

RECEIVED  
FEDERAL ELECTION  
COMMISSION TECH ROOM

JUL 29 10 05 AM '97

July 24, 1997

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\_\_\_\_\_

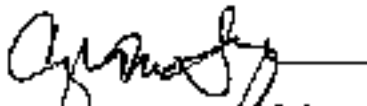
Form 3\_\_\_\_\_

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

JUL 29 10 05 AM '97

<b>1. NAME OF COMMITTEE (In full)</b> FOUNDATION HEALTH CORPORATION PAC	
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported  3400 DATA DRIVE CITY, STATE and ZIP CODE  RANCHO CORDOVA, CA 95670	<b>2. FEC IDENTIFICATION NUMBER</b> C 00230789
	<b>3.</b> <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 110)

## 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>01/01/97</u> through <u>06/30/97</u>		
6. (a) Cash on Hand January 1, 19 <u>97</u>	\$	74,056.34
(b) Cash on Hand at Beginning of Reporting Period	\$	105,529.68
(c) Total Receipts (from line 10)	\$	20,550.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$	126,080.34
7. Total Disbursements (from Line 30)	\$	5,018.80
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$	121,061.54
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-

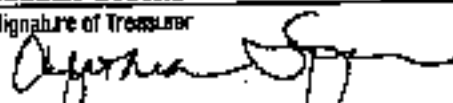
For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll free 800-424-9530  
Local 202-219-3420

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

7/25/97

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 9/83)

**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: 01/01/97	TO: 06/30/97
	COLUMN A Total This 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)	15,205.53	15,205.53
ii. Unitemized	3,268.63	3,268.63
iii. Total (add i and ii)	18,474.16	18,474.16
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a ii, b and c)	18,474.16	18,474.16
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.)	2,076.50	2,076.50
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	20,550.66	20,550.66
20. Total Federal Receipts (subtract line 18 from line 19)	20,550.66	20,550.66
<b>II. Disbursements</b>		
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	5,000.00
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	18.80	18.80
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	5,018.80	5,018.80
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	5,018.80	5,018.80
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d)	18,474.16	18,474.16
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)	18,474.16	18,474.16
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-

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  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 250.00
	Occupation Pres.VP Special SVC. Aggregate Year-To-Date \$ 250.00	DEDUCTION	50.00/PERIOD
B. 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):	Name of Employer Foundation Health Corporation	Date (month, day, year) BY-WEEKLY PAYROLL	Amount of Each Receipt this Period 1,100.00
	Occupation Chairman & CEO Aggregate Year-To-Date \$ 1,100.00	DEDUCTION	100.00/PERIOD
C. Full Name, Mailing Address and ZIP Code Lawrence Naehr 3400 Data Drive Rancho Cordova, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Foundation Health Federal Services	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 276.96
	Occupation Executive Director Aggregate Year-To-Date \$ 276.96	DEDUCTION	17.31/PERIOD
D. 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):	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 1,300.00
	Occupation VP SALES & MARKETING Aggregate Year-To-Date \$ 1,300.00	DEDUCTION	100/PERIOD
E. Full Name, Mailing Address and ZIP Code David Webster 3400 Data Drive Rancho Cordova, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 400.00
	Occupation VP of FDN HEALTH SF Aggregate Year-To-Date \$ 400.00	DEDUCTION	25.00/PERIOD
F. Full Name, Mailing Address and ZIP Code Cynthia Suzuki 3400 Data Drive Rancho Cordova, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 650.00
	Occupation VP State/Local Govt. Aggregate Year-To-Date \$ 650.00	DEDUCTION	50.00/PERIOD
G. Full Name, Mailing Address and ZIP Code Steve Tough 3400 Data Drive Rancho Cordova, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 1,300.00
	Occupation Pres. & CO Officer Aggregate Year-To-Date \$ 1,300.00	DEDUCTION	100/PERIOD

