

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JAN 29 9 43 AM '97

1. NAME OF COMMITTEE (in full) FOUNDATION HEALTH CORPORATION PAC		2. FEC IDENTIFICATION NUMBER C 00230789
ADDRESS (number and street)	<input type="checkbox"/> Check if different than previously reported	
3400 DATA DRIVE CITY, STATE and ZIP CODE RANCHO CORDOVA, CA 95670		
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 _____

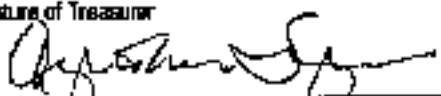
(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
5. Covering Period		This Period	Calendar Year-to-Date
11/26/96 through 12/31/96			
6. (a)	Cash on Hand January 1, 19 96		\$ 74,056.34
(b)	Cash on Hand at Beginning of Reporting Period	\$ 101,513.72	
(c)	Total Receipts (from line 19)	\$ 4,015.96	\$ 46,994.92
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 105,529.68	\$ 121,051.26
7.	Total Disbursements (from Line 30)	\$ -0-	\$ 15,521.58
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 105,529.68	\$ 105,529.68
9.	Debits and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	
10.	Debits and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

Type or Print Name of Treasurer
CYNTHIA SOZUKI

Signature of Treasurer


Date
1/27/97

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

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE FOUNDATION HEALTH CORPORATION PAC		REPORT COVERING PERIOD	
		FROM: 11/26/96	TO: 12/31/96
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		3,105.76	31,481.58
ii. Unitemized		291.52	7,794.96
iii. Total	(add i and ii) ▶	3,398.28	39,276.54
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions	(add a ii, b and c) ▶	3,398.28	39,276.54
12. Transfers From Affiliated/Other Party Committees		-0-	-0-
13. All Loans Received		-0-	-0-
14. Loan Repayments Received		-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		-0-	5,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)		617.68	2,718.38
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	4,015.96	46,994.92
20. Total Federal Receipts	(subtract line 16 from line 19) ▶	4,015.96	46,994.92
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		-0-	-0-
ii. Non-Federal Share		-0-	-0-
b. Other Federal Operating Expenditures		-0-	-0-
c. Total Operating Expenditures	(Add a i, a ii, and b) ▶	-0-	-0-
22. Transfers to Affiliated/Other Party Committees		-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees		-0-	14,500.00
24. Independent Expenditures (Use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (Use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made		-0-	-0-
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contribution Refunds	(Add a, b and c) ▶	-0-	-0-
29. Other Disbursements		-0-	1,021.58
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	-0-	15,521.58
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) ▶	-0-	15,521.58
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		3,398.28	39,276.54
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		3,398.28	39,276.54
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) ▶	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)		-0-	-0-
37. Net Operating Expenditures	(subtract line 36 from 35) ▶	-0-	-0-

SCHEDULE A

ITEMIZED RECEIPTS

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)
FOUNDATION HEALTH CORPORATION PAC

PEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code Kirk Benson 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 150.00
	Occupation Pres. VP Special SVC.	DEDUCTION	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 1,520.00		50.00/PERIOD
B. Full Name, Mailing Address and ZIP Code Daniel Crowley 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BY-WEEKLY PAYROLL	Amount of Each Receipt this Period 300.00
	Occupation Chairman & CEO	DEDUCTION	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 2,680.00		100.00/PERIOD
C. Full Name, Mailing Address and ZIP Code _____ _____ _____	Name of Employer _____	Date (month, day, year) _____	Amount of Each Receipt this Period _____
	Occupation _____	DEDUCTION	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ _____		
D. Full Name, Mailing Address and ZIP Code Edward Munno 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 300.00
	Occupation VP SALES & MARKETING	DEDUCTION	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 2,800.00		100/PERIOD
E. Full Name, Mailing Address and ZIP Code Glenn Randolph 655 North Alvernon Tucson, AZ 85711	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 96.20
	Occupation CEO Med Center	DEDUCTION	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 1,154.40		48.10/PERIOD
F. Full Name, Mailing Address and ZIP Code Cynthia Suzuki 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 150.00
	Occupation VP State/Local Govt.	DEDUCTION	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 1,600.00		50.00/PERIOD
G. Full Name, Mailing Address and ZIP Code Steve Tough 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 300.00
	Occupation Pres. & CO officer	DEDUCTION	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$ 3,200.00		100/PERIOD

