

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

OCT 15 10 21 AM '96

October 11, 1996

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 _____

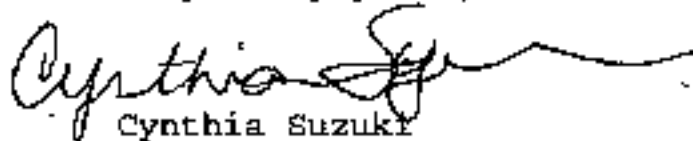
Form 3 _____

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

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Oct 15 10 21 AM '96

1. NAME OF COMMITTEE (in full) FOUNDATION HEALTH CORPORATION PAC		2. REC 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 multi-candidate 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 |

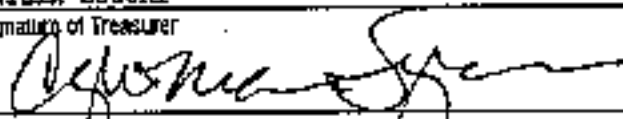
- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
 Thirtieth day report following the General Election on _____
 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	07/01/96 through 09/30/96		
6. (a) Cash on Hand January 1, 1996			\$ 74,056.34
(b) Cash on Hand at Beginning of Reporting Period		\$ 88,541.14	
(c) Total Receipts (from line 19)		\$ 11,130.21	\$ 39,824.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 99,671.35	\$ 113,881.26
7. Total Disbursements (from Line 3D)		\$ 1,308.80	\$ 15,518.71
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 98,362.55	\$ 98,362.55
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-	

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 SUEURI

Signature of Treasurer  Date 10/17/96

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

NOTE: Submission of false, erroneous, 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 1/1/81)

NAME OF COMMITTEE FOUNDATION HEALTH CORPORATION PAC	REPORT COVERING PERIOD	
	FROM: 07/01/96	TO: 09/30/96
	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)	9,438.93	25,784.02
II. Unitemized	999.96	7,211.92
III. Total (add I and II)	10,438.89	32,995.94
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a II, b and c)	10,438.89	32,995.94
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-	5,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	691.32	1,828.98
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	11,130.21	39,824.92
20. Total Federal Receipts (subtract line 18 from line 19)	11,130.21	39,824.92
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	500.00	14,500.00
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	808.80	1,018.71
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	1,308.80	15,518.71
31. Total Federal Disbursements (subtract line 21 a II from line 30)	1,308.80	15,518.71
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	10,438.89	32,995.94
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from line 32)	10,438.89	32,995.94
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 line 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 (in Full)
 FOUNDATION HEALTH CORPORATION PAC

FEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code Kirk Benson 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
	Occupation Pres. VP Special SVC.	Aggregate Year-To-Date \$	1,270.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code Daniel Crowley 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BY-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 800.00
	Occupation Chairman & CEO	Aggregate Year-To-Date \$	2,180.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
C. 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):			
D. Full Name, Mailing Address and ZIP Code Edward Munoz 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 800.00
	Occupation VP SALES & MARKETING	Aggregate Year-To-Date \$	2,300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Glenn Randolph 655 North Alvernon Tucson, AZ 85711	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 288.60
	Occupation CEO Med Center	Aggregate Year-To-Date \$	962.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Cynthia Suzuki 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
	Occupation VP State/Local Govt.	Aggregate Year-To-Date \$	1,350.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code Steve 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 800.00
	Occupation Pres. & CO Officer	Aggregate Year-To-Date \$	2,700.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) 3,488.60

