

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

Jul 13 4 21 PM '00

USE FEC MAILING LABEL
OR
TYPE OR PRINT

| | | |
|--|--|---|
| 1. NAME OF COMMITTEE (in full) PacifiCare Health Systems, Inc. PAC | | 2. FEC IDENTIFICATION NUMBER C00240903 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported P.O. Box 25186 | | |
| CITY, STATE and ZIP CODE Santa Ana, CA 92799 | | |
| 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M) | | |

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|---|
| 5. Covering Period <u>04/01/00</u> through <u>06/30/00</u> | | |
| 6. (a) Cash on Hand January 1, 2000 | | \$ 54,249.05 |
| (b) Cash on Hand at Beginning of Reporting Period | \$ 58,678.57 | |
| (c) Total Receipts (from Line 19) | \$ 25,143.94 | \$ 44,973.46 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B) | \$ 83,722.51 | \$ 99,222.61 |
| 7. Total Disbursements (from Line 20) | \$ 23,500.00 | \$ 39,000.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | \$ 60,222.51 | \$ 60,222.51 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00 | For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll free 800-424-9630 Local 202-694-1100 |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | \$ 0.00 | |

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

Nick Franklin

Signature of Treasurer



Date

7/11/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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

FEC FORM 3X

(revised 9/99)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/95)

| NAME OF COMMITTEE PacificCare Health Systems, Inc. PAC | REPORT COVERING PERIOD | | |
|---|-------------------------------|---------------------------|------------|
| | FROM | TO | |
| | 04/01/00 | 06/30/00 | |
| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year | |
| 11. Contributions (other than loans) From: | | | |
| a. Individual/Persons Other Than Political Committees | | | |
| i. Itemized (use Schedule A) | 16,155.00 | 23,331.00 | 11(a)(i) |
| ii. Unitemized | 8,988.94 | 21,642.46 | 11(a)(ii) |
| iii. Total | 25,143.94 | 44,973.46 | 11(a)(iii) |
| (add i and ii) > | | | |
| b. Political Party Committees | 0.00 | 0.00 | 11(b) |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 11(c) |
| d. Total Contributions | 25,143.94 | 44,973.46 | 11(d) |
| (add a ii, b and c) > | | | |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 | 12 |
| 13. All Loans Received | 0.00 | 0.00 | 13 |
| 14. Loan Repayments Received | 0.00 | 0.00 | 14 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) | 0.00 | 0.00 | 15 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees | 0.00 | 0.00 | 16 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | 0.00 | 0.00 | 18 |
| 19. Total Receipts | 25,143.94 | 44,973.46 | 19 |
| (add 11d, 12, 13, 14, 15, 16, 17, and 18) > | | | |
| 20. Total Federal Receipts | 25,143.94 | 44,973.46 | 20 |
| (subtract line 18 from line 19) > | | | |
| | | | |
| II. Disbursements | | | |
| 21. Operating Expenditures: | | | |
| a. Shared Federal/Non-Federal Activity (from Schedule H4) | | | |
| i. Federal Share | 0.00 | 0.00 | 21(a)(i) |
| ii. Non-Federal Share | 0.00 | 0.00 | 21(a)(ii) |
| b. Other Federal Operating Expenditures | 0.00 | 0.00 | 21(b) |
| c. Total Operating Expenditures | 0.00 | 0.00 | 21(c) |
| (add a i, a ii, and b) > | | | |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 | 22 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 14,900.00 | 24,400.00 | 23 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 | 24 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 | 25 |
| 26. Loan Repayments Made | 0.00 | 0.00 | 26 |
| 27. Loans Made | 0.00 | 0.00 | 27 |
| 28. Refunds of Contributions To: | | | |
| a. Individuals/Persons Other Than Political Committees | 0.00 | 0.00 | 28(a) |
| b. Political Party Committees | 0.00 | 0.00 | 28(b) |
| c. Other Political Committees (such as PACs) | 0.00 | 0.00 | 28(c) |
| d. Total Contribution Refunds | 0.00 | 0.00 | 28(d) |
| (add a, b and c) > | | | |
| 29. Other Disbursements | 8,600.00 | 14,600.00 | 29 |
| 30. Total Disbursements | 23,500.00 | 39,000.00 | 30 |
| (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) > | | | |
| 31. Total Federal Disbursements | 23,500.00 | 39,000.00 | 31 |
| (subtract line 21 a ii from line 30) > | | | |
| | | | |
| III. Net Contributions/Operating Expenditures | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 25,143.94 | 44,973.46 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 0.00 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 25,143.94 | 44,973.46 | 34 |
| 35. Total Federal Operating Expenditures | 0.00 | 0.00 | 35 |
| (add 21 a i and 21 b) > | | | |
| 36. Offsets to Operating Expenditures (from line 15) | 0.00 | 0.00 | 36 |
| 37. Net Operating Expenditures | 0.00 | 0.00 | 37 |
| (subtract line 35 from 35) > | | | |

