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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. 12FE4MS

Health Net, Incorporated Political Action Committee

ADDRESS (number and street) 21650 Coxwood Street, 25th Floor

Check if different than previously reported. (ACC)

Woodland Hills CA 91367

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

CD00390789

3. IS THIS REPORT NEW 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:

Table with columns for report due dates: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE)

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

Table with columns for report types: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

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

Table with columns for report types: General (30G), Runoff (30R), Special (30S)

5. Covering Period 03/01/2004 through 03/31/2004

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 J. Hillfrank

Signature of Treasurer [Signature] Date 03/18/2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 6437g.

Office Use Only table with 10 empty columns.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 02/2003)

Page 2

Write or Type Committee Name

Health Net, Incorporated Political Action Committee

Report Covering the Period: From: 03 01 2004 To: 03 31 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2004		25,628.60
(b) Cash on Hand at Beginning of Reporting Period	27,585.60	
(c) Total Receipts (from Line 1b)	15,981.00	21,435.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	43,566.60	47,066.60
7. Total Disbursements (from Line 3c)	3,500.00	3,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	43,566.60	43,566.60
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (itemize all on 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

FEC Form 3X (Revised 02/2003)

Page 3

Write or Type Committee Name:

Health Net, Incorporated Political Action Committee

Report Covering the Period: From: 03 31 2004 To: 03 31 2004

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees:		
(i) Itemized (use Schedule A).....	14,296.00	
(ii) Unitemized.....	1,685.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii).....	15,981.00	21,438.00
(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 23, page 5).....	15,981.00	21,438.00
12. Transfers from Affiliated/Other Party Committees.....	0.00	0.00
13. 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 Nonfederal 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)).....	15,981.00	21,438.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....	15,981.00	21,438.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3x (Revised 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B 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	0.00	3,500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441b(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(2))		
(a) Allocated Federal Election Activity (from Schedule H8):		
(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), and 30(c))	0.00	3,500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	0.00	3,500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 02/2003)

Page 6

II. Net Contributions / Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from line 11 (d), page 3).....	15,981.00	21,432.00
34. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33).....	15,981.00	21,432.00
36. Total Federal Operating Expenditures (add Line 21(a)(1) and Line 21(b)).....	0.00	0.00
37. Offset to Operating Expenditures (from line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 36 from Line 35).....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 1 OF 7
(check only one)

<input 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			

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. Full Name (Last, First, Middle Initial)
Scott B. McCauley

Mailing Address
2035 B Rowlett
City State Zip Code
Rancho Cordova, CA 95742

FEC ID number of contributing federal political committee
C

Name of Employer
Health Net, Inc.

Occupation
Director Organizational Effectiveness

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
\$500.00

Date of Receipt
M O B D Y Y Y Y
03 02 2004

Amount of Each Receipt this Period
\$500.00

B. Full Name (Last, First, Middle Initial)
Robert C. Takahama

Mailing Address
2282 Burbank Blvd.
City State Zip Code
Woodland Hills, CA 91367

FEC ID number of contributing federal political committee
C

Name of Employer
Health Net, Inc.

Occupation
VP Pharmacy

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
\$500.00

Date of Receipt
M O B D Y Y Y Y
03 02 2004

Amount of Each Receipt this Period
\$500.00

C. Full Name (Last, First, Middle Initial)
Mark D. Morgan

Mailing Address
3181 Burbank Blvd.
City State Zip Code
Woodland Hills, CA 91367

FEC ID number of contributing federal political committee
C

Name of Employer
Health Net of California

Occupation
VP Sales

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
\$500.00

Date of Receipt
M O B D Y Y Y Y
03 10 2004

Amount of Each Receipt this Period
\$500.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2,500.00

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

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

FOR LINE NUMBER: (check only one)		PAGE 2 OF 2	
<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. Andrew R. Ozvir		Date of Receipt M N J D Y Y C Y 03 10 2004	
Mailing Address 21850 Oxford Street City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period L S \$500.00	
FEC ID number of contributing federal political committee C			
Name of Employer Health Net, Inc.	Occupation Director, Leadership & CO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$500.00		