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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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 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 300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Occupation VP FEPS	Aggregate Year-To-Date \$ 1,000.00	50.00/PERIOD
B. Full Name, Mailing Address and ZIP Code Owen Brant 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 320.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation SR VP INFO SERVICES	Aggregate Year-To-Date \$ 600.00	40.00/PERIOD
C. Full Name, Mailing Address and ZIP Code Jeffrey 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 119.20
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation SR VP FINANCE & CF	Aggregate Year-To-Date \$ 402.30	14.90/PERIOD
D. 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 150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP & CO OFFICER	Aggregate Year-To-Date \$ 600.00	25.00/PERIOD
E. Full Name, Mailing Address and ZIP Code Danny Smithson 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 type="checkbox"/> Other (specify):		Occupation SR VP Human Resource	Aggregate Year-To-Date \$ 1,350.00	50.0/PERIOD
F. Full Name, Mailing Address and ZIP Code James Woye 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 150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Occupation VP GOVT ACCOUNTING	Aggregate Year-To-Date \$ 550.00	25.00/PERIOD
G. Full Name, Mailing Address and ZIP Code STEVEN GRIFFIN 7950 NW 53RD STREET MIAMI, FL 33166		Name of Employer FOUNDATION HEALTH A FLORIDA HEALTH PLAN	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):		Occupation EXECUTIVE DIRECTOR	Aggregate Year-To-Date \$ 250.00	25.00/PERIOD

SUBTOTAL of Receipts This Page (optional)	1,639.20
TOTAL This Period (last page this line number only)	

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 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 90.00
	Occupation VP TRANSITIONS	Aggregate Year-To-Date \$ 270.00	15.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code JEFFREY BAIRSTON 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 300.00
	Occupation PRES. OF OCC. HEALTH	Aggregate Year-To-Date \$ 730.00	50.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code BRUCE BALHA 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 210.00
	Occupation VP OF UNDERWRITING	Aggregate Year-To-Date \$ 560.00	35.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code MARSHALL BENTLEY 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 150.00
	Occupation VP & COUNSEL	Aggregate Year-To-Date \$ 500.00	25.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code DANIELA CALVIOTTI 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 150.00
	Occupation VP TREASURER CALCO	Aggregate Year-To-Date \$ 456.00	25.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code JAMES COLE 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 2.00
	Occupation DIR. TRANSPORTATION	Aggregate Year-To-Date \$ 217.60	15.40/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code RANDALL FRANKS 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 90.00
	Occupation VP FEPA	Aggregate Year-To-Date \$ 360.00	15.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			
SUBTOTAL of Receipts This Page (optional)			992.00
TOTAL This Period (last page this line number only)			

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARRY GARRISON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FOUNDATION HEALTH CORPORATION Occupation:	7/96 SR. VP. MEDICARE	50.00 25.00/PERIOD
	Aggregate Year-To-Date \$ 400.00		
STEVEN HAVERSTOCK 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FOUNDATION HEALTH CORPORATION Occupation:	BI-WEEKLY PAYROLL DEDUCTION DIR. COMPUTER SERV.	210.00 35.00/PERIOD
	Aggregate Year-To-Date \$ 560.00		
JENNIFER BELEN 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FOUNDATION HEALTH CORPORATION Occupation:	BI-WEEKLY PAYROLL DEDUCTION DIR. CHAMPUS RESEARC	83.64 13.94/PERIOD
	Aggregate Year-To-Date \$ 306.68		
GERALD KERTSE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FOUNDATION HEALTH CORPORATION Occupation:	BI-WEEKLY PAYROLL DEDUCTION VP MARKETING/SALES	286.60 48.10/PERIOD
	Aggregate Year-To-Date \$ 794.60		
DAVID LAMAR 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FOUNDATION HEALTH CORPORATION Occupation:	BI-WEEKLY PAYROLL DEDUCTION VP SYSTEMS DEVELOPMENT	300.00 50.00/PERIOD
	Aggregate Year-To-Date \$ 650.00		
GARY McHOLLAND 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	FOUNDATION HEALTH CORPORATION Occupation:	BI-WEEKLY PAYROLL DEDUCTION VP ACTUARIAL	120.00 20.0/PERIOD
	Aggregate Year-To-Date \$ 400.00		
RONALD MILLS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	FOUNDATION HEALTH CORPORATION Occupation:	BI-WEEKLY PAYROLL DEDUCTION DIR. SYSTEMS & PROG.	120.00 20.00/PERIOD
	Aggregate Year-To-Date \$ 400.00		

SUBTOTAL of Receipts This Page (optional)	1,172.24
TOTAL This Period (last page this line number only)	