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 10
FOR LINE NUMBER 11 a 1

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)
PacifiCare Health Systems, Inc. PAC

| | | | |
|--|--|--|---|
| A. Full Name, Mailing Address and ZIP Code Coy Baugh 3110 Lake Center Drive Huntington Beach, CA 92648 | Name of Employer PHPA Corporate | Date (month, day, year) 06/25/00 | Amount of Each Receipt this Period 600.00 |
| | Occupation VP, Treasury | Aggregate Year-to-Date > \$ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| B. Full Name, Mailing Address and ZIP Code Timothy Dana Allso Viejo, CA 92656 | Name of Employer PacifiCare Behav Hlth CA | Date (month, day, year) 05/25/00 | Amount of Each Receipt this Period 600.00 |
| | Occupation VP, Sales & Mktg-II | Aggregate Year-to-Date > \$ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| C. Full Name, Mailing Address and ZIP Code Robert Elk 410 N. 44th Street Phoenix, AZ 85022 | Name of Employer PHPA Arizona | Date (month, day, year) 06/02/00 | Amount of Each Receipt this Period 500.00 |
| | Occupation VP, Hlth Svc | Aggregate Year-to-Date > \$ 500.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| D. Full Name, Mailing Address and ZIP Code Sharon Ricclud 3100 Lake Center Drive Santa Ana, CA 92704 | Name of Employer PHPA Corporate | Date (month, day, year) Payroll Deduction | Amount of Each Receipt this Period 140.00 (\$20.00 Biweekly) |
| | Occupation Consult-8r | Aggregate Year-to-Date > \$ 260.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| E. Full Name, Mailing Address and ZIP Code Pamela Puetz 3100 Lake Center Drive Garden Grove, CA 92645 | Name of Employer PHPA Corporate | Date (month, day, year) Payroll Deduction | Amount of Each Receipt this Period 140.00 (\$20.00 Biweekly) |
| | Occupation Dir, HR/Payroll Sys | Aggregate Year-to-Date > \$ 260.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| F. Full Name, Mailing Address and ZIP Code Glenn Terwilliger 29828 Woodbrook Drive Agoura Hills, CA 91301 | Name of Employer PHPA Corporate | Date (month, day, year) Payroll Deduction | Amount of Each Receipt this Period 140.00 (\$20.00 Biweekly) |
| | Occupation VP, Underwrtng-II | Aggregate Year-to-Date > \$ 260.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |
| G. Full Name, Mailing Address and ZIP Code William Cunningham MD 10833 Valley View Street Mission Viejo, CA 92692 | Name of Employer PacifiCare of California | Date (month, day, year) Payroll Deduction | Amount of Each Receipt this Period 140.00 (\$20.00 Biweekly) |
| | Occupation Dir, Med | Aggregate Year-to-Date > \$ 260.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | | | |

SUBTOTAL of Receipts This Page (optional)

2,060.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 10
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
PacifiCare Health Systems, Inc. PAC

