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RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

FEB 4 11 04 AM '98

CHARLES H. BELL, JR.  
COLLEEN C. MCANDREWS  
THOMAS W. HILTACHK  
JEFFREY E. LANGAN

1441 FOURTH STREET  
SANTA MONICA, CA 90401  
(310) 458-1405  
FAX (310) 394-4099

February 2, 1998

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 \_\_\_\_\_

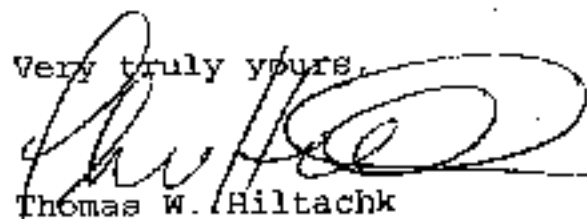
Form 3 \_\_\_\_\_

Form 3X 1

for Foundation Health Corporation PAC.

Please return an endorsed filed copy in the enclosed self  
addressed envelope for our records.

Very truly yours,



Thomas W. Hiltachk

cc: California Secretary of State

SEARCHED SERIALIZED

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION TRAINING ROOM

FEB 4 11 04 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) FOUNDATION HEALTH CORPORATION PAC		2. FED 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 <u>07/01/97</u> through <u>12/31/97</u>			
6. (a) Cash on Hand January 1, 19 <u>97</u>			\$ 74,056.34
(b) Cash on Hand at Beginning of Reporting Period	\$ 121,061.54		
(c) Total Receipts (from line 19)	\$ 13,340.69	\$ 33,891.35	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 134,402.23	\$ 107,947.69	
7. Total Disbursements (from Line 30)	\$ 47,019.31	\$ 52,057.42	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 87,382.92	\$ 55,890.27	
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 SUZUKI

Signature of Treasurer



Date

01/27/98

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

MM									
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FEC FORM 3X

(revised 9/93)

**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: 07/01/97	TO: 12/31/97
	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)	11,189.94	26,395.47
ii. Unitemized	1,063.63	4,332.26
Total (add i and ii) ▶	12,253.57	30,727.73
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a ii, b and c) ▶	12,253.57	30,727.73
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.)	1,067.12	3,163.62
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	13,340.69	33,891.35
20. Total Federal Receipts (subtract line 18 from line 19) ▶	13,340.69	33,891.35
<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	41,000.00	46,000.00
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	6,019.31	6,057.42
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	47,019.31	52,057.42
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ▶	47,019.31	52,057.42
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans)(from line 11d)	12,253.57	30,727.73
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	12,253.57	30,727.73
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-

98 03 1275

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5  
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)  
FOUNDATION HEALTH CORPORATION PAC

FEC ID NO. C 00230789

<p>A. Full Name, Mailing Address and ZIP Code Kirk Benson 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):</p>	<p>Name of Employer Foundation Health Corporation</p> <p>Occupation Pres. VP Special SVC.</p> <p>Aggregate Year-To-Date &gt; \$ 250.00</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period -0-</p> <p>0.00/PERIOD</p>
<p>B. Full Name, Mailing Address and ZIP Code Daniel Crowley 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):</p>	<p>Name of Employer Foundation Health Corporation</p> <p>Occupation Chairman &amp; CEO</p> <p>Aggregate Year-To-Date &gt; \$ 1,100.00</p>	<p>Date (month, day, year) BY-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period -0-</p> <p>0.00/PERIOD</p>
<p>C. Full Name, Mailing Address and ZIP Code Lawrence Naehr 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):</p>	<p>Name of Employer Foundation Health Federal Services</p> <p>Occupation Executive Director</p> <p>Aggregate Year-To-Date &gt; \$ 501.99</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 225.03</p> <p>17.31/PERIOD</p>
<p>D. Full Name, Mailing Address and ZIP Code Edward Manno 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):</p>	<p>Name of Employer Foundation Health Corporation</p> <p>Occupation VP SALES &amp; MARKETING</p> <p>Aggregate Year-To-Date &gt; \$ 2,600.00</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 1,300.00</p> <p>100/PERIOD</p>
<p>E. Full Name, Mailing Address and ZIP Code David Webster 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):</p>	<p>Name of Employer Foundation Health Corporation</p> <p>Occupation VP of EDIN HEALTH SF</p> <p>Aggregate Year-To-Date &gt; \$ 500.00</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 100.00</p> <p>25.00/PERIOD</p>
<p>F. Full Name, Mailing Address and ZIP Code Cynthia Suzuki 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):</p>	<p>Name of Employer Foundation Health Corporation</p> <p>Occupation VP State/Local Govt.</p> <p>Aggregate Year-To-Date &gt; \$ 1,300.00</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 650.00</p> <p>50.00/PERIOD</p>
<p>G. Full Name, Mailing Address and ZIP Code Steve Tough 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):</p>	<p>Name of Employer Foundation Health Corporation</p> <p>Occupation FRS. &amp; CO Officer</p> <p>Aggregate Year-To-Date &gt; \$ 2,400.00</p>	<p>Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION</p>	<p>Amount of Each Receipt this Period 1,100.00</p> <p>100/PERIOD</p>

