

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) FOUNDATION HEALTH SYSTEMS, INC. PAC (b) Number and Street Address <input checked="" type="checkbox"/> (Check if address is changed) 21650 OXNARD STREET, 25TH FLOOR (c) City, State and ZIP Code WOODLAND HILLS, CA 91367	2. DATE AUG 2 11 49 AM '99 3. FEC IDENTIFICATION NUMBER C00343402 4. IS THIS STATEMENT AN AMENDMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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5. TYPE OF COMMITTEE (Check one)

(a) This committee is a principal campaign committee. (Complete the candidate information below.)

(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate	Candidate Party Affiliation	Office Sought	State/District

(c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)

(d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)

(e) This committee is a separate segregated fund.

(f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee. **has qualified as a multi-candidate committee.**

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship

Type of Connected Organization
 Corporation Corporation w/o Capital Stock Labor Organization Membership Organization Trade Association Cooperative

7. Custodian of Records: Identify by name, address (phone number - optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
SHELLY L. SMITH	21650 OXNARD STREET, 25th FLOOR WOODLAND HILLS, CA 91367	TREASURER

8. Treasurer: List the name and address (phone number - optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
SHELLY L. SMITH	21650 OXNARD ST. 25TH FL. WOODLAND HILLS	TREASURER
CHARLES ROSE	SAME	ASST. TREAS.
THOMAS W. HILTACHK	455 CAPITOL MALL, #801 SACRAMENTO, CA	ASST. TREAS.

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
UNION BANK OF CALIFORNIA	700 L STREET SACRAMENTO, CA 95814

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

TYPE OR PRINT NAME OF TREASURER Shelly L. Smith	SIGNATURE OF TREASURER <i>Shelly L. Smith</i>	DATE 7-27-99
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §457g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Federal Election Commission

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

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SL
PREPARER

8-2-99
DATE PREPARED