| | | | |
|--|--|--|--|
| A. Full Name, Mailing Address and ZIP Code Jerome Vaccaro M.D. Los Angeles, CA 90064 | Name of Employer PacifiCare Behav Hlth CA | Date (month, day, year) Payroll | Amount of Each Receipt this Period 280.00 |
| | Occupation VP, Hlth Svc | Deduction (\$40.00) | Biweekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 520.00 | | |
| B. Full Name, Mailing Address and ZIP Code Geoffrey Macpherson 7525 S.E. 24th Renton, WA 98059 | Name of Employer PHPA Washington | Date (month, day, year) Payroll | Amount of Each Receipt this Period 280.00 |
| | Occupation Dir, Med | Deduction (\$40.00) | Biweekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 520.00 | | |
| C. Full Name, Mailing Address and ZIP Code Ban Singer 8204 Westlawn Avenue Rosemoor, CA 90740 | Name of Employer PHPA Corporate | Date (month, day, year) Payroll | Amount of Each Receipt this Period 140.00 |
| | Occupation VP, PR | Deduction (\$20.00) | Biweekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 260.00 | | |
| D. Full Name, Mailing Address and ZIP Code Craig Schub 3110 Lake Center Drive Newport Coast, CA 92657 | Name of Employer SHUSA | Date (month, day, year) Payroll | Amount of Each Receipt this Period 110.00 |
| | Occupation Pres, Busn Unit-II | Deduction (\$55.00) | Biweekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 440.00 | | |
| E. Full Name, Mailing Address and ZIP Code Wanda Lee 3100 Lake Center Drive Palm Desert, CA 92280 | Name of Employer PHPA Corporate | Date (month, day, year) Payroll | Amount of Each Receipt this Period 350.00 |
| | Occupation SVP, HR | Deduction (\$50.00) | Biweekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 850.00 | | |
| F. Full Name, Mailing Address and ZIP Code Brian Jeffrey Irvine, CA 92612 | Name of Employer PacifiCare of California | Date (month, day, year) Payroll | Amount of Each Receipt this Period 140.00 |
| | Occupation VP, Prov Svc-II | Deduction (\$20.00) | Biweekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 260.00 | | |
| G. Full Name, Mailing Address and ZIP Code C.Daniel Koon Irving, TX 75063 | Name of Employer PHPA Harris | Date (month, day, year) Payroll | Amount of Each Receipt this Period 140.00 |
| | Occupation VP, Ops | Deduction (\$20.00) | Biweekly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 260.00 | | |

SUBTOTAL of Receipts This Page (optional) **1,440.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 3 OF 10
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
PacifiCare Health Systems, Inc. PAC

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|------------------------------------|-------------------------|------------------------------------|
| James Williams 3110 Lake Center Drive Laguna Beach, CA 92651 | PHPA Corporate | Payroll Deduction | 0.00 (\$46.00 Biweekly) |
| | Occupation SVP, Info Tech | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 276.00 | | |
| Robert Friedman 15821 Ventura Blvd. Suite 120 Calabasas, CA 91302 | PacifiCare of California | Payroll Deduction | 140.00 (\$20.00 Biweekly) |
| | Occupation Busn Mgr, Sales-Sr | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 260.00 | | |
| Dan Comrie 1420 W. Mockingbird Lane #800 Coppell, TX 75019 | PHPA Southwest RCSC | Payroll Deduction | 210.00 (\$30.00 Biweekly) |
| | Occupation VP, CFO-II | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 390.00 | | |
| Janet Newport 2421 East 16th Street #4 Newport Beach, CA 92663 | PHPA Corporate | Payroll Deduction | 140.00 (\$20.00 Biweekly) |
| | Occupation VP, Reglry Affairs | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 260.00 | | |
| Leonard Whyte 23046 Avenida DeLa Carlota #700 Lake Forest, CA 92630 | PacifiCare Behav Hlth CA | Payroll Deduction | 140.00 (\$20.00 Biweekly) |
| | Occupation VP, COO-II | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 260.00 | | |
| Laura Morrow 7666 E. 61st St. Tulsa, OK 74137 | PHPA Southwest RCSC | Payroll Deduction | 360.00 (\$50.00 Biweekly) |
| | Occupation VP, Prov Svc | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 650.00 | | |
| Patricia Douglass 2068 Dublin Drive Newport Beach, CA 92663 | PHPA Corporate | Payroll Deduction | 420.00 (\$60.00 Biweekly) |
| | Occupation Dir, Govt Reltns | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > \$ 780.00 | | |

