

**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

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

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

M M M / D D D / Y Y Y Y Y Y  
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)..... ▶