SUBTOTAL of Receipts This Page (optional) . . . . . 3,375.03

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

00.03.20.06

SCHEDULE A

ITEMIZED RECEIPTS

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

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	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	450.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP HRIS	Aggregate Year-To-Date > \$ 1,150.00	50.00/PERIOD
Owen Brant 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	BI-WEEKLY PAYROLL DEDUCTION	240.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation SR VP INFO SERVICES	Aggregate Year-To-Date > \$ 760.00	40.00/PERIOD
Walter Wes Weller 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	BI-WEEKLY PAYROLL DEDUCTION	15.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP Commercial Admin.	Aggregate Year-To-Date > \$ 255.00	15.00/PERIOD
Scott Kelly 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):	Occupation VP & CO OFFICER	Aggregate Year-To-Date > \$ 725.00	25.00/PERIOD
Danny Smithson 3400 Data Drive Rancho Cordova, CA 95670	Foundation Health Corporation	BI-WEEKLY PAYROLL DEDUCTION	650.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation SR VP Human Resource	Aggregate Year-To-Date > \$ 1,300.00	50.0/PERIOD
James Woye 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):	Occupation VP GOVT ACCOUNTING	Aggregate Year-To-Date > \$ 725.00	25.00/PERIOD
STEVEN GRIFFIN 7950 NW 53RD STREET MIAMI, FL 33166	FOUNDATION HEALTH A FLORIDA HEALTH PLAN	BI-WEEKLY PAYROLL DEDUCTION	1,249.95
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation EXECUTIVE DIRECTOR	Aggregate Year-To-Date > \$ 2,357.60	96.15/PERIOD

SUBTOTAL of Receipts This Page (optional) . . . . . 3,254.95

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

2025 RELEASE UNDER E.O. 14176

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
DAVID FRIEDMAN 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	195.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP TRANSITIONS	Aggregate Year-To-Date > \$ 435.00	15.00/PERIOD
WAYNE VARCO 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):	Occupation DIR. GOVT. PROGRAMS	Aggregate Year-To-Date > \$ 400.00	20.00/PERIOD
FREDERICK SIMMONS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	16.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP. STRATEGIC BUS.	Aggregate Year-To-Date > \$ 272.00	16.00/PERIOD
MARSHALL BENTLEY 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):	Occupation VP & COUNSEL	Aggregate Year-To-Date > \$ 725.00	25.00/PERIOD
DANIELA CALVITTI 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):	Occupation VP TREASURER CALCO	Aggregate Year-To-Date > \$ 725.00	25.00/PERIOD
GAIL SCHUBERT 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	-0-
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation VP LAW DEPT.	Aggregate Year-To-Date > \$ 325.00	25.00/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):	Occupation VP HEALTHCARE SERV.	Aggregate Year-To-Date > \$ 780.68	26.92/PERIOD

SUBTOTAL of Receipts This Page (optional)	1,290.96
TOTAL This Period (last page this line number only)	