SUBTOTAL of Receipts This Page (optional) 1,400.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 10
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
PacifiCare Health Systems, Inc. PAC

| | | | |
|--|--|--------------------------------|------------------------------------|
| A. Full Name, Mailing Address and ZIP Code Joe Guinn 201 W. Edgewater Terrace New Braunfels, TX 78130 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PHPA Southwest RCSC | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation VP, Govt Reltns | Payroll Deduction (\$60.00) | 420.00 Biweekly) |
| B. Full Name, Mailing Address and ZIP Code Patrick Feyen 1420 W. Mockingbird Lane Suite 800 Plano, TX 75093 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PHPA Southwest RCSC | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Pres, CEO & RVP | Payroll Deduction (\$50.00) | 350.00 Biweekly) |
| C. Full Name, Mailing Address and ZIP Code Patti Tucker 3110 Lake Center Drive Long Beach, CA 90815 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PHPA Corporate | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Dir, Cust Svc Ctr-II | Payroll Deduction (\$20.00) | 140.00 Biweekly) |
| D. Full Name, Mailing Address and ZIP Code Mary Langsdorf 3120 Lake Center Drive Irvine, CA 92620 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PHPA Corporate | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation SVP, Fin & Corp Controller | Payroll Deduction (\$20.00) | 140.00 Biweekly) |
| E. Full Name, Mailing Address and ZIP Code E Daly Seattle, WA 98116 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PHPA Washington | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation VP, Prov Svc | Payroll Deduction (\$20.00) | 140.00 Biweekly) |
| F. Full Name, Mailing Address and ZIP Code John Jones 3562 Redwood Irvine, CA 92606-2124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PHPA Prescription Solutions | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Dir, Prov Svc/Cntrct-II | Payroll Deduction (\$30.00) | 210.00 Biweekly) |
| G. Full Name, Mailing Address and ZIP Code Ronald Davis 8 Meadowgrass Irvine, CA 92604 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PHPA Corporate | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation SVP, CAO | Payroll Deduction (\$40.00) | 280.00 Biweekly) |

SUBTOTAL of Receipts This Page (optional) **1,680.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 10
FOR LINE NUMBER 11 & I

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NAME OF COMMITTEE (In Full)
PacifiCare Health Systems, Inc. PAC

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|---|--------------------------|--|
| Val Dean 8455 S. Yosemite St. Franktown, CO 80116 | PHPA Colorado | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Pres, CEO & RVP | Payroll Deduction | 175.00 (\$25.00 Biweekly) |
| | Aggregate Year-to-Date > \$ | 325.00 | |
| Aca Hodgins 410 N. 44th Street Phoenix, AZ 85022 | PHPA Arizona | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Pres, CEO & RVP | Payroll Deduction | 140.00 (\$20.00 Biweekly) |
| | Aggregate Year-to-Date > \$ | 260.00 | |
| W. Joseph Arbanas 5408 Bay Road Bellevue, WA 98004 | PHPA Corporate | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SVP, PHP HR | Payroll Deduction | 210.00 (\$30.00 Biweekly) |
| | Aggregate Year-to-Date > \$ | 390.00 | |
| Mimi Haley 600 University Suite 700 Tacoma, WA 98407 | PHPA Washington | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP, Reg/Public Affairs | Payroll Deduction | 140.00 (\$20.00 Biweekly) |
| | Aggregate Year-to-Date > \$ | 260.00 | |
| John Kao 3120 Lake Center Drive Newport Beach, CA 92660 | PHPA Corporate | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Pres, CEO Ventures Div | Payroll Deduction | 210.00 (\$30.00 Biweekly) |
| | Aggregate Year-to-Date > \$ | 390.00 | |
| Barbara Blanchard 3100 Lake Center Drive So Coast Metro, CA 92704 | PHPA Corporate | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP, HR-II | Payroll Deduction | 350.00 (\$50.00 Biweekly) |
| | Aggregate Year-to-Date > \$ | 650.00 | |
| Marilyn McCullough 5701 Katella Avenue Huntington Beach, CA 92649 | PacifiCare of California | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP, Cust Svc Ctr | Payroll Deduction | 140.00 (\$20.00 Biweekly) |
| | Aggregate Year-to-Date > \$ | 260.00 | |

SUBTOTAL of Receipts This Page (optional) **1,365.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **6** OF **10**
FOR LINE NUMBER **11 a i**

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NAME OF COMMITTEE (in Full)
PacifiCare Health Systems, Inc. PAC

