

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> FOUNDATION HEALTH CORPORATION PAC	JUL 20 2 00 PM '95
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported  3400 DATA DRIVE	<b>2. FEC IDENTIFICATION NUMBER</b> C 00230789
CITY, STATE and ZIP CODE  RANCHO CORDOVA, CA 95670	<b>3.</b> <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 \_\_\_\_\_ (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

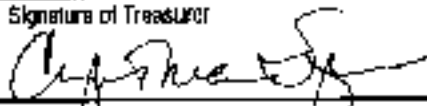
SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/95</u> through <u>06/30/95</u>		
6. (a) Cash on Hand January 1, 19 <u>95</u>		\$ 66,939.53
(b) Cash on Hand at Beginning of Reporting Period	\$ 66,939.53	
(c) Total Receipts (from line 19)	\$ 14,560.92	\$ 14,560.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 81,500.45	\$ 81,500.45
7. Total Disbursements (from Line 30)	\$ 13,150.00	\$ 13,150.00
8. Cash on Hand at Close of Reporting Period (subtract line 7 from line 6(d))	\$ 68,350.45	\$ 68,350.45
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 800-424-9520 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ -0-	

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

Type or Print Name of Treasurer

CYNTHIA SUZUKI

Signature of Treasurer



Date

07/24/95

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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**FEC FORM 3X**

(revised 6/93)

95039072236

**DETAILED SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

**PAGE 2, FEC FORM 3X**

(revision 1/7/91)

NAME OF COMMITTEE FOUNDATION HEALTH CORPORATION PAC		REPORT COVERING PERIOD FROM: 01/01/95 TO: 06/30/95	
		COLUMN A Total TWS Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)			
		9,706.21	9,706.21
		3,947.54	3,947.54
		13,653.75	13,653.75
ii. Total (add i and ii) ▶			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contributions (add a ii, b and c) ▶			
12. Transfers From Affiliated/Other Party Committees			
13. All Loans Received			
14. Loan Repayments Received			
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			
17. Other Federal Receipts (Dividends, Interest, etc.)			
18. Transfers From Nonfederal Account for Joint Activity			
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶			
20. Total Federal Receipts (subtract line 18 from line 19) ▶			
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			
ii. Non-Federal Share			
b. Other Federal Operating Expenditures			
c. Total Operating Expenditures (Add a i, a ii, and b) ▶			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees			
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			
b. Political Party Committees			
c. Other Political Committees (such as PACs)			
d. Total Contribution Refunds (Add a, b and c) ▶			
29. Other Disbursements			
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶			
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ▶			
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans) (from line 11d)			
33. Total Contribution Refunds (from line 28d)			
34. Net Contributions (other than loans) (subtract line 33 from 32)			
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ▶			
36. Offsets to Operating Expenditures (from line 15)			
37. Net Operating Expenditures (subtract line 36 from 35) ▶			

95039072237

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	4
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

FBC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code JAMES P. 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 200.20
	Occupation DIR. TRANSPORTATION	Aggregate Year-To-Date > \$ 200.20	15.40/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
B. Full Name, Mailing Address and ZIP Code 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 520.00
	Occupation PRES.VP SPECIAL SVC.	Aggregate Year-To-Date > \$ 520.00	40.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
C. Full Name, Mailing Address and ZIP Code 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 325.00
	Occupation VP & COUNSEL	Aggregate Year-To-Date > \$ 325.00	25.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
D. Full Name, Mailing Address and ZIP Code DANIEL CROWLEY 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 455.00
	Occupation CHAIRMAN & CEO	Aggregate Year-To-Date > \$ 455.00	35.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
E. Full Name, Mailing Address and ZIP Code KAREN KARCHER 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 468.00
	Occupation VP & CONTROLLER	Aggregate Year-To-Date > \$ 468.00	36.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
F. Full Name, Mailing Address and ZIP Code EDWARD MUNDO 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 650.00
	Occupation VP SALES & MARKETING	Aggregate Year-To-Date > \$ 650.00	50.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
G. Full Name, Mailing Address and ZIP Code 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 650.00
	Occupation SP VP HUMAN RESOURCE	Aggregate Year-To-Date > \$ 650.00	50.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			

SUBTOTAL of Receipts This Page (optional)	3,268.20
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 00230789

