**19.00**

**C. Scott M. Wert**  
Full Name (Last, First, Middle Initial)

Mailing Address 950 N Finance Center Drive, # 255/

|                |             |                   |
|----------------|-------------|-------------------|
| City<br>Tuscon | State<br>AZ | Zip Code<br>85710 |
|----------------|-------------|-------------------|

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

|                                     |                                     |
|-------------------------------------|-------------------------------------|
| Name of Employer<br>Health Net Inc. | Occupation<br>VP, Pharmacy Services |
|-------------------------------------|-------------------------------------|

Receipt For: 2012  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07    |   | 18    |   | 2012        |

**Transaction ID : INCA25367**

Amount of Each Receipt this Period  

|       |
|-------|
| 69.00 |
|-------|

**20.00**

|  |              |
|--|--------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | <b>69.00</b> |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |              |



: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25365

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25366

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25367

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |  |   |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)                                      | PAGE 99 OF 114  |
|   | <input checked="" type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)  
**Health Net, Incorporated Political Action Committee**

**A. Robert, S. Westbrook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2025 Aerojet Road  
 City Rancho Cordova State CA Zip Code 95742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Federal Services, Inc. Occupation VP, Government Contracts  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25368**  
 Amount of Each Receipt this Period  
 200.00

**B. Virginia E. White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10540 White Rock Road, Suite 280  
 City Rancho Cordova State CA Zip Code 95670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net, Inc. Occupation VP, Operations  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25369**  
 Amount of Each Receipt this Period  
 200.00

**C. Evan L. Willette**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21650 Oxnard Street  
 City Woodland Hills State CA Zip Code 91367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Health Net Occupation Vice President, Finance  
 Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 18 / 2012  
**Transaction ID : INCA25370**  
 Amount of Each Receipt this Period  
 30.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**TOTAL** This Period (last page this line number only)..... ▶

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25368

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25369

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25370

Payroll Deduction

Form/Schedule:

Transaction ID:

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

|   |                              |                                   |                             |
|---|------------------------------|-----------------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 102 OF 114             |
| <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)  
**Health Net, Incorporated Political Action Committee**

**A. Gay Ann Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21650 Oxnard Street  
City Woodland Hills State CA Zip Code 91367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net, Inc. Occupation VP State Leg & Reg Compliance  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 18 / 2012  
**Transaction ID : INCA25371**  
Amount of Each Receipt this Period  
100.00

**B. Lawrence Wong**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21650 Oxnard Street  
City Woodland Hills State CA Zip Code 91367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net, Inc. Occupation Director, Call Center  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 18 / 2012  
**Transaction ID : INCA25372**  
Amount of Each Receipt this Period  
25.00

**C. James E. Woys**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2025 Aerojet Road  
City Rancho Cordova State CA Zip Code 95742  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Health Net Federal Services, Inc.. Occupation EVP & COO  
Receipt For: 2012  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 2870.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
07 / 18 / 2012  
**Transaction ID : INCA25373**  
Amount of Each Receipt this Period  
205.00

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 330.00  |
| <b>TOTAL</b> This Period (last page this line number only).....▶ | 3848.15 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25371

Payroll Deduction

Form/Schedule: SA11AI

Transaction ID: INCA25372

Payroll Deduction

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : INCA25373

Payroll Deduction

Form/Schedule:

Transaction ID:



**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. Bill Cassidy for Congress**

Mailing Address P.O. Box 80505

City State Zip Code  
Baton Rouge LA 70898

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**William Cassidy**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2012

**Transaction ID : EXPB25102**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Walden for Congress**

Mailing Address P.O. Box 1091

City State Zip Code  
Hood River OR 97031

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Gregory P. Walden**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 09 / 2012

**Transaction ID : EXPB25103**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Blumenauer for Congress**

Mailing Address 830 NE Holladay, Suite 105

City State Zip Code  
Portland OR 97232

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Earl Blumenauer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2012

**Transaction ID : EXPB25232**

Amount of Each Disbursement this Period

5000.00

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

7500.00

**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 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. Joe Wilson for Congress Committee**

