

COMMISSION OF REPORTS AND DISBURSEMENTS

FEDERAL ELECTION COMMISSION AUTHORIZED CONTRIBUTOR

(Submit by Page)

FEB 1 1 30 PM '96

USE FEC MAILING LABEL OR TYPE FOR REPORT

1. NAME OF COMMITTEE (or LE)
FOUNDATION HEALTH CORPORATION PAC

ADDRESS (number and street) Check if different than previously reported
3400 DATA DRIVE

CITY, STATE and ZIP CODE
RANCHO CORDOVA, CA 95670

2. FEC IDENTIFICATION NUMBER
C 00230789

3. 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 _____ (Type of Election)
 election on _____ in the State of _____

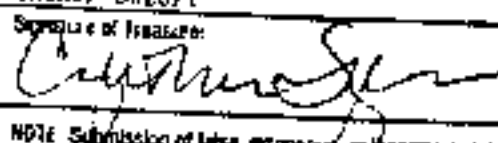
Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/95</u> through <u>12/31/95</u>			
6. (a) Cash on Hand January 1, 19 <u>95</u>			\$ <u>65,936.53</u>
(b) Cash on Hand at Beginning of Reporting Period		\$ <u>68,350.45</u>	
(c) Total Receipts (from line 18)		\$ <u>12,862.89</u>	\$ <u>27,423.81</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ <u>81,213.34</u>	\$ <u>94,363.36</u>
7. Total Disbursements (from Line 30)		\$ <u>7,157.00</u>	\$ <u>20,307.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ <u>74,056.34</u>	\$ <u>74,056.34</u>
9. Debts and Obligations Owed TO the Committee (Items as on Sched. C and/or Schedule D)		\$ <u>-0-</u>	For further information contact Federal Election Commission 990 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Items as on Sched. C and/or Schedule D)		\$ <u>-0-</u>	

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
CYNTHIA SHEROFF

Signature of Treasurer:  Date: 01/31/96

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

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

(Revised 11/91)

NAME OF COMMITTEE FOUNDATION REALTY CORPORATION PAC

REPORT COVERING PERIOD

FROM 07/01/95

TO 12/31/95

		COLUMN A Total This Period	COLUMN B Calendar Year
I Receipts			
11	Contributions (other than loans) From:		
a	Individuals/Persons Other Than Political Committees:		
1	Itemized (Use Schedule A)	10,423.93	20,130.14
4	Unitemized	1,485.51	5,433.01
	Total (add 1 and 4)	11,909.44	25,563.19
b	Political Party Committees	-0-	-0-
c	Other Political Committees (such as PACs)	-0-	-0-
d	Total Contributions (add a, b and c)	11,909.44	25,563.19
12	Transfers from Affiliated/Other Party Committees	-0-	-0-
13	AP Loan 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 (Donations, interest, etc.)	953.45	1,860.67
18	Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	12,862.89	27,423.81
20	Total Federal Receipts (subtract line 18 from line 19)	12,862.89	27,423.81
II Disbursements			
21	Operating Expenditures:		
a	Shared Federal/Non-Federal Activity (from Schedule H4):		
1	Federal Share	-0-	-0-
4	Non-Federal Share	-0-	-0-
b	Other Federal Operating Expenditures	-0-	-0-
c	Total Operating Expenditures (Add a, 1, 4, and b)	-0-	-0-
22	Transfers to Affiliated/Other Party Committees	-0-	-0-
23	Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-
24	Independent Expenditures (Use Schedule E)	5,500.00	10,500.00
25	Coordinated Expenditures Made by Party Committee (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	1,657.00	1,807.00
30	Total Disbursements (Add 21c, 22, 23, 24, 25, 26, 27, 28d and 29)	7,157.00	21,307.00
31	Total Federal Disbursements (subtract line 21 a-d from line 30)	7,157.00	20,307.00
III Net Contributions/Operating Expenditures			
32	Total Contributions (other than loans) (from line 11d)	11,909.44	25,563.19
33	Total Contribution Refunds (from line 28d)	-0-	-0-
34	Net Contributions (other than loans) (subtract line 33 from line 32)	11,909.44	25,563.19
35	Total Federal Operating Expenditures (add 21 a-f and 21 b)	-0-	-0-
36	Offsets to Operating Expenditures (from line 15)	-0-	-0-
37	Net Operating Expenditures (subtract line 35 and 36 from line 34)	-0-	-0-

