

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAIL ROOM

DEC 4 10 30 AM '96

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	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	
3400 DATA DRIVE CITY, STATE and ZIP CODE  RANCHO CORDOVA, CA 95670		

## 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:

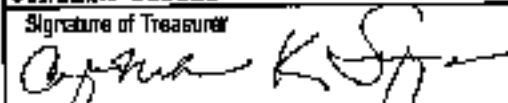
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on  
11/05/96 in the State of CALIFORNIA

(b) Is this Report an Amendment?  YES  NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>10/01/96</u> through <u>11/25/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>			\$ 74,056.34
(b) Cash on Hand at Beginning of Reporting Period		\$ 98,362.55	
(c) Total Receipts (from line 1B)		\$ 3,154.04	\$ 42,978.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 101,516.59	\$ 117,035.30
7. Total Disbursements (from Line 3D)		\$ 2.87	\$ 15,521.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 101,513.72	\$ 101,513.72
9. Debts and Obligations Owed TO 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 20483 Toll Free 800-424-9530 Local 202-218-3420
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 <b>CYNTHIA SUZUKI</b>	Date
Signature of Treasurer 	12/2/96

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 CORPORATION PAC		REPORT COVERING PERIOD	
		FROM: 10/01/96	TO: 11/25/96
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) from:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		2,590.80	28,374.82
ii. Unitemized		291.52	7,503.44
iii. Total	(add i and ii) ▶	2,882.32	35,878.26
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions	(add a ii, b and c) ▶	2,882.32	35,878.26
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.)		271.72	2,100.70
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	3,154.04	42,978.96
20. Total Federal Receipts	(subtract line 18 from line 19) ▶	3,154.04	42,978.96
<b>II. Disbursements</b>			
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		2.87	1,021.58
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	2.87	15,521.58
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) ▶	2.87	15,521.58
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)		2,882.32	35,878.26
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)		2,882.32	35,878.26
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

FEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code Kirk Benson 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 DEDUCTION	Amount of Each Receipt this Period 100.00
	Occupation Pres. VP Special SVC. Aggregate Year-To-Date \$ 1,370.00	50.00/PERIOD	
B. Full Name, Mailing Address and ZIP Code Daniel Crowley 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) BY-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 200.00
	Occupation Chairman & CEO Aggregate Year-To-Date \$ 2,300.00	100.00/PERIOD	
C. 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  Occupation  Aggregate Year-To-Date \$	Date (month, day, year)	Amount of Each Receipt this Period
	(Empty row for C)		
D. Full Name, Mailing Address and ZIP Code Edward Nanno 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 DEDUCTION	Amount of Each Receipt this Period 200.00
	Occupation VP SALES & MARKETING Aggregate Year-To-Date \$ 2,500.00	100/PERIOD	
E. Full Name, Mailing Address and ZIP Code Glenn Randolph 655 North Alvernon Tucson, AZ 85711  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 DEDUCTION	Amount of Each Receipt this Period 96.20
	Occupation CEO Med Center Aggregate Year-To-Date \$ 1,058.20	48.10/PERIOD	
F. Full Name, Mailing Address and ZIP Code Cynthia Suzuki 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 DEDUCTION	Amount of Each Receipt this Period 100.00
	Occupation VP State/Local Govt. Aggregate Year-To-Date \$ 1,450.00	50.00/PERIOD	
G. Full Name, Mailing Address and ZIP Code Steve Tough 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 DEDUCTION	Amount of Each Receipt this Period 200.00
	Occupation Pres. & CO Officer Aggregate Year-To-Date \$ 2,900.00	100/PERIOD	

SUBTOTAL of Receipts This Page (optional)	896.20
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 00230769

A. Full Name, Mailing Address and ZIP Code Charles Upton 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 DEDUCTION	Amount of Each Receipt this Period 100.00
	Occupation VP HRFS	Aggregate Year-To-Date \$ 1,100.00	50.00/PERIOD
B. Full Name, Mailing Address and ZIP Code Owen Brant 3400 Data Drive Rancho Cordova, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 80.00
	Occupation SR VP INFO SERVICES	Aggregate Year-To-Date \$ 680.00	40.00/PERIOD
C. Full Name, Mailing Address and ZIP Code Jeffrey Elder 3400 Data Drive Rancho Cordova, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 29.80
	Occupation SR VP FINANCE & CR	Aggregate Year-To-Date \$ 432.10	14.90/PERIOD
D. Full Name, Mailing Address and ZIP Code Scott Kelly 3400 Data Drive Rancho Cordova, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 50.00
	Occupation VP & CO OFFICER	Aggregate Year-To-Date \$ 650.00	25.00/PERIOD
E. Full Name, Mailing Address and ZIP Code Danny Smithson 3400 Data Drive Rancho Cordova, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 100.00
	Occupation SR VP Human Resource	Aggregate Year-To-Date \$ 1,450.00	50.00/PERIOD
F. Full Name, Mailing Address and ZIP Code James Noys 3400 Data Drive Rancho Cordova, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 50.00
	Occupation VP GOVT ACCOUNTING	Aggregate Year-To-Date \$ 600.00	25.00/PERIOD
G. Full Name, Mailing Address and ZIP Code STEVEN GRIFFIN 7950 NW 53RD STREET MIAMI, FL 33166  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH A FLORIDA HEALTH PLAN	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 50.00
	Occupation EXECUTIVE DIRECTOR	Aggregate Year-To-Date \$ 300.00	25.00/PERIOD