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt This Period |
|--|--|--------------------------|------------------------------------|
| Maria Banagas 10833 Valley View Street Westminster, CA 92683 | PacifiCare of California | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Assoc, Clin Imprvmt-Sr | Payroll Deduction | 140.00 |
| | Aggregate Year-to-Date > \$ | 260.00 | (\$20.00 Biweekly) |
| Christopher Wing 7525 S.E. 24th Street Ste. 200 Huntington Beach, CA 92648 | PHPA Washington | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Pres, CEO & RVP | Payroll Deduction | 525.00 |
| | Aggregate Year-to-Date > \$ | 975.00 | (\$75.00 Biweekly) |
| Gene Drabinski 2847 Calle Guadalupe San Clemente, CA 92673 | PHPA Corporate | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP, Electronic Commerce | Payroll Deduction | 60.00 |
| | Aggregate Year-to-Date > \$ | 240.00 | (\$30.00 Biweekly) |
| Paul Poon 5885 Plaza Drive Baldwin Park, CA 91708 | PacifiCare of California | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Consult | Payroll Deduction | 140.00 |
| | Aggregate Year-to-Date > \$ | 280.00 | (\$20.00 Biweekly) |
| Michael Reddy 10700 Valley View Street Brea, CA 92821 | PacifiCare of California | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP, Cust Svc Ctr-I | Payroll Deduction | 210.00 |
| | Aggregate Year-to-Date > \$ | 390.00 | (\$30.00 Biweekly) |
| Kevin Mowil 3100 Lake Center Drive Huntington Beach, CA 92648031 | SHUSA | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dir, Prov Svc/Cntrct-II | Payroll Deduction | 140.00 |
| | Aggregate Year-to-Date > \$ | 280.00 | (\$20.00 Biweekly) |
| Leeba Lessin 13972 Midvale Whittier, CA 90602 | PacifiCare of California | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP, Hlth Svc-III | Payroll Deduction | 350.00 |
| | Aggregate Year-to-Date > \$ | 850.00 | (\$50.00 Biweekly) |

SUBTOTAL of Receipts This Page (optional) **1,565.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 7 OF 10
FOR LINE NUMBER 11 a 1

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)
PacifiCare Health Systems, Inc. PAC

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|--|---|--------------------------|--|
| Edward Feaver 2252 N. San Miguel Drive Aliso Viejo, CA 92656 | PHPA Prescription Solutions | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Pres, Busn Unit-II | Payroll Deduction | 210.00 (\$30.00 Biweekly) |
| | Aggregate Year-to-Date > \$ | 390.00 | |
| Michael Caretto 3110 Lake Center Drive Dana Point, CA 92629 | PHPA Corporate | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP, Info Tech | Payroll Deduction | 140.00 (\$20.00 Biweekly) |
| | Aggregate Year-to-Date > \$ | 260.00 | |
| Neil Toyota 10833 Valley View Street Sherman Oaks, CA 91423 | PacifiCare of California | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Busn Mgr, Sales-Sr | Payroll Deduction | 190.00 (\$20.00 Biweekly) |
| | Aggregate Year-to-Date > \$ | 370.00 | |
| Nancy Monk 5701 Katella Avenue Los Alamitos, CA 90720 | PacifiCare of California | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP, Govt Reltns-II | Payroll Deduction | 140.00 (\$20.00 Biweekly) |
| | Aggregate Year-to-Date > \$ | 260.00 | |
| Bradford Bowles 630 Ramona Drive Newport Coast, CA 92657 | PHPA Corporate | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Pres, CEO Hlth Plans | Payroll Deduction | 700.00 (\$100.00 Biweekly) |
| | Aggregate Year-to-Date > \$ | 1,300.00 | |
| Reginaldo Bernardino 6400 Gateway Drive Chino Hills, CA 91709 | PHPA Corporate | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Analyst, Sys-Frin | Payroll Deduction | 140.00 (\$20.00 Biweekly) |
| | Aggregate Year-to-Date > \$ | 260.00 | |
| Alan Hoops 3120 Lake Center Drive Laguna Beach, CA 92651 | PHPA Corporate | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Pres, CEO | Payroll Deduction | 1,050.00 (\$150.00 Biweekly) |
| | Aggregate Year-to-Date > \$ | 1,950.00 | |

SUBTOTAL of Receipts This Page (optional) **2,670.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **6** OF **10**
FOR LINE NUMBER **11 B 1**