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 MARGUERITE O'TOOLE 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 288.60
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation SR VP MEDICARE	Aggregate Year-To-Date \$ 769.60
B. Full Name, Mailing Address and ZIP Code TIMOTHY PETERSON 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 300.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation MED DIR. FOR TBNG	Aggregate Year-To-Date \$ 650.00
C. Full Name, Mailing Address and ZIP Code JACK POWELL 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 150.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation SR. VP. EMP. CALCOMP	Aggregate Year-To-Date \$ 400.00
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 161.52
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP HEALTHCARE SERV.	Aggregate Year-To-Date \$ 538.40
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 150.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP LAW DEPT.	Aggregate Year-To-Date \$ 500.00
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 195.60
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP & CO OFFICER	Aggregate Year-To-Date \$ 576.40
G. 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 96.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP, STRATEGIC BUS.	Aggregate Year-To-Date \$ 320.00

SUBTOTAL of Receipts This Page (optional)

1,341.72

TOTAL This Period (last page this line number only)

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
EMMETT SMITH 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	17.31
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	MEDICAL DIRECTOR		17.31/PERIOD
	Aggregate Year-To-Date \$	294.27	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WAYNE VARGO 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):	DIR. GOVT. PROPOSALS		20.00/PERIOD
	Aggregate Year-To-Date \$	440.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
WALTER WEB WELLS 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):	VP COMMERCIAL ADMIN.		15.00/PERIOD
	Aggregate Year-To-Date \$	300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID WESTER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	150.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	VP OF FIFTH HEALTH SF		25.00/PERIOD
	Aggregate Year-To-Date \$	450.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL WHITE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	72.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	VP ASST. TREASURER		12.00/PERIOD
	Aggregate Year-To-Date \$	240.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
STEVEN BONEAM 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	60.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	VP FINANCE		10.00/PERIOD
	Aggregate Year-To-Date \$	200.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PATRICIA BURGESS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	60.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	VP CORPORATE COUNSEL		10.00/PERIOD
	Aggregate Year-To-Date \$	200.00	

SUBTOTAL of Receipts This Page (optional)	569.31
TOTAL This Period (last page this line number only)	

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

FEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code LEONARD KALM 2000 S. COLORADO BLVD, #11500 DENVER, CO 80222	Name of Employer FOUNDATION HEALTH A COLORADO HEALTH PLAN	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 60.00
	Occupation EXECUTIVE DIRECTOR Aggregate Year-To-Date \$ 200.00	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	
B. Full Name, Mailing Address and ZIP Code LAWRENCE NAEBB 3600 PORT OF TACOMA ROAD SUITE 505 TACOMA, WA 98424	Name of Employer FOUNDATION HEALTH FEDERAL SERVICES	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 103.86
	Occupation EXECUTIVE DIRECTOR Aggregate Year-To-Date \$ 276.96	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	
C. Full Name, Mailing Address and ZIP Code JOSEPH KLINGER 3400 DANA 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 72.00
	Occupation VP COUNSEL Aggregate Year-To-Date \$ 204.00	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	
D. 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 \$	
E. 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 \$	
F. 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 \$	
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 \$	

SUBTOTAL of Receipts This Page (optional)	235.96
TOTAL This Period (last page this line number only)	9,438.93

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 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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WATTS FOR CONGRESS '96 P. O. BOX 6545 NORMAN OK 73070 C00304949	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/26/96	500.00
B. 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
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)			500.00
TOTAL This Period (last page this line number only)			500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	1
FDR LINE NUMBER		29

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
INTERNAL REVENUE SERVICE OGDEN, UT	FEDERAL TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/13/96	613.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRANCHISE TAX BOARD SACRAMENTO, CA	STATE TAXES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/13/96	177.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
UNION BANK OF CALIFORNIA 700 L STREET SACRAMENTO, CA 95814	CHECK PRINTING CHARGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/01/96	18.80
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
SUBTOTAL of Disbursements This Page (optional)			808.80
TOTAL This Period (last page this line number only)			808.80

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

10-15-96

First Class Mail

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Registered/Certified Mail

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No Postmark

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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

MA
PREPARER

10-15-96
DATE PREPARED