

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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 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:

<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 PRIMARY
(Type of Election)
election on JUNE 7 in the State of CALIFORNIA

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>04/01/94</u> through <u>05/18/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 50,364.40
(b) Cash on Hand at Beginning of Reporting Period	\$ 57,241.27	
(c) Total Receipts (from line 10)	\$ 4,796.77	\$ 13,673.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 62,038.04	\$ 64,038.04
7. Total Disbursements (from Line 30)	\$ 1,000.00	\$ 3,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 61,038.04	\$ 61,038.04
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 20463 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
CYRILIA SUZUKI

Signature of Treasurer Date
MAY 24, 1994

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

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**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: 04/01/94

TO: 05/18/94

		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)	2,736.68	6,033.68
ii.	Unitemized	1,956.00	7,232.45
iii.	Total (add i and ii)	4,692.68	13,266.13
b.	Political Party Committees	-0-	-0-
c.	Other Political Committees (such as PACs)	-0-	-0-
d.	Total Contributions (add a ii, b and c)	4,692.68	13,266.13
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.)	104.09	407.51
18.	Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	4,796.77	13,673.64
20.	Total Federal Receipts (subtract line 18 from line 19)	4,796.77	13,673.64
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	1,000.00	3,000.00
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)	1,000.00	3,000.00
31.	Total Federal Disbursements (subtract line 21 a ii from line 30)	1,000.00	3,000.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans) (from line 11d)	4,692.68	13,266.13
33.	Total Contribution Refunds (from line 28d)	-0-	-0-
34.	Net Contributions (other than loans) (subtract line 33 from 32)	4,692.68	13,266.13
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-

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	3
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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RUSSELL BELIVEAO 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	120.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	VP CRI PROGRAM MGMT	Aggregate Year-To-Date > \$ 330.00	60.00/PERIOD
KIRK BENSON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	160.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	PRES. VP SPECIAL SVC.	Aggregate Year-To-Date > \$ 440.00	80.00/PERIOD
DWEN BLAUNT 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	90.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	VP IT ADMINISTRATION	Aggregate Year-To-Date > \$ 300.00	60.00/PERIOD
DANIEL CROWLEY 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	140.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	CHAIRMAN & CEO	Aggregate Year-To-Date > \$ 385.00	70.00/PERIOD
KAREN KARCHER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	144.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	VP & CONTROLLER	Aggregate Year-To-Date > \$ 396.00	72.00/PERIOD
EDWARD MUIRO 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	VP SALES & MARKETING	Aggregate Year-To-Date > \$ 550.00	100.00/PER.
DANNY SMITHSON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	SP VP HUMAN RESOURCES	Aggregate Year-To-Date > \$ 550.00	100.00

SUBTOTAL of Receipts This Page (optional)	1,054.00
TOTAL This Period (last page this line number only)	

2 1 0 3 9 0 5 1 7 4

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	2	3
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 CYNTHIA SUSUKI 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 200.00
	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 > \$ 550.00	100.00/PER.
B. Full Name, Mailing Address and ZIP Code STEVEN TOUGH 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 400.00
	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 > \$ 1,100.00	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 200.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation VP FEBS Aggregate Year-To-Date > \$ 550.00	100.00/PER.
D. 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 80.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation DIR. GOVT. PROPOSALS Aggregate Year-To-Date > \$ 220.00	40.00/PER.
E. Full Name, Mailing Address and ZIP Code JAMES WOYS 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): N/A	Occupation VP GOVT. ACCOUNTING Aggregate Year-To-Date > \$ 275.00	50.00/PER.
F. Full Name, Mailing Address and ZIP Code GARRY GARRISON 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 75.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation BR. VE MEDICARE Aggregate Year-To-Date > \$ 250.00	50.00/PER.
G. 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 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): N/A	Occupation VP & CO OFFICER Aggregate Year-To-Date > \$ 275.00	50.00/PER.

SUBTOTAL of Receipts This Page (optional)	1,155.00
TOTAL This Period (last page this line number only)	

9 3 0 3 9 0 0 5 1 7 5

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 GARY McBOLLARD 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 80.00
	Occupation VP ACTUARIAL	Aggregate Year-To-Date 220.00	40.00/PER
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
B. 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 80.00
	Occupation DIR. SYSTEMS & PROG.	Aggregate Year-To-Date 220.00	40.00/PER
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
C. Full Name, Mailing Address and ZIP Code BERNIE PRICE 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 80.00
	Occupation VP CLAIMS & COST SER.	Aggregate Year-To-Date 220.00	40.00/PER
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
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 107.68
	Occupation VP HEALTHCARE SERV	Aggregate Year-To-Date 296.12	53.84/PER
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
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 100.00
	Occupation VP LAW DEPT.	Aggregate Year-To-Date 275.00	50.00/PER
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
F. Full Name, Mailing Address and ZIP Code DENISE SHULL 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 80.00
	Occupation VP & CO OFFICER	Aggregate Year-To-Date 220.00	40.00/PER
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
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)	527.68
TOTAL This Period (last page this line number only)	2,736.68

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SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FOR LINE NUMBER		
		23

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NAME OF COMMITTEE (in full)

FOUNDATION HEALTH CORPORATION PAC

FSC ID No. C 00230789

<p>A. Full Name, Mailing Address and ZIP Code FRIENDS OF PETE GEREN P.O. BOX 990 WASHINGTON, D.C. 20044</p>	<p>Purpose of Disbursement CONTRIBUTION 6TH CD WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 5/18/94</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code MOEN DICKS FOR CONGRESS CON P.O. BOX 1663 TACOMA, WA 98401</p>	<p>Purpose of Disbursement CONTRIB. CD TEXAS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)</p>	<p>Date (month, day, year) 5/18/94</p>	<p>Amount of Each Disbursement This Period 500.00</p>
<p>C. Full Name, Mailing Address and ZIP Code</p>	<p>Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <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)

1,000.00

TOTAL This Period (last page this line number only)

1,000.00

24039005177

**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
5-26-94

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

Stb. 5-26-94

PREPARER

DATE PREPARED

94039005178