



RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE DIVISION

APR 25 9 48 AM '94

April 15, 1994

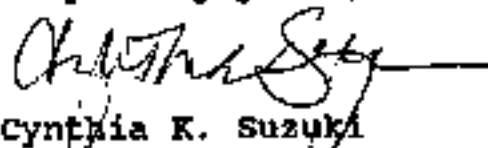
Public Records Office
Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Dear Filing Officer:

Please find enclosed for filing the first quarter Report Form 3X for Foundation Health Corporation PAC, for the period 01/01/94 - 03/31/94.

Please return an endorsed filed copy in the enclosed self addressed envelope for our records.

Very truly yours,


Cynthia K. Suzuki
Treasurer

cc: California Secretary of State

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
ADMINISTRATIVE DIVISION

Apr 25 9 48 AM '94

USE FCC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
FOUNDATION HEALTH CORPORATION INC

ADDRESS (number and street) ☐ Check if different than previously reported
3400 DAZA DRIVE
CITY, STATE and ZIP CODE
RANCHO CORDOVA, CA 95670

2. REG IDENTIFICATION NUMBER
C 00230789

3. ☐ This committee has qualified as a multi-candidate 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	01/01/94 through 03/31/94		
6. (a) Cash on Hand January 1, 19 94			\$ 50,364.40
(b) Cash on Hand at Beginning of Reporting Period		\$ 50,364.40	
(c) Total Receipts (from line 18)		\$ 8,876.87	\$ 8,876.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(b) and 6(c) for Column B)		\$ 59,241.27	\$ 59,241.27
7. Total Disbursements (from Line 30)		\$ 2,000.00	\$ 2,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 57,241.27	\$ 57,241.27
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	
10. Debts 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.

Type or Print Name of Treasurer

GRETCHEN BUSEVEL

Signature of Treasurer

Gretchen Busevel

Date

4/13/94

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 9/93)

94038965078

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

(revised 1/1/91)

NAME OF COMMITTEE FOUNDATION HEALTH CORPORATION PAC

REPORT COVERING PERIOD

FROM: 01/01/94

TO: 03/31/94

I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
I. Itemized (use Schedule A)		3,297.00	3,297.00
II. Unitemized		5,276.45	5,276.45
III. Total	(add I and II) ▶	8,573.45	8,573.45
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions	(add a II, b and c) ▶	8,573.45	8,573.45
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-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.)		303.42	303.42
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	8,876.87	8,876.87
20. Total Federal Receipts	(subtract line 18 from line 19) ▶	8,876.87	8,876.87
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H-4)			
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		2,000.00	2,000.00
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-	-0-
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	2,000.00	2,000.00
31. Total Federal Disbursements	(subtract line 21 a II from line 30) ▶	2,000.00	2,000.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		8,573.45	8,573.45
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from line 32)		8,573.45	8,573.45
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 line 35) ▶	-0-	-0-

94038965079

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 2
FOR LINE NUMBER
11a1

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 P&C

FEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code
KUSHELL BELIVEAU
3400 DATA DRIVE
RANCHO CORDOVA, CA 95670Receipt for: ☐ Primary ☐ General☒ Other (specify): N/AName of Employer
FOUNDATION HEALTH
CORPORATIONDate (month,
day, year)
BI-WEEKLY
PAYROLL
DEDUCTIONAmount of Each
Receipt this Period
210.00Occupation
VP CRI PROGRAM MGMT

Aggregate Year-To-Date > \$ 210.00 60.00/PERIOD

B. Full Name, Mailing Address and ZIP Code
KIRK BENSON
3400 DATA DRIVE
RANCHO CORDOVA, CA 95670Receipt for: ☐ Primary ☐ General☒ Other (specify): N/AName of Employer
FOUNDATION HEALTH
CORPORATIONDate (month,
day, year)
BI-WEEKLY
PAYROLL
DEDUCTIONAmount of Each
Receipt this Period
280.00Occupation
PRES. VP SPECIAL SVC.