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)
PacifiCare Health Systems, Inc. PAC

| A. Full Name, Mailing Address and ZIP Code | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|-------------------------|------------------------------------|
| Robert Taketomo 1115 Mountbatten Drive Glendale, CA 91207 | PHPA Prescription Solutions | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dir, Clin/Util Mgmt-II | Payroll | 190.00 |
| | Aggregate Year-to-Date \$ 370.00 | Deduction | (\$20.00) |
| | | | Biweekly |
| Steven Finden Encinitas, CA 92024 | PacifiCare of California | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP, Sales & Svc-II | Payroll | 140.00 |
| | Aggregate Year-to-Date \$ 260.00 | Deduction | (\$20.00) |
| | | | Biweekly |
| Linda Lyons 14886 De La Valle Place Del Mar, CA 92014 | PHPA Corporate | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SVP, Hlth Svc | Payroll | 280.00 |
| | Aggregate Year-to-Date \$ 520.00 | Deduction | (\$40.00) |
| | | | Biweekly |
| Richard Badger 410 N. 44th Street Long Beach, CA 90803 | PacifiCare of California | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Pres, CEO & RVP | Payroll | 140.00 |
| | Aggregate Year-to-Date \$ 260.00 | Deduction | (\$20.00) |
| | | | Biweekly |
| Brad Kobayashi 4801 E. Hilton Avenue Scottsdale, AZ 85262 | PHPA RCSC Desert | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation Dir, Info Tech-II | Payroll | 140.00 |
| | Aggregate Year-to-Date \$ 260.00 | Deduction | (\$20.00) |
| | | | Biweekly |
| Samuel Ho 3100 Lake Center Drive Manhattan Beach, CA 90266 | PHPA Corporate | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation VP, Corp Med Dir | Payroll | 700.00 |
| | Aggregate Year-to-Date \$ 1,300.00 | Deduction | (\$100.00) |
| | | | Biweekly |
| Robert Franklin 318 Snug Harbor Newport Beach, CA 92663 | PHPA Corporate | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Occupation SVP, Public Affairs | Payroll | 350.00 |
| | Aggregate Year-to-Date \$ 660.00 | Deduction | (\$50.00) |
| | | | Biweekly |

SUBTOTAL of Receipts This Page (optional)

1,940.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 10
FOR LINE NUMBER 11 a i

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of eliciting 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)
PacifiCare Health Systems, Inc. PAC

| | | | |
|--|--|--|---|
| A. Full Name, Mailing Address and ZIP Code David Berenbalm 3515 Harbor Blvd. Coto de Caza, CA 92679 | Name of Employer PHPA Prescription Solutions | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Dir, Med | Payroll Deduction | 210.00 (\$30.00 Biweekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 6 390.00 | | |
| B. Full Name, Mailing Address and ZIP Code Douglas Arrington 1420 W. Mockingbird Lane #800 Dallas, TX 75244 | Name of Employer PHPA Southwest RCSC | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Dir, Clin/Util Mgmt-II | Payroll Deduction | 140.00 (\$20.00 Biweekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 6 260.00 | | |
| C. Full Name, Mailing Address and ZIP Code James Stumpf 14451 Chambers Road Laguna Niguel, CA 92677 | Name of Employer PacifiCare Dental and Vision | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Pres, Busn Unit | Payroll Deduction | 140.00 (\$20.00 Biweekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 6 260.00 | | |
| D. Full Name, Mailing Address and ZIP Code Carroll Roarty 4601 E. Hilton Avenue Phoenix, AZ 85053 | Name of Employer PHPA Corporate | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation VP, HR-II | Payroll Deduction | 140.00 (\$20.00 Biweekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 6 260.00 | | |
| E. Full Name, Mailing Address and ZIP Code Kenneth Davis 410 N. 44th St. Phoenix, AZ 85021 | Name of Employer PHPA Arizona | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Dir, Med | Payroll Deduction | 140.00 (\$20.00 Biweekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 6 260.00 | | |
| F. Full Name, Mailing Address and ZIP Code Fred Hill 11260 Chester Road Suite 800 Cincinnati, OH 45244 | Name of Employer PHPA Ohio | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation VP, Hlth Svc | Payroll Deduction | 280.00 (\$40.00 Biweekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 6 620.00 | | |
| G. Full Name, Mailing Address and ZIP Code William Lucia 6455 S. Yosemite St. Littleton, CO 80124 | Name of Employer PHPA RCSC Central | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Dir, Info Tech-I | Payroll Deduction | 175.00 (\$25.00 Biweekly) |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Aggregate Year-to-Date > 6 325.00 | | |