Full Name (Last, First, Middle Initial) B. Sharon Rae Almasv		Date of Receipt M N J D Y Y C Y 03 10 2004	
Mailing Address 21371 Kuyahak Blvd City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period L S \$600.00	
FEC ID number of contributing federal political committee C			
Name of Employer Health Net, Inc.	Occupation VP Membership		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$600.00		

Full Name (Last, First, Middle Initial) C. Patricia Johnston		Date of Receipt M N J D Y Y C Y 03 10 2004	
Mailing Address 1700 L Street City State Zip Code Sacramento, CA 95814		Amount of Each Receipt this Period L S \$1,000.00	
FEC ID number of contributing federal political committee C			
Name of Employer Health Net, Inc.	Occupation Senior Consultant, Development Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$1,000.00		

SUBTOTAL of Receipts This Page (optional)	\$1,500.00
TOTAL This Period (last page this line number only)	\$1,500.00

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

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

FOR LINE NUMBER: (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

PAGE 3 OF 7

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

A. Jennifer E. Moore

Full Name (Last, First, Middle Initial)
Date of Receipt: 03 23 2004

Mailing Address
21201 Buckhorn Blvd.
City: Woodland Hills, CA 91367
State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Health Net, Inc. Occupation: VP Provider Network Management

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date: 250.00

Amount of Each Receipt this Period: 250.00

B. Jay M. Gallant

Full Name (Last, First, Middle Initial)
Date of Receipt: 03 23 2004

Mailing Address
21650 Concord Street
City: Woodland Hills, CA 91367
State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Health Net, Inc. Occupation: President & CEO

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date: 5,000.00

Amount of Each Receipt this Period: 5,000.00

C. David Anderson

Full Name (Last, First, Middle Initial)
Date of Receipt: 03 31 2004

Mailing Address
21201 Buckhorn Blvd.
City: Woodland Hills, CA 91367
State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Health Net, Inc. Occupation: Chief Sales Officer

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date: 300.00

Amount of Each Receipt this Period: 300.00

Bi-weekly payroll deduction

SUBTOTAL of Receipts This Page (optional): 5,550.00

TOTAL This Period (list page this line number only):

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

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

FEC LINE NUMBER: (check only one)
 11a 11b 11c 12
 13 14 15 16 17

PAGE 4 OF 7

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

Full Name (Last, First, Middle Initial)
A. Thomas S. Ash

Mailing Address
 123 Technology Drive
 City State Zip Code
 Irvine, CA 92618

FEC ID number of contributing federal political committee
 C

Name of Employer
 Health Net, Inc.

Occupation
 Pres. RGS & Managed Care

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
 300.00

Date of Receipt
 M N D O B I Y Y Y Y
 03 31 2004

Amount of Each Receipt this Period
 100.00

62 Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Jeffrey R. Camporelli

Mailing Address
 11571 Foundation Place C
 City State Zip Code
 Sancho Cordova, CA 95570

FEC ID number of contributing federal political committee
 C

Name of Employer
 Health Net, Inc.

Occupation
 Director Sales

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
 300.00

Date of Receipt
 M N D O B I Y Y Y Y
 03 31 2004

Amount of Each Receipt this Period
 100.00

61 Weekly Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Mark S. Z. Tawil

Mailing Address
 2600 W. 44th Street, B900
 City State Zip Code
 Phoenix, AZ 85008

FEC ID number of contributing federal political committee
 C

Name of Employer
 Health Net, Inc.

Occupation
 President HR BIRDM

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date
 300.00

Date of Receipt
 M N D O B I Y Y Y Y
 03 31 2004

Amount of Each Receipt this Period
 100.00

51 Weekly Payroll Deduction

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

300.00

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 1a	<input type="checkbox"/> 11a	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 1b	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

PAGE 1 OF 1

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NAME OF COMMITTEE (as Full)
Health Rec. Incorporated Political Action Committee

A. Carol P. Richey

Full Name (Last, First, Middle Initial)
Date of Receipt: 03 31 2004

Mailing Address: 2156 Oxford Street, Woodland Hills, CA 91367
City: State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Health Net, Inc. Occupation: Sr. Vice President, Controller
Receipt For: Primary General Other (specify):
Aggregate Year-to-Date: 600.00