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule, if for each category of the Detailed Summary Page	PAGE: 6
FORMLINE NUMBER: 11a1	

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NAME OF COMMITTEE (in full)
FOUNDATION HEALTH CORPORATION PAC

PEC 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
JAMES P. COLE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	200.20
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: DIS. TRANSPORTATION	Aggregates Year-To-Date: > \$ 400.40	15.40/PERIOD
B. Full Name, Mailing Address and ZIP Code KIRK BENDON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	320.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: PRES. VP SPECIAL SVC.	Aggregates Year-To-Date: > \$ 840.00	40.00/PERIOD
C. Full Name, Mailing Address and ZIP Code MCKENNA BENTLEY 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	325.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP & COUNSEL	Aggregates Year-To-Date: > \$ 650.00	25.00/PERIOD
D. Full Name, Mailing Address and ZIP Code DANIEL CROWLEY 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	280.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: CHAIRMAN & CEO	Aggregates Year-To-Date: > \$ 735.00	35.00/PERIOD
E. Full Name, Mailing Address and ZIP Code KAREN KARCHER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	468.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP & CONTROLLER	Aggregates Year-To-Date: > \$ 936.00	36.00/PERIOD
F. Full Name, Mailing Address and ZIP Code EDWARD MURNO 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	400.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP SALES & MARKETING	Aggregates Year-To-Date: > \$ 1,050.00	50.00/PERIOD
G. Full Name, Mailing Address and ZIP Code DANNY BENTLEY 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	400.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: SP. VP. BUDGET RESOURCE	Aggregates Year-To-Date: > \$ 1,050.00	50.00/PERIOD

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page if more than one page)

2,353.20

SCHEDULE A

RECEIVED 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 WHICH CONTRIBUTION BELONGS: CORPORATION FOR

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
CYNTHIA SUZUKI 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	400.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VE STATE/LOCAL GOVT. Aggregate Year-To-Date > \$ 1,050.00		50.00/PERIOD
STEVEN TOSSE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	800.00
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 > \$ 2,100.00		100.00/PERIOD
CHARLES UPTON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	650.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VE FBTS Aggregate Year-To-Date > \$ 1,300.00		50.00/PERIOD
WAYNE VANCE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	220.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: DIR. GOV. PROPOSALS Aggregate Year-To-Date > \$ 480.00		20.00/PERIOD
JAMES MOYS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	275.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VE GOVT. ACCOUNTING Aggregate Year-To-Date > \$ 600.00		25.00/PERIOD
GARRY GARRISON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	325.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: SP. VE MEDICARE Aggregate Year-To-Date > \$ 650.00		25.00/PERIOD
SCOTT KELLY 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	225.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VE & CO OFFICER Aggregate Year-To-Date > \$ 550.00		25.00/PERIOD

SUBTOTAL of Receipts This Page: 2,895.00
 TOTAL This Period (last page this page): 2,895.00

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page	AC	OF
	3	6
FORM NUMBER		11ai

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 principal 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 GABY McBOLLAND 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): N/A</p>	<p>Name of Employer FOUNDATION HEALTH CORPORATION</p> <p>Occupation VP ACTUARIAL</p> <p>Aggregate Year-To-Date: > \$ 520.00</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 260.00</p>
<p>B. Full Name, Mailing Address and ZIP Code RONALD HILLS 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): N/A</p>	<p>Name of Employer FOUNDATION HEALTH CORPORATION</p> <p>Occupation DIR. SYSTEMS & PRDG.</p> <p>Aggregate Year-To-Date: > \$ 520.00</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 260.00</p>
<p>C. Full Name, Mailing Address and ZIP Code JENNIFER ASPUND 3400 DATA DRIVE RANCHO CORDOVA, CA 95671</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A</p>	<p>Name of Employer FOUNDATION HEALTH CORPORATION</p> <p>Occupation SUP. PREM. ACTG.</p> <p>Aggregate Year-To-Date: > \$ 208.00</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 104.00</p>
<p>D. Full Name, Mailing Address and ZIP Code JONATHAN SCHEFF 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): N/A</p>	<p>Name of Employer FOUNDATION HEALTH CORPORATION</p> <p>Occupation VP HEALTHCARE SERV</p> <p>Aggregate Year-To-Date: > \$ 619.16</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 349.96</p>
<p>E. Full Name, Mailing Address and ZIP Code GAIL SCHUBERT 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): N/A</p>	<p>Name of Employer FOUNDATION HEALTH CORPORATION</p> <p>Occupation VP LAW DEPT.</p> <p>Aggregate Year-To-Date: > \$ 650.00</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 325.00</p>
<p>F. Full Name, Mailing Address and ZIP Code DENISE SBULL 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): N/A</p>	<p>Name of Employer FOUNDATION HEALTH CORPORATION</p> <p>Occupation VP & CO OFFICER</p> <p>Aggregate Year-To-Date: > \$ 500.00</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 240.00</p>
<p>G. Full Name, Mailing Address and ZIP Code RICK CORBETT 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): N/A</p>	<p>Name of Employer FOUNDATION HEALTH CORPORATION</p> <p>Occupation VP & CO OFFICER</p> <p>Aggregate Year-To-Date: > \$ 480.75</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 230.79</p>