SUBTOTAL of Receipts This Page (optional) **1,225.00**

TOTAL This Period (last page lists line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 10 OF 10
FOR LINE NUMBER 11 a i

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)
PacifiCare Health Systems, Inc. PAC

| | | | |
|--|--|--------------------------------|------------------------------------|
| A. Full Name, Mailing Address and ZIP Code Steve Sanders 7666 E. 61st Street Bixby, OK 74008 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PHPA Oklahoma | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation Dir, Med | Payroll Deduction (\$50.00) | 350.00 (Biweekly) |
| Aggregate Year-to-Date > \$ 650.00 | | | |
| B. Full Name, Mailing Address and ZIP Code Ross Sanders Plano, TX 75093 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PHPA Southwest RCSC | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation VP, Sales & Mktg-II | Payroll Deduction (\$40.00) | 280.00 (Biweekly) |
| Aggregate Year-to-Date > \$ 280.00 | | | |
| C. Full Name, Mailing Address and ZIP Code David Williams Dallas, TX 75287 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer PHPA Southwest RCSC | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation VP, Hlth Svc | Payroll Deduction (\$40.00) | 280.00 (Biweekly) |
| Aggregate Year-to-Date > \$ 400.00 | | | |
| D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | Aggregate Year-to-Date > \$ | |
| E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | Aggregate Year-to-Date > \$ | |
| F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | Aggregate Year-to-Date > \$ | |
| G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): | Name of Employer | Date (month, day, year) | Amount of Each Receipt this Period |
| | Occupation | Aggregate Year-to-Date > \$ | |

SUBTOTAL of Receipts This Page (optional) **910.00**

TOTAL This Period (last page this line number only) **16,165.00**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

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)
PacificCare Health Systems, Inc. PAC

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|---|-------------------------|---|
| Friends Of Sam Johnson 1912 Ave K Suite 208 Plano, TX 75074 | Sam Johnson, U.S. HOUSE 3rd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/03/00 | 1,000.00 |
| Kay Granger Campaign Fund 6464 Brentwood Stair Rd Fort Worth, TX 76112 | Kay Granger, U.S. HOUSE 12th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/03/00 | 1,000.00 |
| Texans for Henry Bonilla 19326 Boca Del Mar San Antonio, TX 78158 | Henry Bonilla, U.S. HOUSE 23rd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/03/00 | 1,000.00 |
| Tom DeLay Congressional Committee 10707 Corporate Drive Ste. 130 Stafford, TX 77477 | Tom DeLay, U.S. HOUSE 22nd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/03/00 | 1,000.00 |
| Tom DeLay Congressional Committee 10707 Corporate Drive Ste. 130 Stafford, TX 77477 | Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/03/00 | -1,000.00 |
| Americans for a Republican Majority PAC 117 2nd Street, N.E. Suite 2 Washington, DC 20002 | Americans for a Republican Majority Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/04/00 | 1,000.00 |
| Porter for Congress Committee 1111 Mary Crest Road, Ste. G Henderson, NV 89014 | John Porter, U.S. HOUSE 1st NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/06/00 | 500.00 |
| Hatch Election Campaign PO Box 112398 Salt Lake City, UT 84147-9901 | Orrin G. Hatch, U.S. SENATE UT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/11/00 | 1,000.00 |
| The Committee to Re-elect Loretta Sanchez 604 Harbor Blvd. Santa Ana, CA 92704 | Loretta Sanchez, U.S. HOUSE 46th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/20/00 | 1,000.00 |

SUBTOTAL of Disbursements This Page (optional)

6,500.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)
PacifiCare Health Systems, Inc. PAC