Aggregate Year-To-Date > \$ 280.00 80.00/PERIOD

C. Full Name, Mailing Address and ZIP Code
OWEN BRANT
3400 DATA DRIVE
RANCHO CORDOVA, CA 95670Receipt for: ☐ Primary ☐ General☒ Other (specify): N/AName of Employer
FOUNDATION HEALTH
CORPORATIONDate (month,
day, year)
BI-WEEKLY
PAYROLL
DEDUCTIONAmount of Each
Receipt this Period
210.00Occupation
VP IT ADMINISTRATION

Aggregate Year-To-Date > \$ 210.00 60.00/PERIOD

D. Full Name, Mailing Address and ZIP Code
DANIEL CROWLEY
3400 DATA DRIVE
RANCHO CORDOVA, CA 95670Receipt for: ☐ Primary ☐ General☒ Other (specify): N/AName of Employer
FOUNDATION HEALTH
CORPORATIONDate (month,
day, year)
BI-WEEKLY
PAYROLL
DEDUCTIONAmount of Each
Receipt this Period
245.00Occupation
CHAIRMAN & CEO

Aggregate Year-To-Date > \$ 245.00 70.00/PERIOD

E. Full Name, Mailing Address and ZIP Code
KAREN KARCHER
3400 DATA DRIVE
RANCHO CORDOVA, CA 95670Receipt for: ☐ Primary ☐ General☒ Other (specify): N/AName of Employer
FOUNDATION HEALTH
CORPORATIONDate (month,
day, year)
BI-WEEKLY
PAYROLL
DEDUCTIONAmount of Each
Receipt this Period
252.00Occupation
VP & CONTROLLER

Aggregate Year-To-Date > \$ 252.00 72.00/PERIOD

F. Full Name, Mailing Address and ZIP Code
EDWARD MUNRO
3400 DATA DRIVE
RANCHO CORDOVA, CA 95670Receipt for: ☐ Primary ☐ General☒ Other (specify): N/AName of Employer
FOUNDATION HEALTH
CORPORATIONDate (month,
day, year)
BI-WEEKLY
PAYROLL
DEDUCTIONAmount of Each
Receipt this Period
350.00Occupation
VP SALES & MARKETING

Aggregate Year-To-Date > \$ 350.00 100.00/PER.

G. Full Name, Mailing Address and ZIP Code
DANNY SMITHSON
3400 DATA DRIVE
RANCHO CORDOVA, CA 95670Receipt for: ☐ Primary ☐ General☒ Other (specify): N/AName of Employer
FOUNDATION HEALTH
CORPORATIONDate (month,
day, year)
BI-WEEKLY
PAYROLL
DEDUCTIONAmount of Each
Receipt this Period
350.00Occupation
SP VP HUMAN RESOURCE

Aggregate Year-To-Date > \$ 350.00 100.00/PER.

SUBTOTAL of Receipts This Page (optional)

1,897.00

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	OF
	2	2
	FOR LINE NUMBER	
11e1		

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

FEC ID No. C 00230789

A. 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 DEDUCTION	Amount of Each Receipt this Period 350.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A		Occupation VP STATE/LOCAL GOVT.	Aggregate Year-To-Date > \$ 350.00 100.00/PER.	
B. Full Name, Mailing Address and ZIP Code GUYVEN TONG 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 700.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A		Occupation PRES. & CO OFFICER	Aggregate Year-To-Date > \$ 700.00 200.00/PER.	
C. 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 DEDUCTION	Amount of Each Receipt this Period 350.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A		Occupation VP FIVE	Aggregate Year-To-Date > \$ 350.00 100.00/PER.	
D. 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 > \$	
E. 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 > \$	
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 type="checkbox"/> Other (specify):		Occupation 	Aggregate Year-To-Date > \$	
G. 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 > \$	

SUBTOTAL of Receipts This Page (optional)	1,400.00
TOTAL This Period (last page this line number only)	3,297.00

94038965091

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
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)

FOUNDATION HEAVEN CORPORATION PAC

FEC ID No. C 00230769

<p>A. Full Name, Mailing Address and ZIP Code</p> <p>FASIO FOR CONGRESS 722 - B MAIN STREET WOODLAND, CA 95633</p>	<p>Purpose of Disbursement CONTRIBUTION</p> <p>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p> <p>3/15/94</p>	<p>Amount of Each Disbursement This Period</p> <p>2,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>H. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>
<p>I. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement</p> <p>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p><input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Disbursement This Period</p>

SUBTOTAL of Disbursements This Page (optional)

2,000.00

TOTAL This Period (last page this line number only)

2,000.00

94038965082

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.

☐ Hand Delivered

DATE OF RECEIPT

☒ First Class Mail

POSTMARKED

4-18-94

☐ Registered/Certified Mail

POSTMARKED

☐ No Postmark

☐ Postmark Illegible

☐ Received from the House Office of Records
and Registration

DATE OF RECEIPT

☐ Received from the Senate Office of Public
Records

DATE OF RECEIPT

☐ Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

LM
PREPARER

4-25-94
DATE PREPARED