

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
**FOUNDATION HEALTH SYSTEMS, INC.
 POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) Check if different than previously reported
21650 OXNARD STREET, 25TH FLOOR

CITY, STATE and ZIP CODE
WOODLAND HILLS, CA 91367

RECEIVED
FEC MAIL ROOM

2001 JAN 22 P 12:52

2. FEC IDENTIFICATION NUMBER
C 00230789

3. 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	COLUMN B
5. Covering Period <u>11/28/00</u> through <u>12/31/00</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>2000</u>		\$ 21,252.04
(b)	Cash on Hand at Beginning of Reporting Period	\$ 8,227.04	
(c)	Total Receipts (from line 19)	\$ 129.00	\$ 1,604.00
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 8,356.04	\$ 22,856.04
7.	Total Disbursements (from Line 30)	\$ -0-	\$ 14,500.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 8,356.04	\$ 8,356.04
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 800-4P4-6530 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
THOMAS W. HILTACHK, ASSISTANT TREASURER

Signature of Treasurer  Date
 01/16/01

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 1/1/91)

NAME OF COMMITTEE FOUNDATION HEALTH SYSTEMS, INC. POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD	
		FROM: 11/26/00	TO: 12/31/00
		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)		110.00	830.00
ii. Unitemized		19.00	774.00
iii. Total (add i and ii) ▶		129.00	1,604.00
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions (add a ii, b and c) ▶		129.00	1,604.00
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.)		-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶		129.00	1,604.00
20. Total Federal Receipts (subtract line 18 from line 19) ▶		129.00	1,604.00
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-	1,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		-0-	13,500.00
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		-0-	-0-
30. Total Disbursements (add 21 c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶		-0-	14,500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ▶		-0-	14,500.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		129.00	1,604.00
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		129.00	1,604.00
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 SYSTEMS, INC.
 POLITICAL ACTION COMMITTEE

FEC ID No. C 00230789

<p>A. Full Name, Mailing Address and ZIP Code Marshall Bentley 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): Monthly</p>	<p>Name of Employer Foundation Health Systems</p> <p>Occupation VP & COUNSEL</p> <p>Aggregate Year-To-Date > \$ 600.00</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 50.00</p> <p>50.00/PERIOD</p>
<p>B. Full Name, Mailing Address and ZIP Code Jeanine Asplund 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): Monthly</p>	<p>Name of Employer Foundation Health Systems</p> <p>Occupation DIR, PREMIUM ACCOUNTG</p> <p>Aggregate Year-To-Date > \$ 480.00</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 40.00</p> <p>40.00/PERIOD</p>
<p>C. Full Name, Mailing Address and ZIP Code James L. Thomason 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): Monthly</p>	<p>Name of Employer Foundation Health Systems</p> <p>Occupation Medical Director</p> <p>Aggregate Year-To-Date > \$ 240.00</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 20.00</p> <p>20.00/PERIOD</p>
<p>D. 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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. 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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this 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 > \$</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 > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			<p>110.00</p>
<p>TOTAL This Period (last page this line number only)</p>			<p>110.00</p>

**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 type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 1/17/01
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>Das</i> PREPARER	1/22/01 DATE PREPARED