

Oct 21 9 01 AM '94

October 20, 1994

Public Records Office
Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Dear Filing Officer:

Please find enclosed for filing the original and two copies
of:

Form 1 _____

Form 2 _____

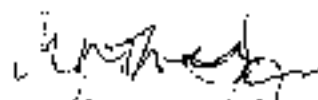
Form 3 _____

Form 3X X

for Foundation Health Corporation PAC.

Please return an endorsed filed copy in the enclosed self
addressed envelope for our records.

Very truly yours,


Cynthia Suzuki

cc: California Secretary of State

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

8311
11/11
OCT 21 5 11 PM '94

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 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:

<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 GENERAL
 (Type of Election)
 election on 11/08/94 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>10/01/94</u> through <u>10/19/94</u>		
6. (a) Cash on Hand January 1, 19 <u>94</u>		\$ 50,364.40
(b) Cash on Hand at Beginning of Reporting Period	\$ 66,588.58	
(c) Total Receipts (from line 19)	\$ 2,402.77	\$ 26,726.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 68,991.35	\$ 77,091.35
7. Total Disbursements (from Line 30)	\$ 5,000.00	\$ 13,100.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 63,991.35	\$ 63,991.35
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 202-219-5420
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
CYNTHIA SUZUKI

Signature of Treasurer Date 10/20/94

NOTE: Submission of false, fraudulent, 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: 10/01/94	TO: 10/19/94
		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)		1,901.52	16,353.04
ii. Unitemized		298.90	9,286.91
iii. Total (add i and ii)		2,200.42	25,639.95
b. Political Party Committee		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions (add a iii, b and c)		2,200.42	25,639.95
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.)		202.35	1,087.00
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)		2,402.77	26,726.95
20. Total Federal Receipts (subtract line 18 from line 19)		2,402.77	26,726.95
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		5,000.00	13,100.00
24. Independent Expenditures (Use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(c)) (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)		5,000.00	13,100.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30)		5,000.00	13,100.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)		2,200.42	25,639.95
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)		2,200.42	25,639.95
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	6
FOR LINE NUMBER		11a

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 RUSSELL BELIVEAU 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 60.00
	Occupation VP CHI PROGRAM MGMT	Aggregate Year-To-Date > \$ 660.00	30.00/PERIOD
B. 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): N/A	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 80.00
	Occupation PRES. VP SPECIAL SVC.	Aggregate Year-To-Date > \$ 880.00	40.00/PERIOD
C. 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 checked="" type="checkbox"/> Other (specify): N/A	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period -0-
	Occupation VP IT ADMINISTRATION	Aggregate Year-To-Date > \$ 300.00	0.00/PERIOD
D. 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): N/A	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 70.00
	Occupation CHAIRMAN & CEO	Aggregate Year-To-Date > \$ 770.00	35.00/PERIOD
E. Full Name, Mailing Address and ZIP Code KAREN FARCHER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 72.00
	Occupation VP & CONTROLLER	Aggregate Year-To-Date > \$ 792.00	36.00/PERIOD
F. Full Name, Mailing Address and ZIP Code EDWARD MUNNO 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 100.00
	Occupation VP SALES & MARKETING	Aggregate Year-To-Date > \$ 1,150.00	50.00/PER.
G. 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 checked="" type="checkbox"/> Other (specify): N/A	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 100.00
	Occupation SP VP HUMAN RESOURCE	Aggregate Year-To-Date > \$ 1,100.00	50.00/PER.

SUBTOTAL of Receipts This Page (optional)	482.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (or FUND)
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
CYNTELA SUZUKI 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	100.00
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 > \$ 1,100.00	50.00/PER.
STEVEN TOUGH 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	Occupation: PRES. & CO OFFICER	Aggregate Year-To-Date > \$ 2,200.00	100.00
CHARLES OPTON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP HR/FS	Aggregate Year-To-Date > \$ 1,100.00	50.00/PER.
WAYNE VARCO 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	40.00
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 > \$ 440.00	20.00/PER.
JAMES WOY6 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): N/A	Occupation: VP GOVT. ACCOUNTING	Aggregate Year-To-Date > \$ 550.00	25.00/PER.
GARRY GARRISON 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): N/A	Occupation: SR. VP MEDICARE	Aggregate Year-To-Date > \$ 525.00	25.00/PER.
SCOTT KELLY 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): N/A	Occupation: VP & CO OFFICER	Aggregate Year-To-Date > \$ 550.00	25.00/PER.

SUBTOTAL of Receipts This Page (optional)	590.00
TOTAL This Period (last page this line number only)	

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SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	3	6
FDR LINE NUMBER		1161

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
GARY McHOLLAND 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	40.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation VP ACTUARIAL	Aggregate Year-To-Date > \$ 440.00	25.00/PER
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RONALD MILLS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	40.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation DIR. SYSTEMS & PRG.	Aggregate Year-To-Date > \$ 440.00	25.00/PER
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
BENNIE PRICE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	-0-
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation VP CLAIMS & CUST SER	Aggregate Year-To-Date > \$ 300.00	0.00/PER
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	53.94
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation VP HEALTHCARE SERV	Aggregate Year-To-Date > \$ 592.24	26.92/PER
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GAIL SCUBERT 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): N/A	Occupation VP LAW DEPT.	Aggregate Year-To-Date > \$ 550.00	25.00/PER
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DENISE SHULL 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	40.00
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 > \$ 440.00	20.00/PER
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DARYL ANDERSON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	33.50
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation DIR. HEALTH CARE CEN	Aggregate Year-To-Date > \$ 368.50	16.75/PER