SUBTOTAL of Receipts This Page (optional)	1,296.20
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	OF
	2	7
FOR LINE NUMBER		11a1

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NAME OF COMMITTEE (in Full)
FOUNDATION HEALTH CORPORATION PAC

FEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code Charles Upton 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 100.00
	Occupation VP HRIS	DEDUCTION	50.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$	1,200.00	
B. Full Name, Mailing Address and ZIP Code Owen Brant 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 120.00
	Occupation SR VP INFO SERVICES	DEDUCTION	40.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$	800.00	
C. Full Name, Mailing Address and ZIP Code Jeffrey Elder 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 44.70
	Occupation SR VP FINANCE & CR	DEDUCTION	14.90/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$	476.80	
D. Full Name, Mailing Address and ZIP Code Scott Kelly 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 50.00
	Occupation VP & CO OFFICER	DEDUCTION	25.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$	700.00	
E. Full Name, Mailing Address and ZIP Code Danny Smithson 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 150.00
	Occupation SR VP HUMAN RESOURCE	DEDUCTION	50.0/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$	1,600.00	
F. Full Name, Mailing Address and ZIP Code James Woyt 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 50.00
	Occupation VP GOVT ACCOUNTING	DEDUCTION	25.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$	650.00	
G. Full Name, Mailing Address and ZIP Code STEVEN GRIFFIN 7950 NW 53RD STREET MIAMI, FL 33166	Name of Employer FOUNDATION HEALTH A FLORIDA HEALTH PLAN	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 75.00
	Occupation EXECUTIVE DIRECTOR	DEDUCTION	25.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$	375.00	

SUBTOTAL of Receipts This Page (optional)	589.70
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
FOUNDATION HEALTH CORPORATION PAC

FEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code DAVID FRIEDMAN 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 30.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP TRANSITIONS	Aggregate Year-To-Date \$ 330.00
B. Full Name, Mailing Address and ZIP Code JEFFREY BAIRSTON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 100.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation PRES. OF OCC. HEALTH	Aggregate Year-To-Date \$ 400.00
C. Full Name, Mailing Address and ZIP Code BRUCE BALHA 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 70.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP OF UNDERWRITING	Aggregate Year-To-Date \$ 700.00
D. Full Name, Mailing Address and ZIP Code MARSHALL BENTLEY 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 50.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP & COUNSEL	Aggregate Year-To-Date \$ 600.00
E. Full Name, Mailing Address and ZIP Code DANIELA CALVITI 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 50.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP TREASURER CALCO	Aggregate Year-To-Date \$ 556.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \$
G. Full Name, Mailing Address and ZIP Code RANDALL FRANKS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 30.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP FEPA	Aggregate Year-To-Date \$ 420.00

SUBTOTAL of Receipts This Page (optional)	330.00
TOTAL This Period (last page this line number only)	

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NAME OF COMMITTEE (In Full)
 FOUNDATION HEALTH CORPORATION PAC

FEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-To-Date \$		
B. Full Name, Mailing Address and ZIP Code STEVEN HAVERSTOCK 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 70.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation DIR. COMPUTER SERV.		35.00/PERIOD
	Aggregate Year-To-Date \$	700.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-To-Date \$		
D. Full Name, Mailing Address and ZIP Code GERALD KERTSE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 96.20
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP MARKETING/SALES		48.10/PERIOD
	Aggregate Year-To-Date \$	987.00	
E. Full Name, Mailing Address and ZIP Code DAVID LAMAR 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP SYSTEMS DEVELOPMT		50.00/PERIOD
	Aggregate Year-To-Date \$	\$50.00	
F. Full Name, Mailing Address and ZIP Code GARY MCHOLLAND 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 40.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP ACTUARIAL		20.0/PERIOD
	Aggregate Year-To-Date \$	480.00	
G. Full Name, Mailing Address and ZIP Code RONALD HILLS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 40.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation DIR. SYSTEMS & PROG.		20.00/PERIOD
	Aggregate Year-To-Date \$	480.00	

