



JUL 31 11 55 AM '93

July 22, 1993

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

1 6 3 5 2 4 3 0 5 3 0 3 2

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

JUL 31 11 55 AM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) Foundation Health Corporation PAC		2. FEC IDENTIFICATION NUMBER CD0230789
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. This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

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:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 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>1/1/93</u> through <u>6/30/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 24,361.17
(b) Cash on Hand at Beginning of Reporting Period	\$ 24,361.17	
(c) Total Receipts (from Line 19)	\$ 18,042.91	\$ 18,042.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 42,404.08	\$ 42,404.08
7. Total Disbursements (from Line 30)	\$ 1,000.00	\$ 1,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 41,404.08	\$ 41,404.08
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule G 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 202-378-3120
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 K. Suzuki

Signature of Treasurer: *Cynthia K. Suzuki* Date: **7/27/93**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

2 3 4 5 6 7 8 9

**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 1/1/93 TO 6/30/93	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees		11,363.89	11,363.89
i. Itemized (use Schedule A)		6,272.07	6,272.07
ii. Unitemized		17,635.96	17,635.96
iii. Total	(add i and ii) >	-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions	(add a ii, b and c) >	17,635.96	17,635.96
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.)	bank interest	406.95	406.95
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) >	18,042.91	18,042.91
20. Total Federal Receipts	(subtract line 18 from line 19) >	18,042.91	18,042.91
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)		-0-	-0-
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		1,000.00	1,000.00
24. Independent Expenditures (use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(c)) (use Schedule F)		-0-	-0-
26. Loan Repayments Made		-0-	-0-
27. Loans Made		-0-	-0-
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		-0-	-0-
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contribution Refunds	(Add a, b and c) >	-0-	-0-
29. Other Disbursements		-0-	-0-
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,000.00	1,000.00
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) >	1,000.00	1,000.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		17,635.96	17,635.96
33. Total Contribution Refunds (from line 28d)		-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)		17,635.96	17,635.96
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 35 from 35) >	-0-	-0-

33038524365

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule list for each category of the Detailed Summary Page

PAGE 1 OF 4
FOR LINE NUMBER 11 & 1

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

23038524364

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Russell Beliveau 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	30.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation VP CRI Program Mgmt.	Aggregate Year-to-Date > \$ 390.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kirk Benson 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	40.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation special Pres., Sr.V.P. services	Aggregate Year-to-Date > \$ 520.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marshall Bentley 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	25.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation VP Legal Department	Aggregate Year-to-Date > \$ 325.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Owen Brant 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	30.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation VP IT Administration	Aggregate Year-to-Date > \$ 390.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Cole 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	15.40 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Dir. Corporate Travel	Aggregate Year-to-Date > \$ 200.20	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Candace Cope 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	20.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Dir. Group Sales	Aggregate Year-to-Date > \$ 207.68	
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	19.23 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation VP and CO Officer	Aggregate Year-to-Date > \$ 249.99	

SUBTOTAL of Receipts This Page (optional) 2,282.87

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

PAGE 2 OF 4

FOR LINE NUMBER

11a1

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NAME OF COMMITTEE (in Full)

Foundation Health Corporation PAC

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel Crowley 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	35.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Chairman and CEO	Aggregate Year-to-Date > \$ 455.00	
B. 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	Foundation Health Corporation	bi-weekly payroll deduction	25.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Sr. VP Medicare-Medical	Aggregate Year-to-Date > \$ 325.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Karen Karcher 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	36.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation VP & Controller	Aggregate Year-to-Date > \$ 468.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Scott Kelly 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	25.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation VP & CO Officer	Aggregate Year-to-Date > \$ 325.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Major 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	50.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation VP SW Marketing	Aggregate Year-to-Date > \$ 650.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Gary McHolland 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	20.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation VP Actuarial	Aggregate Year-to-Date > \$ 260.00	
G. 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	20.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Dir. Systems & Program	Aggregate Year-to-Date > \$ 260.00	

SUBTOTAL of Receipts This Page (optional) 2,743.00

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

93038524366

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward Munno 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	50.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation VP Sales & Marketing	Aggregate Year-to-Date > \$ 650.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bennie Price 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	20.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation VP Claims & Cust. Ser.	Aggregate Year-to-Date > \$ 260.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jonathon Scheff 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	26.92 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation VP Healthcare Services	Aggregate Year-to-Date > \$ 349.96	
D. 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	25.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation VP Law Department	Aggregate Year-to-Date > \$ 325.00	
E. 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	20.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation VP & CO Officer	Aggregate Year-to-Date > \$ 260.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick Simmons 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	16.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation VP Strategic Bus. Plan	Aggregate Year-to-Date > \$ 208.00	
G. 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 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation Medical Director	Aggregate Year-to-Date > \$ 225.03	

SUBTOTAL of Receipts This Page (optional)	2,277.99
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 4 OF 4
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

Foundation Health Corporation PAC

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Danny Smithson 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	50.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Sr VP Human Resource	Aggregate Year-to-Date > 5 650.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cynthia Suzuki 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	50.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Govt. VP State & Local Rel.	Aggregate Year-to-Date > 5 650.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Steven Tough 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	100.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Pres. & CO Officer	Aggregate Year-to-Date > 5 1300.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Townsend 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	17.31 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: VP Provider Contracting	Aggregate Year-to-Date > 5 225.03	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Charles Upton 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	50.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: VP FHFS	Aggregate Year-to-Date > 5 650.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Wayne Varco 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	20.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: Dir. Govt. Proposals	Aggregate Year-to-Date > 5 260.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Ways 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	bi-weekly payroll deduction	25.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: VP Govt. Accounting	Aggregate Year-to-Date > 5 325.00	

SUBTOTAL of Receipts This Page (optional) 4,060.03

TOTAL This Period (last page this line number only) 11,363.89

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

23038524368

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Hefner For Congress 7426 Fountainlead Drive Annandale, VA 22003 8th CD N.C.	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4/7/93	500.00
B. Full Name, Mailing Address and ZIP Code Friends of Pete Geren P.O. Box 2884 Washington DC 20013 12th CD TX	Contribution Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	5/4/93	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00