A. Full Name, Mailing Address and ZIP Code CYNTHIA SUZUKI 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION Occupation VP STATE/LOCAL GOVT.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Aggregate Year-To-Date > \$ 650.00	Amount of Each Receipt this Period 650.00 50.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
B. Full Name, Mailing Address and ZIP Code STEVEN TOUGH 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION Occupation PRES. & CO OFFICER	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Aggregate Year-To-Date > \$ 1,300.00	Amount of Each Receipt this Period 1,300.00 100.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
C. Full Name, Mailing Address and ZIP Code CHARLES OPTON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION Occupation VP FEFS	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Aggregate Year-To-Date > \$ 650.00	Amount of Each Receipt this Period 650.00 50.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
D. Full Name, Mailing Address and ZIP Code WAYNE VARCO 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION Occupation DIR. GOVT. PROPOSALS	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Aggregate Year-To-Date > \$ 260.00	Amount of Each Receipt this Period 260.00 20.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
E. Full Name, Mailing Address and ZIP Code JAMES WOYS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION Occupation VP GOVT. ACCOUNTING	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Aggregate Year-To-Date > \$ 325.00	Amount of Each Receipt this Period 325.00 25.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
F. Full Name, Mailing Address and ZIP Code GARRY GARRISON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION Occupation SR. VP MEDICARE	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Aggregate Year-To-Date > \$ 325.00	Amount of Each Receipt this Period 325.00 25.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			
G. Full Name, Mailing Address and ZIP Code SCOTT KELLY 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION Occupation VP & CO OFFICER	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION Aggregate Year-To-Date > \$ 325.00	Amount of Each Receipt this Period 325.00 25.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A			

SUBTOTAL of Receipts This Page (optional) . . . . . 3,835.00

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	4
FOR LINE NUMBER		11a1

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NAME OF COMMITTEE (in full)  
 FOUNDATION HEALTH CORPORATION PAC

FEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GARY MCBOLLAND 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	260.00
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 > \$ 260.00	20.00/PERIOD
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	260.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: DIR. SYSTEMS & PROG.	Aggregate Year-To-Date > \$ 260.00	20.00/PERIOD
C. 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:	Aggregate Year-To-Date > \$	
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	349.96
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 > \$ 349.96	26.92/PERIOD
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
GAIL SCHUBERT 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 LAW DEPT.	Aggregate Year-To-Date > \$ 325.00	25.00/PERIOD
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	260.00
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 > \$ 260.00	20.00/PERIOD
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RICK CORBETT 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	249.99
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 > \$ 249.99	19.23/PERIOD

SUBTOTAL of Receipts This Page (optional)	1,704.95
TOTAL This Period (last page this line number only)	

95039072200

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

<p>A. Full Name, Mailing Address and ZIP Code                  HENRY LOUBET                  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                  PRESIDENT &amp; CEO</p> <p>Aggregate Year-To-Date &gt; \$ 240.00</p>	<p>Date (month, day, year)                  BI-WEEKLY                  PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period                  240.00</p> <p>40.00/PERIOD</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code                  FREDERICK SIMMONS                  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 STRATEGIC BUS.</p> <p>Aggregate Year-To-Date &gt; \$ 208.00</p>	<p>Date (month, day, year)                  BI-WEEKLY                  PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period                  208.00</p> <p>16.00/PERIOD</p>
<p>D. Full Name, Mailing Address and ZIP Code                  BRYETT L. WHITE                  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                  MEDICAL DIRECTOR</p> <p>Aggregate Year-To-Date &gt; \$ 225.03</p>	<p>Date (month, day, year)                  BI-WEEKLY                  PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period                  225.03</p> <p>19.23/PERIOD</p>
<p>E. Full Name, Mailing Address and ZIP Code                  JAMES TOMKEND                  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 PROVIDER CONTRACT</p> <p>Aggregate Year-To-Date &gt; \$ 225.03</p>	<p>Date (month, day, year)                  BI-WEEKLY                  PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period                  225.03</p> <p>19.23/PERIOD</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-To-Date &gt; \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

95039072201

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>896.06</p>
<p>TOTAL This Period (last page this line number only)</p>	<p>9,706.21</p>

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
MIKE BOYD ELECTION COMMITTEE DEBRA WOOD, TREASURER 3217 W. HILFARM DRIVE TUCSON, AZ 83712	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) NON-FED	05/01/95	150.00
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)	150.00
TOTAL This Period (last page this line number only)	150.00

95039072292

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PASIO FOR CONGRESS 722-B MAIN STREET WOODLAND, CA 95833 C00088773	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 3RD CD-CA	05/18/95	1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION 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 MURTHA FOR CONGRESS COMM. P.O. BOX 1091 JOHNSTOWN, PA 15907 ID # 256167265	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	05/18/95	1,000.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF BOB LIVINGSTON P. O. BO 6329 NEW ORLEANS, LA 70174 ID # 062715	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) LA CD #1	05/25/95	1,000.00
E. Full Name, Mailing Address and ZIP Code PETE WILSON EXPLORATORY COMM 1020 12TH STREET SACRAMENTO, CA 95814 C00301978	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) PRESIDENT	06/05/95	5,000.00
F. Full Name, Mailing Address and ZIP Code PETE WILSON COMPLIANCE COMM 1020 12TH STREET SACRAMENTO, CA 95814 C00302463	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) PRESIDENT	06/05/95	5,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement CONTRIBUTION 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 CONTRIBUTION 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 CONTRIBUTION 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)	13,000.00
TOTAL This Period (last page this line number only)	13,000.00

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*JLB.*  
PREPARER

7-26-95  
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