2025 RELEASE UNDER E.O. 14176

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 <b>RONALD HILLS</b> 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer <b>FOUNDATION HEALTH CORPORATION</b>	Date (month, day, year) <b>BI-WEEKLY PAYROLL DEDUCTION</b>	Amount of Each Receipt this Period <b>260.00</b>
	Occupation <b>DIR. SYSTEMS &amp; PROG.</b>		
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$
B. Full Name, Mailing Address and ZIP Code <b>STEVEN HAVERSTOCK</b> 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer <b>FOUNDATION HEALTH CORPORATION</b>	Date (month, day, year) <b>BI-WEEKLY PAYROLL DEDUCTION</b>	Amount of Each Receipt this Period <b>455.00</b>
	Occupation <b>DIR. COMPUTER SERV.</b>		
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$
C. Full Name, Mailing Address and ZIP Code <b>MARGUERITE O'TOOLE</b> 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer <b>FOUNDATION HEALTH CORPORATION</b>	Date (month, day, year) <b>BI-WEEKLY PAYROLL DEDUCTION</b>	Amount of Each Receipt this Period <b>625.30</b>
	Occupation <b>SR. VP MEDICARE</b>		
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$
D. Full Name, Mailing Address and ZIP Code <b>GERALD KERTSE</b> 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer <b>FOUNDATION HEALTH CORPORATION</b>	Date (month, day, year) <b>BI-WEEKLY PAYROLL DEDUCTION</b>	Amount of Each Receipt this Period <b>625.00</b>
	Occupation <b>VP MARKETING/SALES</b>		
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$
E. Full Name, Mailing Address and ZIP Code <b>DAVID LAMAR</b> 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer <b>FOUNDATION HEALTH CORPORATION</b>	Date (month, day, year) <b>BI-WEEKLY PAYROLL DEDUCTION</b>	Amount of Each Receipt this Period <b>350.00</b>
	Occupation <b>VP SYSTEMS DEVELOPMT</b>		
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$
F. Full Name, Mailing Address and ZIP Code <b>GARY McHOLLAND</b> 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer <b>FOUNDATION HEALTH CORPORATION</b>	Date (month, day, year) <b>BI-WEEKLY PAYROLL DEDUCTION</b>	Amount of Each Receipt this Period <b>260.00</b>
	Occupation <b>VP ACTUARIAL</b>		
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$
G. Full Name, Mailing Address and ZIP Code <b>JEANINE ASPLUND</b> 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer <b>FOUNDATION HEALTH CORPORATION</b>	Date (month, day, year) <b>BI-WEEKLY PAYROLL DEDUCTION</b>	Amount of Each Receipt this Period <b>104.00</b>
	Occupation <b>DIR. PREMIUM ACCTG.</b>		
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Aggregate Year-To-Date > \$

SUBTOTAL of Receipts This Page (optional)	<b>2,679.30</b>
TOTAL This Period (last page this line number only)	

030 - 0775 - 444621

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 5  
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 JEFFERY BAUMBLISTER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION  Occupation VP PROVIDER COMP & ED	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 90.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-To-Date $\geq$ \$ 250.00	10.00/PERIOD	
B. Full Name, Mailing Address and ZIP Code JEFFREY ELDER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION  Occupation SR. VP FINANCE & CF	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 193.70
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-To-Date $\geq$ \$ 387.40	14.90/PERIOD	
C. 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  Occupation EXECUTIVE DIRECTOR	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):	Aggregate Year-To-Date $\geq$ \$ 310.00	10.00/PERIOD	
D. Full Name, Mailing Address and ZIP Code MICHAEL WHITE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION  Occupation VP ASST. TREASURER	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 156.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Aggregate Year-To-Date $\geq$ \$ 348.00	12.00/PERIOD	
E. Full Name, Mailing Address and ZIP Code	Name of Employer   Occupation	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):	Aggregate Year-To-Date $\geq$ \$		
F. Full Name, Mailing Address and ZIP Code	Name of Employer   Occupation	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):	Aggregate Year-To-Date $\geq$ \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer   Occupation	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):	Aggregate Year-To-Date $\geq$ \$		

SUBTOTAL of Receipts This Page (optional) . . . . . 589.70  
 TOTAL This Period (last page this line number only) . . . . . 11,189.94