SUBTOTAL of Receipts This Page (optional)	346.20
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
FOUNDATION HEALTH CORPORATION PAC

FEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code MARGUERITE O'TOOLE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 96.20
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation SR VP MEDICARE Aggregate Year-To-Date 6 962.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$		
C. Full Name, Mailing Address and ZIP Code JACK POWELL 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 50.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation SR. VP. EMP. CALCOMP Aggregate Year-To-Date \$ 500.00	
D. Full Name, Mailing Address and ZIP Code JONATHAN SCHEFF 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 53.84
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP HEALTHCARE SERV. Aggregate Year-To-Date \$ 646.08	
E. Full Name, Mailing Address and ZIP Code GAIL SCHUBERT 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 50.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP LAW DEPT. Aggregate Year-To-Date \$ 600.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-To-Date \$		32.60/PERIOD
G. Full Name, Mailing Address and ZIP Code FREDERICK SIMMONS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 32.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP. STRATEGIC BUS. Aggregate Year-To-Date \$ 384.00	

SUBTOTAL of Receipts This Page (optional) **282.04**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 FOUNDATION HEALTH CORPORATION PAC

FEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-To-Date \$		
B. Full Name, Mailing Address and ZIP Code WAYNE VARCO 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY	Amount of Each Receipt this Period 40.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation DIR. GOVT. PROPOSALS	DEDUCTION	20.00/PERIOD
	Aggregate Year-To-Date \$	520.00	
C. Full Name, Mailing Address and ZIP Code WALTER WEG WELLES 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY	Amount of Each Receipt this Period 30.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP COMMERCIAL ADMIN.	DEDUCTION	15.00/PERIOD
	Aggregate Year-To-Date \$	360.00	
D. Full Name, Mailing Address and ZIP Code DAVID WEBSTER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY	Amount of Each Receipt this Period 50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP OF PDTH HEALTH SE	DEDUCTION	25.00/PERIOD
	Aggregate Year-To-Date \$	550.00	
E. Full Name, Mailing Address and ZIP Code MICHAEL WHITE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY	Amount of Each Receipt this Period 24.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP ASST. TREASURER	DEDUCTION	12.00/PERIOD
	Aggregate Year-To-Date \$	288.00	
F. Full Name, Mailing Address and ZIP Code STEVEN BOREAM 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY	Amount of Each Receipt this Period 20.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP FINANCE	DEDUCTION	10.00/PERIOD
	Aggregate Year-To-Date \$	240.00	
G. Full Name, Mailing Address and ZIP Code PATRICIA BURGESS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY	Amount of Each Receipt this Period 20.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP CORPORATE COUNSEL	DEDUCTION	10.00/PERIOD
	Aggregate Year-To-Date \$	240.00	

SUBTOTAL of Receipts This Page (optional) 184.00

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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 committees.

NAME OF COMMITTEE (in Full)
 FOUNDATION HEALTH CORPORATION PAC

FEC ID No. C D0230789

A. Full Name, Mailing Address and ZIP Code LEONARD KALN 2000 S. COLORADO BLVD, #11500 DENVER, CO 80222 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH A COLORADO HEALTH PLAN	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 20.00
	Occupation EXECUTIVE DIRECTOR Aggregate Year-To-Date \$ 240.00	DEDUCTION 10.00/PERIOD	
B. Full Name, Mailing Address and ZIP Code LAWRENCE WAEHR 3600 PORT OF TACOMA ROAD SUITE 505 TACOMA, WA 98424 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH FEDERAL SERVICES	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 34.62
	Occupation EXECUTIVE DIRECTOR Aggregate Year-To-Date \$ 346.20	DEDUCTION 17.31/PERIOD	
C. Full Name, Mailing Address and ZIP Code JOSEPH KLINGER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 24.00
	Occupation VP COUNSEL Aggregate Year-To-Date \$ 252.00	DEDUCTION 12.00/PERIOD	
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)	78.62
TOTAL This Period (last page this line number only)	3,106.76

**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>1-29-97</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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
<i>[Signature]</i>	<i>1-29-97</i>
PREPARER	DATE PREPARED