BI-Weekly Payroll Deduction: 200.00

B. Kickey Des Simons

Full Name (Last, First, Middle Initial)
Date of Receipt: 03 31 2004

Mailing Address: 21271 Burbank Blvd, Woodland Hills, CA 91367
City: State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Health Net, Inc. Occupation: VP INFORMATION SYSTEMS
Receipt For: Primary General Other (specify):
Aggregate Year-to-Date: 250.00

BI-Weekly Payroll Deduction: 86.00

C. Jeanne Tully Steffen

Full Name (Last, First, Middle Initial)
Date of Receipt: 03 31 2004

Mailing Address: 7520 Sandy Plains Avenue, Las Vegas, NV 89131
City: State: Zip Code:

FEC ID number of contributing federal political committee: C

Name of Employer: Health Net, Inc. Occupation: VP Network & Delivery Sys. Management
Receipt For: Primary General Other (specify):
Aggregate Year-to-Date: 300.00

BI-Weekly Payroll Deduction: 100.00

SUBTOTAL of Receipts This Page (optional): 1150.00

TOTAL This Period (last page this line number only): 1150.00

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

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

FOR LINE NUMBER: (check only one)		PAGE 5 OF 7	
<input checked="" type="checkbox"/> 1	<input 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	<input type="checkbox"/> 18	<input type="checkbox"/> 19

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

Full Name (Last, First, Middle Initial) A. Robert T. Taketomo		Date of Receipt M O D Y Y Y 03 31 2004	
Mailing Address 21291 Bushank Blvd. City State Zip Code Rowland Hills, CA 91067		Amount of Each Receipt this Period \$ 50.00	
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.	Occupation VP Pharmacy		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 50.00		

Full Name (Last, First, Middle Initial) B. Sebastian Tom		Date of Receipt M O D Y Y Y 03 31 2004	
Mailing Address 3400 Dana Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period \$ 100.00	
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.	Occupation VP Legal		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 100.00		

Full Name (Last, First, Middle Initial) C. Jennifer Humbert Vargas		Date of Receipt M O D Y Y Y 03 31 2004	
Mailing Address 3400 Dana Drive City State Zip Code Rancho Cordova, CA 95670		Amount of Each Receipt this Period \$ 100.00	
FEC ID number of contributing federal political committee. C		Bi-Weekly Payroll Deduction	
Name of Employer Health Net, Inc.	Occupation SVP General Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 100.00		

SUBTOTAL of Receipts This Page (optional)	\$ 150.00
TOTAL This Period (last page this line number only)	\$ 150.00

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

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

FOR LINE NUMBER: (check only one)		PAGE 2 OF 2	
<input checked="" type="checkbox"/> 1a	<input type="checkbox"/> 11a	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Curtis Masera		Date of Receipt M O B D Y Y 03 31 2004
Mailing Address 2155 Oxford Street City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period \$ 100.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation RVP General Counsel/Secy	Bi-weekly Payroll Deduction
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 300.00	

Full Name (Last, First, Middle Initial) B. Michael White		Date of Receipt M O B D Y Y 03 31 2004
Mailing Address 1400 Dale Drive City State Zip Code Panama City, CA 95570		Amount of Each Receipt this Period \$ 100.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net, Inc.	Occupation RVP Treasurer	Bi-weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 300.00	

Full Name (Last, First, Middle Initial) C. Christopher P. Wing		Date of Receipt M O B D Y Y 03 31 2004
Mailing Address 11251 Burbank Blvd. City State Zip Code Woodland Hills, CA 91367		Amount of Each Receipt this Period \$ 200.00
FEC ID number of contributing federal political committee C		
Name of Employer Health Net of California	Occupation Executive VP, Reg. Health Plans & Spc.	Bi-weekly Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/>	Aggregate Year-to-Date \$ 600.00	

SUBTOTAL of Receipts This Page (optional)	\$ 400.00
TOTAL This Period (last page this line number only)	\$ 10,356.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified/Priority/Express Mail	Postmarked (RC)
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): FED EX	Shipping Date 4/16/04
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
JCA	4-19-04
PREPARER	DATE PREPARED