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RECEIVED
REG MAIL ROOM
2000 NOV 17 A 10:01
1441 FOURTH STREET
SANTA MONICA, CA 90401
(310) 433-1400
FAX (310) 250-2666
www.bmhlaw.com

November 15, 2000

John D. Gibson
Assistant Staff Director
Reports Analysis Division
999 E Street, N.W.
Washington, D.C. 20463

Re: Foundation Health Systems, Inc. Political Action Committee ID#C00230789

Dear Mr. Gibson:

I am in receipt of your Mailgram dated 11/09/00 regarding the above committee and the non-filing of the October monthly report. Please find attached a copy of the endorsed filed report that was filed in your office on 10/23/00.

Thank you for your attention to this matter. Please call if you have any questions or concerns.

Very truly yours,


Thomas W. Hiltachk

TWH:ljs
cc: Haley Smith
Enclosure

Federal Election Commission
999 E Street NW Room #709
Washington, DC 20463

**WESTERN
UNION MAILGRAM**



UNITED STATES
POSTAL SERVICE

090310001903 11/09/00
EM16105

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▶ SHEILY L SMITH
FOUNDATION HEALTH SYSTEMS INC POLITICAL
21650 OXNARD ST FL 25
WOODLAND HILLS CA 91367-7824

November 9, 2000

IDENTIFICATION NUMBER: C00230789

REFERENCE: OCTOBER MONTHLY REPORT (09/01/2000 - 09/30/2000)

DEAR TREASURER:

IT HAS COME TO THE ATTENTION OF THE FEDERAL ELECTION COMMISSION THAT YOU MAY HAVE FAILED TO FILE THE ABOVE REFERENCED REPORT OF RECEIPTS AND EXPENDITURES AS REQUIRED BY THE FEDERAL ELECTION CAMPAIGN ACT, AS AMENDED. YOU WERE PREVIOUSLY NOTIFIED OF THE DUE DATE FOR THIS REPORT.

IT IS IMPORTANT THAT YOU FILE THIS REPORT IMMEDIATELY WITH THE FEDERAL ELECTION COMMISSION, 999 E STREET, N.W., WASHINGTON, D.C., 20463. A COPY OF THE REPORT OR RELEVANT PORTIONS SHOULD ALSO BE FILED WITH THE SECRETARY OF STATE OR EQUIVALENT STATE OFFICER, UNLESS THE STATE IS EXEMPT FROM THE FEDERAL REQUIREMENT TO RECEIVE AND MAINTAIN PAPER COPIES.

ALTHOUGH THE COMMISSION MAY INITIATE AN AUDIT OR LEGAL ENFORCEMENT ACTION CONCERNING THIS MATTER, YOUR PROMPT RESPONSE AND A LETTER OF EXPLANATION WILL BE TAKEN INTO CONSIDERATION.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT Edward Ryan ON OUR TOLL FREE NUMBER (800)424-9530. OUR LOCAL NUMBER IS (202)694-1130.

SINCERELY,

JOHN D. GIBSON
ASSISTANT STAFF DIRECTOR
REPORTS ANALYSIS DIVISION

MGMCOMP 20:36 EST

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 23 A 11:44

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 checked="" type="checkbox"/> Check if different than previously reported 21650 OXNARD STREET, 25TH FLOOR		
CITY, STATE and ZIP CODE WOODLAND HILLS, CA 91367		
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 _____

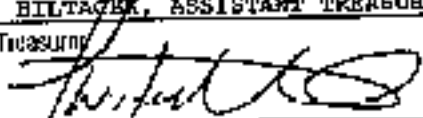
(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	09/01/00 through 09/30/00		
6. (a) Cash on Hand January 1, 19 2000			\$ 21,252.04
(b) Cash on Hand at Beginning of Reporting Period		\$ 20,340.04	
(c) Total Receipts (from line 19)		\$ 129.00	\$ 1,217.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and lines 6(a) and 6(c) for Column B)		\$ 20,469.04	\$ 22,469.04
7. Total Disbursements (from Line 30)		\$ -0-	\$ 2,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 20,469.04	\$ 20,469.04
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 800-424-9530
Local 202-219-3420

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. BILTAGE, ASSISTANT TREASURER

Signature of Treasurer


Date
10/18/00

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 10/93)

**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: 09/01/00 TO: 09/30/00	
		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)		90.00	500.00
ii. Unitemized		39.00	717.00
ii. Total (add i and ii) ▶		129.00	1,217.00
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
ii. Total Contributions (add a i, b and c) ▶		129.00	1,217.00
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 (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.)		-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts (add 11c, 12, 13, 14, 15, 16, 17, and 18) ▶		129.00	1,217.00
20. Total Federal Receipts (subtract line 18 from line 19) ▶		129.00	1,217.00
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, ii, and b) ▶		-0-	-0-
22. Transfers to Affiliated/Other Party Committees		-0-	1,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		-0-	1,000.00
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) ▶		-0-	2,000.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ▶		-0-	2,000.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11c)		129.00	1,217.00
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		129.00	1,217.00
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 (to file)
 FOUNDATION HEALTH SYSTEMS, INC.
 POLITICAL ACTION COMMITTEE

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
Marshall Bentley 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Systems	BI-WEEKLY PAYROLL DEDUCTION	50.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly	Occupation: VP & COUNSEL	Aggregate Year-To-Date > \$ 450.00	50.00/PERIOD
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeanine Asplund 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Systems	BI-WEEKLY PAYROLL DEDUCTION	40.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly	Occupation: DIR, PREMIUM ACCOUNTG	Aggregate Year-To-Date > \$ 350.00	40.00/PERIOD
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	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)	90.00
TOTAL This Period (last page this line number only)	90.00

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>11-17-00</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	

[Signature]
PREPARER

11-19-00
DATE PREPARED