Mailing Address P.O. Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Addison (Joe) Graves Wilson**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SC District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2012

**Transaction ID : EXPB25233**

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

**B. Sanford Bishop for Congress**

Mailing Address P.O. Box 909

City Columbus State GA Zip Code 31902

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Sanford D. Bishop, Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: GA District: 02

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 18 / 2012

**Transaction ID : EXPB25231**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Abel Maldonado for Congress**

Mailing Address P.O. Box 5325

City Santa Maria State CA Zip Code 93456

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Abel Maldonado**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 24

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 20 / 2012

**Transaction ID : EXPB25240**

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : EXPB25240

Contribution made through joint fundraising committee CAL Victory Fund.

Form/Schedule:

Transaction ID:

**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. Brian Bilbray for Congress**

Mailing Address 970 Seacoast Drive, Suite 7

City Imperial Beach State CA Zip Code 91932

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Brian Phillip Bilbray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 52

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 20    |   | 2012      |

**Transaction ID : EXPB25234**

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Doug LaMalfa Committee**

Mailing Address 2150 River Plaza Drive, Suite 150

City Sacramento State CA Zip Code 95833

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Doug LaMalfa**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 01

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 20    |   | 2012      |

**Transaction ID : EXPB25236**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Friends of Gary DeLong**

Mailing Address 30151 Tomas

City Rancho Santa Margarita State CA Zip Code 92688

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Gary DeLong**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 47

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    |   | 20    |   | 2012      |

**Transaction ID : EXPB25235**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

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

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

|         |
|---------|
| 4500.00 |
|---------|

|  |
|--|
|  |
|--|

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SB23

Transaction ID : EXPB25236

Contribution made through joint fundraising committee CAL Victory Fund.

Form/Schedule: SB23

Transaction ID: EXPB25235

Contribution made through joint fundraising committee CAL Victory Fund.

**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. John Tavaglione for Congress**

Mailing Address 4201 Brockton Avenue, Suite 100

City Riverside State CA Zip Code 92501

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**John F. Tavaglione**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 41

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    | / | 20    | / | 2012      |

**Transaction ID : EXPB25241**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. Kim Dolbow Vann for Congress**

Mailing Address P.O. Box 984

City Willows State CA Zip Code 95988

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Kim Dolbow Vann**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 03

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    | / | 20    | / | 2012      |

**Transaction ID : EXPB25242**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C. Ricky Gill for Congress**

Mailing Address P.O. Box 691900

City Stockton State CA Zip Code 95269

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Ricky Gill**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 09

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 07    | / | 20    | / | 2012      |

**Transaction ID : EXPB25239**

Amount of Each Disbursement this Period

|         |
|---------|
| 1000.00 |
|---------|

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

|         |
|---------|
| 3000.00 |
|---------|

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

|  |
|--|
|  |
|--|

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SB23

Transaction ID : EXPB25241

Contribution made through joint fundraising committee CAL Victory Fund.

Form/Schedule: SB23

Transaction ID: EXPB25242

Contribution made through joint fundraising committee CAL Victory Fund.

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB23

Transaction ID : EXPB25239

Contribution made through joint fundraising committee CAL Victory Fund.

Form/Schedule:

Transaction ID:



**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. Strickland for Congress 2012**

Mailing Address 603 East Alton Avenue, Suite H

City Santa Ana State CA Zip Code 92705

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**Anthony A. Strickland**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 26

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : EXPB25237**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Valadao for Congress**

Mailing Address 504 Van Ness Avenue

City Fresno State CA Zip Code 93721

Purpose of Disbursement  
Monetary Contribution

011

Candidate Name

**David Valadao**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 21

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2012

**Transaction ID : EXPB25238**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

2000.00

23000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SB23

Transaction ID : EXPB25237

Contribution made through joint fundraising committee CAL Victory Fund.

Form/Schedule: SB23

Transaction ID: EXPB25238

Contribution made through joint fundraising committee CAL Victory Fund.