03 - 05 - 27 - 23 - 14 - 05 - 22



SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	DF
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FOR LINE NUMBER		
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NAME OF COMMITTEE (in Full)		FEC ID No. C 00230789	
FOUNDATION HEALTH CORPORATION PAC			
A. Full Name, Mailing Address and ZIP Code NORM DICKS FOR CONGRESS P. O. BOX 1663 TACOMA, WA 98401	Purpose of Disbursement CONTRIBUTION WA - CD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/9/97	Amount of Each Disbursement This Period 3,000.00
B. Full Name, Mailing Address and ZIP Code MATSUI FOR CONGRESS P. O. BOX 1347 SACRAMENTO, CA 95812	Purpose of Disbursement CONTRIBUTION CA - CD-5 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/30/97	Amount of Each Disbursement This Period 5,000.00
C. Full Name, Mailing Address and ZIP Code FRIENDS OF BOB LIVINGSTON P. O. BOX 6329 NEW ORLEANS, LA 70174	Purpose of Disbursement CONTRIBUTION LA - CD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/30/97	Amount of Each Disbursement This Period 5,000.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF JC WATTS P. O. BOX 6545 NORMAN, OK 73070 C00304949	Purpose of Disbursement CONTRIBUTION OK - OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/30/97	Amount of Each Disbursement This Period 2,500.00
E. Full Name, Mailing Address and ZIP Code MATT FONG FOR US SENATE 888 S. FIGUEROA #860 LOS ANGELES, CA 90012	Purpose of Disbursement CONTRIBUTION US SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 7/30/97	Amount of Each Disbursement This Period 5,000.00
F. Full Name, Mailing Address and ZIP Code FRIENDS OF BOB LIVINGSTON P. O. BOX 6329 NEW ORLEANS, LA 70174	Purpose of Disbursement CONTRIBUTION LA - CD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/04/97	Amount of Each Disbursement This Period 5,000.00
G. Full Name, Mailing Address and ZIP Code NORM DICKS FOR CONGRESS P. O. BOX 1663 TACOMA, WA 98401	Purpose of Disbursement CONTRIBUTION WA-CD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 08/05/97	Amount of Each Disbursement This Period 3,000.00
H. Full Name, Mailing Address and ZIP Code THORNBERY FOR CONGRESS P. O. BOX 9392 AMARILLO, TX 79105	Purpose of Disbursement CONTRIBUTION TX -CD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/5/97	Amount of Each Disbursement This Period 1,000.00
I. Full Name, Mailing Address and ZIP Code FRIENDS OF JC WATTS P. O. BOX 6545 NORMAN, OK 73070 C00304949	Purpose of Disbursement CONTRIBUTION OK - CD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/4/97	Amount of Each Disbursement This Period 2,500.00
SUBTOTAL of Disbursements This Page (optional)			31,000.00
TOTAL This Period (last page this line number only)			

15 SEP 1997 10 33 AM

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full) FEC ID No. C 00230789  
 FOUNDATION HEALTH CORPORATION PAC

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)	12/31/97	9.00
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)	19.31
TOTAL This Period (last page this line number only)	

12/31/97 230789

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
QUACKENBUSH RE-ELECTION COMMITTEE ID#970821 1251 E. DYER ROAD #100 SACRAMENTO, CA 92705	CONT. CA INSURANCE COM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/97	1,000.00
QUACKENBUSH RE-ELECTION COMMITTEE ID#970821 1251 E. DYER ROAD #100 SANTA ANA, CA 92705	CONT. CA INSURANCE COM Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/97	1,000.00
C. Full Name, Mailing Address and ZIP Code STIRLING FOR AG ID# 961572 455 CAPITOL MALL, SUITE 801 SACRAMENTO, CA 95814	CONTRIBUTION CA - AG Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/97	1,000.00
D. Full Name, Mailing Address and ZIP Code STIRLING FOR ATTY GENERAL ID# 961572 455 CAPITOL MALL, SUITE 801 SACRAMENTO, CA 95814	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/97	1,000.00
E. Full Name, Mailing Address and ZIP Code LUNGREN FOR GOVERNOR ID#950772 925 L STREET, SUITE 810 SACRAMENTO, CA 95814	CONT. CA GOVERNOR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/97	1,000.00
F. Full Name, Mailing Address and ZIP Code LUNGREN FOR GOVERNOR ID#950772 925 L STREET, SUITE 810 SACRAMENTO, CA 95814	CONT. CA GOVERNOR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/97	1,000.00
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)	6,000.00
TOTAL This Period (last page this line number only)	6,019.31

2025 RELEASE UNDER E.O. 14176

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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FOR LINE NUMBER		
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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
STEMHOLME FOR CONGRESS P. O. BOX 1032 STAMFORD, TX 75993	CONTRIBUTION TX-CD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/97	1,000.00
B. Full Name, Mailing Address and ZIP Code DKI IN 1998-SBK, INCYTE 841 BISHOP STREET, #1601 HONOLULU, HI 96813	CONTRIBUTION US SENATE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/97	1,000.00
C. Full Name, Mailing Address and ZIP Code ROLBE 98 P. O. BOX 31566 TUCSON, AZ 85751	CONTRIBUTION AZ-CD Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/97	1,000.00
D. Full Name, Mailing Address and ZIP Code MONDAY MORNING PAC P. O. BOX 10097 ARLINGTON, VA 22210	C00304022 Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/11/97	1,000.00
E. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	4,000.00
TOTAL This Period (last page this line number only)	

2025 RELEASE UNDER E.O. 14176

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
CALIFORNIA REPUBLICAN PARTY FEDERAL 1903 W. MAGNOLIA BLVD. BURBANK, CA 91506	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/97	5,000.00
B. Full Name, Mailing Address and ZIP Code DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE FEDERAL 430 SOUTH CAPITOL STREET WASHINGTON DC 20003	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/5/97	1,000.00
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)	6,000.00
TOTAL This Period (last page this line number only)	41,000.00

74167 03 278 4167

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

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2/11/98

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