

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

SE
CON. ELECTOR
ROOM

FEB 4 1 05 PM '99

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) FOUNDATION HEALTH SYSTEMS, INC. POLITICAL ACTION COMMITTEE		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 _____

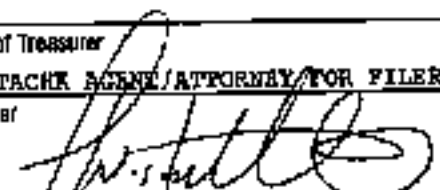
(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>11/24/98</u> through <u>12/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 87,392.92
(b) Cash on Hand at Beginning of Reporting Period	\$ 41,522.07	
(c) Total Receipts (from line 19)	\$ 3,140.80	\$ 13,651.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 44,662.87	\$ 101,034.87
7. Total Disbursements (from Line 30)	\$ -0-	\$ 56,372.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 44,662.87	\$ 44,662.87
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-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-218-3420

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

Type or Print Name of Treasurer
THOMAS W. WILTACHK AGENT/ATTORNEY FOR FILER

Signature of Treasurer  Date
01/31/99

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 1/1/91]

NAME OF COMMITTEE FOUNDATION HEALTH SYSTEMS, INC. POLITICAL ACTION COMMITTEE	REPORT COVERING PERIOD	
	FROM: 11/24/98	TO: 12/31/98
	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)	2,223.15	7,765.63
ii. Unitemized	917.65	4,384.41
ii. Total (add i and ii) ▶	3,140.80	12,150.04
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a ii, b and c) ▶	3,140.80	12,150.04
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-	1,000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	1.91
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	3,140.80	13,651.95
20. Total Federal Receipts (subtract line 18 from line 19) ▶	3,140.80	13,651.95
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	-0-	41,922.00
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-	14,450.00
30. Total Disbursements (add 21 c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	-0-	56,372.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ▶	-0-	56,372.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	3,140.80	12,150.04
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)	3,140.80	12,150.04
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ▶	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)	-0-	1,000.00
37. Net Operating Expenditures (subtract line 36 from 35) ▶	-0-	(1,000.00)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	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 SYSTEMS, INC.
 POLITICAL ACTION COMMITTEE

FEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code Scott Kelly 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 115.00
	Occupation VP & CO OFFICER	Aggregate Year-To-Date > \$ 615.00	50.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly			
B. Full Name, Mailing Address and ZIP Code Gary McHolland 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 100.00
	Occupation VP ACTUARIAL	Aggregate Year-To-Date > \$ 500.00	40.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly			
C. Full Name, Mailing Address and ZIP Code Edward Munho 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 500.00
	Occupation VP SALES & MARKETING	Aggregate Year-To-Date > \$ 1,900.00	200.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly			
D. Full Name, Mailing Address and ZIP Code Jonathan Scheff 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 134.60
	Occupation VP HEALTHCARE SERV.	Aggregate Year-To-Date > \$ 673.00	53.84/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly			
E. Full Name, Mailing Address and ZIP Code James E. Woys 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 375.00
	Occupation VP GOVT ACCOUNTING	Aggregate Year-To-Date > \$ 1,075.00	150.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly			
F. Full Name, Mailing Address and ZIP Code Danny Smithson 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 250.00
	Occupation SR VP HUMAN RESOURCE	Aggregate Year-To-Date > \$ 1,050.00	100.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly			
G. Full Name, Mailing Address and ZIP Code Marshall Bentley 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 125.00
	Occupation VP & COUNSEL	Aggregate Year-To-Date > \$ 525.00	50.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly			

SUBTOTAL of Receipts This Page (optional) 1,599.60

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
 FOUNDATION HEALTH SYSTEMS, INC.
 POLITICAL ACTION COMMITTEE

FEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code CYNTHIA SUZURI 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 80.00
	Occupation DIR, GOVT AFFAIRS	Aggregate Year-To-Date > \$ 200.00	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly
B. Full Name, Mailing Address and ZIP Code Lawrence Nashr 3400 Data Drive Rancho cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 86.55
	Occupation EXECUTIVE DIRECTOR	Aggregate Year-To-Date > \$ 432.75	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly
C. Full Name, Mailing Address and ZIP Code Gerald kertz 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 242.00
	Occupation VP MARKETING/SALES	Aggregate Year-To-Date > \$ 676.70	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):
D. Full Name, Mailing Address and ZIP Code Michael white 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 60.00
	Occupation VP & ASST. TREASURER	Aggregate Year-To-Date > \$ 300.00	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):
E. Full Name, Mailing Address and ZIP Code David Friedman 3400 Data Drive Rancho cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 80.00
	Occupation VP TRANSITIONS	Aggregate Year-To-Date > \$ 305.00	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):
F. Full Name, Mailing Address and ZIP Code BENNIE YATSB 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 75.00
	Occupation VP & CFO FBS SPEC.	Aggregate Year-To-Date > \$ 215.00	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-To-Date > \$	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):

SUBTOTAL of Receipts This Page (optional)	623.55
TOTAL This Period (last page this line number only)	2,223.15

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 2-1-99
<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
<input type="checkbox"/> Electronic Filing	
<i>SEP</i> PREPARER	2-4-99 DATE PREPARED