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| ELECT KOLBE P.O. Box 23593 Alexandria, VA 22304 | Purpose of Disbursement Jen Kolbe, U.S. HOUSE 6th AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 05/03/00 | 1,000.00 |
| Friends Of John Boehner 7908-I Cincinnati Dayton Road West Chester, OH 45069 | Purpose of Disbursement John A. Boehner, U.S. HOUSE 8th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 05/25/00 | 900.00 |
| PETER DEUTSCH FOR CONGRESS PO BOX 817689 HOLLYWOOD, FL 33081 | Purpose of Disbursement Peter Deutsch, U.S. HOUSE 20th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 06/01/00 | 1,000.00 |
| Bill Frist for Senate 4205 Hillsboro Suite 306 Nashville, TN 37215 | Purpose of Disbursement Bill Frist, U.S. SENATE TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 06/06/00 | 1,000.00 |
| John Shadegg For Congress 2016 Mt. Vernon Avenue 3rd Floor Alexandria, VA 22301 | Purpose of Disbursement John Shadegg, U.S. HOUSE 4th AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 06/15/00 | 1,000.00 |
| John Ensign for Senate P.O. Box 25568 LAS VEGAS, NV 89126 | Purpose of Disbursement John Ensign, U.S. SENATE NV Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 06/19/00 | 1,000.00 |
| Friends Of John Boehner 7908-I Cincinnati Dayton Road West Chester, OH 45069 | Purpose of Disbursement John A. Boehner, U.S. HOUSE 8th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 06/19/00 | 1,100.00 |
| Nethercutt For Congress 3001 Park Center Drive #106 Alexandria, VA 22302 | Purpose of Disbursement George R. Nethercutt, U.S. HOUSE 5th WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 06/19/00 | 1,000.00 |
| Friends of J.C. Watts, Jr. 4451 Brookfield Corporate Drive Suite 200 Chandlily, VA 20151 | Purpose of Disbursement J.C. Watts, U.S. HOUSE 4th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 06/19/00 | 1,000.00 |

SUBTOTAL of Disbursements This Page (optional)

9,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 3 OF 3
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
PacifiCare Health Systems, Inc. PAC

| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|--|--|-------------------------|---|
| Friends Of John Boehner 7908-I Cincinnati Dayton Road West Chester, OH 45069 | Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 06/21/00 | -1,100.00 |
| B. Full Name, Mailing Address and ZIP Code Adam Smith For Congress 34008 18th Place South Federal Way, WA 98003 | Purpose of Disbursement Adam Smith, U.S. HOUSE 9th WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 06/27/00 | 600.00 |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|---|-----------|
| BUBTOTAL of Disbursements This Page (optional) | -600.00 |
| TOTAL This Period (last page this line number only) | 14,900.00 |

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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)
PacifiCare Health Systems, Inc. PAC


| A. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|---|-------------------------|---|
| Health Plan PAC AAHP 1129 Twentieth St., NW #500 Washington, DC 20036 | AAHP PAC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/07/00 | 2,500.00 |
| B. Full Name, Mailing Address and ZIP Code The Texas Freedom Fund PO Box 8136 Alexandria, VA 22306 | Contribution for The Texas Freedom Fund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 04/11/00 | 1,000.00 |
| C. Full Name, Mailing Address and ZIP Code Republican Majority Fund P. O. Box 19897 Alexandria, VA 22320-0897 | Republican Majority Fund Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 06/11/00 | 2,500.00 |
| D. Full Name, Mailing Address and ZIP Code Committee to Elect Elizabeth Ames Jones P.O. Box 691422 San Antonio, TX 78269 | Elizabeth Jones, STATE HOUSE REP. 121st TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 06/01/00 | 500.00 |
| E. Full Name, Mailing Address and ZIP Code Bayou Leader 524 Ft. Williams Parkway Alexandria, VA 22304 | W.J. "Billy" Tauzin Leadership PAC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 06/19/00 | 1,000.00 |
| F. Full Name, Mailing Address and ZIP Code The Freedom Project 111 C Street, S.E. Washington, DC 20003 | The Freedom Project and Congressman John Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000 | 06/21/00 | 1,100.00 |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |

| | |
|---|----------|
| SUBTOTAL of Disbursements This Page (optional) | 8,600.00 |
| TOTAL This Period (last page this line number only) | 8,600.00 |

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

| | |
|---|--------------------------------------|
| <input checked="" type="checkbox"/> Hand Delivered | Date of Receipt <i>7-13-00</i> |
| <input type="checkbox"/> First Class Mail | POSTMARKED |
| <input type="checkbox"/> Registered/Certified Mail | POSTMARKED (R/C) |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt |
| <input type="checkbox"/> Received from the Senate Office of Public Records | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Postmarked and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing | |
|  PREPARER | <i>7-13-00</i> DATE PREPARED |