SUBTOTAL of Receipts This Page (optional)	1,769.75
TOTAL This Period (last page for the month)	

20
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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF CONTRIBUTOR: 44
 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
DANIELA CALVIYI 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	192.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP TREASURER CALICO	Aggregate Year-To-Date: > \$ 2,400	14.00/PERIOD
JEFFREY BIDER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	119.20
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: SRVP FINANCE & CV	Aggregate Year-To-Date: > \$ 312.90	14.80/PERIOD
RANDALL FRANKS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	135.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP PRPA	Aggregate Year-To-Date: > \$ 330.00	15.00/PERIOD
DAVID FRIEDMAN 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	130.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: DIR. CORP. STRATEGY	Aggregate Year-To-Date: > \$ 260.00	10.00/PERIOD
STEVEN HAVERSTOCK 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	195.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: DIR. CUSTOMER SERV.	Aggregate Year-To-Date: > \$ 390.00	15.00/PERIOD
HELEN JENNIFER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	153.34
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: DIR. CRIMINAL RESEARCH	Aggregate Year-To-Date: > \$ 334.5	13.94/PERIOD
LEONARD KALE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	130.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: ENR. & COO PE. RE. AD	Aggregate Year-To-Date: > \$ 260.00	10.00/PERIOD

SUBTOTAL of Receipts This Page (incl. 11a1)	1,044.54
TOTAL This Period (last page for this category)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Updated Summary Page	PAC	OF
	5	6
FORM NUMBER		
11a		

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NAME OF COMMITTEE (or PAC)
 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 type="checkbox"/> Other (specify):	Occupation	Approx. Year-To-Date	
B. Full Name, Mailing Address, and ZIP Code JOSEPH KLINGER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION Occupation VP COURSE & DEV	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Approx. Year-To-Date 312.00	Amount of Each Receipt this Period 156.00 312.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Name of Employer FOUNDATION HEALTH CORPORATION Occupation CEO OF T.D. MED.CTR	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Approx. Year-To-Date 481.00	Amount of Each Receipt this Period 481.00 481.00/PERIOD
C. Full Name, Mailing Address, and ZIP Code GLEN RANDOLPH 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION Occupation CP COMMERCIAL ADMIN.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Approx. Year-To-Date 390.00	Amount of Each Receipt this Period 195.00 390.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Name of Employer FOUNDATION HEALTH CORPORATION Occupation VP COMM. TAX & CM	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Approx. Year-To-Date 312.00	Amount of Each Receipt this Period 156.00 312.00/PERIOD
D. Full Name, Mailing Address, and ZIP Code WES WALTER WALLER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION Occupation VP COMM. TAX & CM	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Approx. Year-To-Date 312.00	Amount of Each Receipt this Period 156.00 312.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Name of Employer FOUNDATION HEALTH CORPORATION Occupation VP COMM. TAX & CM	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Approx. Year-To-Date 312.00	Amount of Each Receipt this Period 156.00 312.00/PERIOD
E. Full Name, Mailing Address, and ZIP Code MICHAEL WHITE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION Occupation VP COMM. TAX & CM	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Approx. Year-To-Date 312.00	Amount of Each Receipt this Period 156.00 312.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Name of Employer FOUNDATION HEALTH CORPORATION Occupation VP COMM. TAX & CM	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Approx. Year-To-Date 312.00	Amount of Each Receipt this Period 156.00 312.00/PERIOD
F. Full Name, Mailing Address, and ZIP Code	Name of Employer FOUNDATION HEALTH CORPORATION Occupation VP COMM. TAX & CM	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Approx. Year-To-Date 312.00	Amount of Each Receipt this Period 156.00 312.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Name of Employer FOUNDATION HEALTH CORPORATION Occupation VP COMM. TAX & CM	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Approx. Year-To-Date 312.00	Amount of Each Receipt this Period 156.00 312.00/PERIOD
G. Full Name, Mailing Address, and ZIP Code	Name of Employer FOUNDATION HEALTH CORPORATION Occupation VP COMM. TAX & CM	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Approx. Year-To-Date 312.00	Amount of Each Receipt this Period 156.00 312.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Name of Employer FOUNDATION HEALTH CORPORATION Occupation VP COMM. TAX & CM	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Approx. Year-To-Date 312.00	Amount of Each Receipt this Period 156.00 312.00/PERIOD