SUBTOTAL of Receipts This Page (optional)	5,276.96
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 Charles Upton 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 700.00
	Occupation VP PEFS Aggregate Year-To-Date \$ 700.00	DEDUCTION	50.00/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 Owen Brant 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 520.00
	Occupation SR VP INFO SERVICES Aggregate Year-To-Date \$ 520.00	DEDUCTION	40.00/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 Walter Wes Weller 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 240.00
	Occupation VP COMMERCIAL ADMIN. Aggregate Year-To-Date \$ 240.00	DEDUCTION	15.00/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 Scott Kelly 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 400.00
	Occupation VP & CO OFFICER Aggregate Year-To-Date \$ 400.00	DEDUCTION	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 Danny Smithson 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 650.00
	Occupation SR VP Human Resource Aggregate Year-To-Date \$ 650.00	DEDUCTION	50.00/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 Woyt 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 400.00
	Occupation VP GOVT ACCOUNTING Aggregate Year-To-Date \$ 400.00	DEDUCTION	25.00/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 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	Amount of Each Receipt this Period 1,107.65
	Occupation EXECUTIVE DIRECTOR Aggregate Year-To-Date \$ 1,107.65	DEDUCTION	25.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional)	4,017.65
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  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 240.00
	Occupation VP TRANSITIONS	DEDUCTION	15.00/PERIOD
Aggregate Year-To-Date \$ 240.00			
B. Full Name, Mailing Address and ZIP Code WAYNE VARCO 3400 DATA DRIVE RANCHO CORDOVA, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 320.00
	Occupation DIR. GOVT. PROGRAMS	DEDUCTION	20.00/PERIOD
Aggregate Year-To-Date \$ 320.00			
C. Full Name, Mailing Address and ZIP Code FREDERICK SIMMONS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 256.00
	Occupation VP. STRATEGIC BDS.	DEDUCTION	16.00/PERIOD
Aggregate Year-To-Date \$ 256.00			
D. Full Name, Mailing Address and ZIP Code MARSHALL BENTLEY 3400 DATA DRIVE RANCHO CORDOVA, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 400.00
	Occupation VP & COUNSEL	DEDUCTION	25.00/PERIOD
Aggregate Year-To-Date \$ 400.00			
E. Full Name, Mailing Address and ZIP Code DANIELA CALVITTI 3400 DATA DRIVE RANCHO CORDOVA, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 400.00
	Occupation VP TREASURER CALCO	DEDUCTION	25.00/PERIOD
Aggregate Year-To-Date \$ 400.00			
F. Full Name, Mailing Address and ZIP Code GAIL SCHUBERT 3400 DATA DRIVE RANCHO CORDOVA, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 325.00
	Occupation VP LAW DEPT.	DEDUCTION	25.00/PERIOD
Aggregate Year-To-Date \$ 325.00			
G. Full Name, Mailing Address and ZIP Code JONATHAN SCHEFF 3400 DATA DRIVE RANCHO CORDOVA, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 430.72
	Occupation VP HEALTHCARE SRV.	DEDUCTION	26.92/PERIOD
Aggregate Year-To-Date \$ 430.72			

SUBTOTAL of Receipts This Page (optional)	2,371.72
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
RONALD MILLS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	320.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: DIR. SYSTEMS & PROG.	Aggregate Year-To-Date \$ 320.00	20.00/PERIOD
B. Full Name, Mailing Address and ZIP Code STEVEN HAVERSTOCK 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	560.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: DIR. COMPUTER SERV.	Aggregate Year-To-Date \$ 560.00	35.00/PERIOD
C. Full Name, Mailing Address and ZIP Code MARGUERITE O'TOOLE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	769.60
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	48.10/PERIOD
D. Full Name, Mailing Address and ZIP Code GERALD KERTSE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	769.60
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: VP MARKETING/SALES	Aggregate Year-To-Date \$ 769.60	48.10/PERIOD
E. Full Name, Mailing Address and ZIP Code DAVID LEMAR 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	800.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: VP SYSTEMS DEVELOPM	Aggregate Year-To-Date \$ 800.00	50.00/PERIOD
F. Full Name, Mailing Address and ZIP Code GARY McHOLLAND 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	320.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation: VP ACTUARIAL	Aggregate Year-To-Date \$ 320.00	20.00/PERIOD
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-To-Date \$ 6	

SUBTOTAL of Receipts This Page (optional)	3,539.20
TOTAL This Period (last page this line number only)	15,205.53

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
<b>PAPIO FOR CONGRESS P. O. BOX 2244 WEST SACRAMENTO, CA 95691 CDD088773</b>	<b>CONTRIBUTION</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/12/97	5,000.00
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)	5,000.00
TOTAL This Period (last page this line number only)	5,000.00



SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)  
 FOUNDATION HEALTH CORPORATION PAC

FBC 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
UNION BANK 700 L STREET SACRAMENTO, CA 95814	BANK CHARGES Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	03/31/97	18.80
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) . . . . . 18.80

TOTAL This Period (last page this line number only) . . . . . 18.80

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.

<input checked="" type="checkbox"/> Hand Delivered	DATE OF RECEIPT 7/29/97
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
<input type="checkbox"/> Received from the Senate Office of Public Records	DATE OF RECEIPT
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JPV  
PREPARER

7/29/97  
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