SUBTOTAL of Receipts This Page (optional)	459.80
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 3 OF 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 DAVID FRIEDMAN 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 DEDUCTION	Amount of Each Receipt this Period 30.00
	Occupation VP TRANSITIONS Aggregate Year-To-Date \$ 300.00		15.00/PERIOD
B. Full Name, Mailing Address and ZIP Code JEFFREY BAIRSTON 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 DEDUCTION	Amount of Each Receipt this Period 100.00
	Occupation PRES. OF OCC. HEALTH Aggregate Year-To-Date \$ 830.00		50.00/PERIOD
C. Full Name, Mailing Address and ZIP Code BRUCE BALHA 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 DEDUCTION	Amount of Each Receipt this Period 70.00
	Occupation VP OF UNDERWRITING Aggregate Year-To-Date \$ 630.00		35.00/PERIOD
D. Full Name, Mailing Address and ZIP Code MARSHALL BENTLEY 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 DEDUCTION	Amount of Each Receipt this Period 50.00
	Occupation VP & COUNSEL Aggregate Year-To-Date \$ 550.00		25.00/PERIOD
E. Full Name, Mailing Address and ZIP Code DANIELA CALVITTI 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 DEDUCTION	Amount of Each Receipt this Period 50.00
	Occupation VP TREASURER CALCO Aggregate Year-To-Date \$ 506.00		25.00/PERIOD
F. Full Name, Mailing Address and ZIP Code   Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" 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 RANDALL FRANKS 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 DEDUCTION	Amount of Each Receipt this Period 30.00
	Occupation VP EMBA Aggregate Year-To-Date \$ 390.00		15.00/PERIOD

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

SCHEDULE A

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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	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.	DEDUCTION	35.00/PERIOD
	Aggregate Year-To-Date \$	630.00	
C. Full Name, Mailing Address and ZIP Code JENNIFER HELEN 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 13.94
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation DIR. CHAMPUIS RESEARC	DEDUCTION	13.94/PERIOD
	Aggregate Year-To-Date \$	320.62	
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	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	DEDUCTION	48.10/PERIOD
	Aggregate Year-To-Date \$	890.80	
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	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	DEDUCTION	50.00/PERIOD
	Aggregate Year-To-Date \$	750.00	
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	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	DEDUCTION	20.0/PERIOD
	Aggregate Year-To-Date \$	440.00	
G. Full Name, Mailing Address and ZIP Code RONALD MILLS 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 40.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation DIR. SYSTEMS & PROG.	DEDUCTION	20.00/PERIOD
	Aggregate Year-To-Date \$	440.00	
SUBTOTAL of Receipts This Page (optional)			360.14
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
MARGUERITE O'TOOLE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	96.20
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation SR VP MEDICARE		48.10/PERIOD
	Aggregate Year-To-Date \$	865.80	
B. 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 \$		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACK POWELL 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation SR. VP. EMP. CALCOMP		25.00/PERIOD
	Aggregate Year-To-Date \$	450.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JONATHAN SCHEFF 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	53.84
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP HEALTHCARE SERV.		26.92/PERIOD
	Aggregate Year-To-Date \$	592.24	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GAIL SCHUBERT 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP LAW DEPT.		25.00/PERIOD
	Aggregate Year-To-Date \$	550.00	
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		32.60/PERIOD
	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
FREDERICK SIMMONS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	32.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP. STRATEGIC BUS.		16.00/PERIOD
	Aggregate Year-To-Date \$	352.00	
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 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. GOVT. PROPOSALS		20.00/PERIOD
	Aggregate Year-To-Date \$	480.00	
C. Full Name, Mailing Address and ZIP Code WALTER WES WELER 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 COMMERCIAL ADMIN.		15.00/PERIOD
	Aggregate Year-To-Date \$	330.00	
D. Full Name, Mailing Address and ZIP Code DAVID WESTER 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 OF FOUN HEALTH SF		25.00/PERIOD
	Aggregate Year-To-Date \$	500.00	
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 PAYROLL DEDUCTION	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		12.00/PERIOD
	Aggregate Year-To-Date \$	264.00	
F. Full Name, Mailing Address and ZIP Code STEVEN BONHAM 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 20.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP FINANCE		10.00/PERIOD
	Aggregate Year-To-Date \$	220.00	
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 PAYROLL DEDUCTION	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		10.00/PERIOD
	Aggregate Year-To-Date \$	220.00	

SUBTOTAL of Receipts This Page (optional)	184.00
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 7  
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 PAC

FEC ID No. C 00230789

<p>A. Full Name, Mailing Address and ZIP Code LEONARD KALM 2000 S. COLORADO BLVD, #11500 DENVER, CO 80222</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer FOUNDATION HEALTH A COLORADO HEALTH PLAN</p> <p>Occupation EXECUTIVE DIRECTOR</p> <p>Aggregate Year-To-Date \$ 220.00</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 20.00 10.00/PERIOD</p>
<p>B. Full Name, Mailing Address and ZIP Code LAWRENCE HAEHR 3600 PORT OF TACOMA ROAD SUITE 505 TACOMA, WA 98424</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer FOUNDATION HEALTH FEDERAL SERVICES</p> <p>Occupation EXECUTIVE DIRECTOR</p> <p>Aggregate Year-To-Date \$ 311.50</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 34.62 17.31/PERIOD</p>
<p>C. Full Name, Mailing Address and ZIP Code JOSEPH KLINGER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):</p>	<p>Name of Employer FOUNDATION HEALTH CORPORATION</p> <p>Occupation VP COUNSEL</p> <p>Aggregate Year-To-Date \$ 228.00</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 24.00 12.00/PERIOD</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>78.62</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>2,590.80</p>

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

12-4-96

First Class Mail

POSTMARKED

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

JmH  
PREPARER

12-4-96  
DATE PREPARED