SUBTOTAL of Receipts This Page (total)	988.00
TOTAL This Period (net proceeds)	

SCHEDULE A

RELATED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page
 PAC: 6 OF 6
 FOR LINE NUMBER 1121

Any information reported 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 CONTRIBUTOR(S)
 FOUNDATION HEALTH CORPORATION PAC

PAC ID No. C 00230189

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
HENRY LOUBET 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	320.00
	Occupation: PRESIDENT & CEO Aggregate Year-To-Date: > \$ 560.00		40.00/PERIOD
JEFFERY BAUMEISTER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	130.00
	Occupation: VP PROVIDER SERVICES Aggregate Year-To-Date: > \$ 260.00		20.00/PERIOD
FREDERICK SIMPSON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	208.00
	Occupation: VP STRATEGIC BUS. Aggregate Year-To-Date: > \$ 416.00		16.00/PERIOD
EMMETT L. SMITH 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	190.41
	Occupation: MEDICAL DIRECTOR Aggregate Year-To-Date: > \$ 415.44		19.23/PERIOD
JAMES TOWNSEND 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	225.03
	Occupation: VP PROVIDER CONTRACT Aggregate Year-To-Date: > \$ 450.00		19.23/PERIOD
STEVEN BOHEAN 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	130.00
	Occupation: VP & CO DENTICARE Aggregate Year-To-Date: > \$ 260.00		20.00/PERIOD
PATRICIA BORGESS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	130.00
	Occupation: VP COMM. COUNCIL Aggregate Year-To-Date: > \$ 260.00		20.00/PERIOD

SEMTOTAL of Receipts This Period (continued)	1,333.84
TOTAL This Period (last page of Schedule A)	10,421.90

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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 a political committee to solicit contributions from such committee

NAME OF COMMITTEE (in full)

FOUNDATION HEALTH CONCEPTION PAC

FEC ID No. C 00130789

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JIM BRULTE CAMPAIGN COMM. 1177 EAST PARK AVENUE PONOMA, CA 91768 ID#910459	CONTRIBUTION Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) NON-FED	07/11/95	1,000.00
B. Full Name, Mailing Address and ZIP Code INTERNAL REVENUE SERVICE OGDEN, UT	Purpose of Disbursement FEDERAL TAXES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) N/A	11/28/95	511.00
C. Full Name, Mailing Address and ZIP Code FRANCHISE TAX BOARD SACRAMENTO, CA	Purpose of Disbursement STATE TAXES Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) N/A	11/28/95	166.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

1,657.00

TOTAL This Period (last page this line number only)

1,657.00

200002112

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule 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, INC. FEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FAEIO FOR CONGRESS 722-B MAIN STREET WOODLAND, CA 95833 WOODBR773	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input checked="" type="checkbox"/> General 4,000.00 1,000.00 <input type="checkbox"/> Other (specify) 3RD CD-CA	12/18/95	5,000.00
B. Full Name, Mailing Address and ZIP Code NORM DICKE FOR CONGRESS COMMITTEE P. O. BOX 1663 TACOMA, WA 98601	Purpose of Disbursement CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/30/95	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	5,500.00
TOTAL This Period (last page of this line number only)	5,500.00

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
 FOR RECORDING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

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<input checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT <i>2-1-96</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<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
<i>llh</i>	<i>2-1-96</i>
PREPARED	DATE PREPARED