SUBTOTAL of Receipts This Page (optional)	257.34
TOTAL This Period (last page this line number only)	

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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

FBC 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
JEFFREY BAUMEISTER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	20.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP PROVIDER SERVICE	Aggregate Year-To-Date > \$ 220.00	10.00/PER
MARSHALL BENTLEY 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): N/A	Occupation: VP LEGAL DEPT.	Aggregate Year-To-Date > \$ 550.00	25.00/PER
STEVEN D. BONHAM 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	20.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP & CO DENTICARE	Aggregate Year-To-Date > \$ 220.00	10.00/PER
PATRICIA BURGESS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	20.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP CORP COUNSEL	Aggregate Year-To-Date > \$ 220.00	10.00/PER
DANIELA C. CALVITTI 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP TREASURER CALCO	Aggregate Year-To-Date > \$ 308.00	14.00/PER
JAMES COLB 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	30.80
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: DIR. CORP. TRAVEL	Aggregate Year-To-Date > \$ 338.80	15.40/PER
RICK CORBETT 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	38.46
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 > \$ 403.83	19.23

SUBTOTAL of Receipts This Page (optional)	207.26
TOTAL This Period (last page this line number only)	

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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 JEFFREY L. ELDER 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 29.80
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A		Occupation SRVP FINANCE & CF	Aggregate Year-To-Date > \$ 327.80	14.90/PER
B. Full Name, Mailing Address and ZIP Code RANDALL FRAXES 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): N/A		Occupation VP PEPA	Aggregate Year-To-Date > \$ 336.00	15.00/PER
C. Full Name, Mailing Address and ZIP Code DAVID FRIEDMAN 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): N/A		Occupation DIR. CORP. STRATEGY	Aggregate Year-To-Date > \$ 220.00	10.00/PER
D. Full Name, Mailing Address and ZIP Code ERNEST GIVANI 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 28.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A		Occupation MGR. HEALTH CARE	Aggregate Year-To-Date > \$ 308.00	14.00/PER
E. Full Name, Mailing Address and ZIP Code STEVEN R. HAVERSTOCK 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): N/A		Occupation DIR. COMPUTER SERV.	Aggregate Year-To-Date > \$ 330.00	15.00/PER
F. Full Name, Mailing Address and ZIP Code BRIEN JENNIFER 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 27.88
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A		Occupation DIR. CAMPUS RESEARCH	Aggregate Year-To-Date > \$ 306.68	16.94/PER
G. Full Name, Mailing Address and ZIP Code LEONARD A. KAIM 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): N/A		Occupation PRES. & COO FE HS AD	Aggregate Year-To-Date > \$ 220.00	10.00/PER

SUBTOTAL of Receipts This Page (optional)	185.68
TOTAL This Period (last page this line number only)	

20250327

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	Of
	6	6
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 JOSEPH R. KLINGER 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): N/A	Occupation VP COUNSEL HMO DEV. Aggregate Year-To-Date > \$ 264.00	12.00/PER
B. Full Name, Mailing Address and ZIP Code THOMAS MALOOF 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 -0-
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation PRES. & COO PLAN/SUP Aggregate Year-To-Date > \$ 225.00	0.00/PER
C. Full Name, Mailing Address and ZIP Code FREDERICK SIMMONS 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 32.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation VP STRATEGIC BUS. Aggregate Year-To-Date > \$ 352.00	16.00/PER
D. Full Name, Mailing Address and ZIP Code EMMETT L. SMITH 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 34.62
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation MEDICAL DIRECTOR Aggregate Year-To-Date > \$ 380.82	17.31/PER
E. Full Name, Mailing Address and ZIP Code JAMES TOWNSEND 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 34.62
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation VP PROVIDER CONTRACT Aggregate Year-To-Date > \$ 380.82	17.31/PER
F. Full Name, Mailing Address and ZIP Code WALTER WES WELLSER 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): N/A	Occupation CP COMMERCIAL ADMIN. Aggregate Year-To-Date > \$ 330.00	15.00/PER
G. 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): N/A	Occupation DIR. CORP. TAXES Aggregate Year-To-Date > \$ 264.00	12.00/PER

SUBTOTAL of Receipts This Page (optional)	179.24
TOTAL This Period (last page this line number only)	1,901.52

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ERIEO FOR CONGRESS 722 - B MAIN STREET WOODLAND, CA 95833	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 3RD CD-CA	10/06/94	6,000.00
B. Full Name, Mailing Address and ZIP Code DEMOCRATIC LEADERSHIP FUND CONGRESSMAN ROBERT HATSUI P.O. BOX 1347 SACRAMENTO, CA 95812	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 5TH CD-CA	10/06/94	1,000.00
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)	5,000.00
TOTAL This Period (last page this line number only)	5,000.00

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.

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DATE OF RECEIPT

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10-20-94

No Postmark

Postmark Illegible

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and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

JMA
PREPARER

10-24-94
DATE PREPARED

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