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FEB 3 11 23 AM '94

January 28, 1994

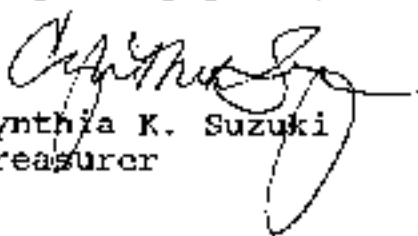
Public Records Office
Federal Election Commission
999 E Street, NW
Washington, D.C. 20463

Dear Filing Officer:

Please find enclosed for filing the January 31 Year End Report Form 3X for Foundation Health Corporation PAC, for the period 07/01/93 - 12/31/93.

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

Very truly yours,



Cynthia K. Suzuki
Treasurer

cc: California Secretary of State

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 CORPORATION PAC

ADDRESS (number and street) Check if different than previously reported
3400 DATA DRIVE

CITY, STATE and ZIP CODE
RANCHO CORDOVA, CA 95670

FOUNDATION HEALTH
 FEB 3 11 29 AM '94
 JAN 31 1994

2. FEC IDENTIFICATION NUMBER
000230789 CKS

3. This committee qualified as a national/state committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) Apr 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 or Election) election on _____ in the State of _____

Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Attachment? YES NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>7/1/93</u> through <u>12/31/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 24,361.17
(b) Cash on Hand at Beginning of Reporting Period	\$ 41,404.08	
(c) Total Receipts (from Line 19)	\$ 17,512.67	\$ 35,555.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 58,916.75	\$ 59,916.75
7. Total Disbursements (from Line 20)	\$ 8,552.35	\$ 9,552.35
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 50,364.40	\$ 50,364.40
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule D and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20453 Toll Free 800-424-9530 Local 202-376-3120
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 SUZUKI

Signature of Treasurer

Cynthia Suzuki

Date

JANUARY 28, 1994

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

FEC FORM 3X

(revised 1/1/91)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/81)

NAME OF COMMITTEE FOUNDATION HEALTH CORPORATION		REPORT COVERING PERIOD FROM 7/1/93 TO: 12/31/93	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11	Contributions (other than loans) From:		
a.	Individual/Persons Other Than Political Committees		
i.	Itemized (use Schedule A)	14,606.10	25,969.99
ii.	Unitemized	2,347.35	8,619.42
iii.	Total (add i and ii) >	16,953.45	34,589.41
b.	Political Party Committees	-0-	-0-
c.	Other Political Committees (such as PACs)	-0-	-0-
d.	Total Contributors (add a iii, b and c) >	16,953.45	34,589.41
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.)	559.22	966.17
18.	Transfers from Nonfederal Account for Joint Activity	0	0
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	17,512.67	35,555.58
20.	Total Federal Receipts (subtract line 18 from line 19) >	17,512.67	35,555.58
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-	-0-
23.	Contributions to Federal Candidates/Committees and Other Political Committees	8,552.35	9,552.35
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 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	8,552.35	9,552.35
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	8,552.35	9,552.35
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d)	16,953.45	34,589.41
33.	Total Contribution Refunds (from line 28c)	-0-	-0-
34.	Net Contributions (other than loans)(subtract line 33 from 32)	16,953.45	34,589.41
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

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

PAGE 1 OF 8
FOR LINE NUMBER 11 a i

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

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	(380.00) 30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: VP CRM PROGRAM MGMT.	Aggregate Year-to-Date > \$ 780.00	BI-WEEKLY
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	(520.00) 40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: PRES. SR VP SPECIAL SRV C.	Aggregate Year-to-Date > \$ 1,040.00	BI-WEEKLY
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	(325.00) 25.00
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 > \$ 650.00	BI-WEEKLY
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	(390.00) 30.00
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 > \$ 780.00	BI-WEEKLY
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	(200.20) 15.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: DIR. CORP. TRAVEL	Aggregate Year-to-Date > \$ 400.40	BI-WEEKLY
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
CANDACE CUBE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	(30.72) 2.56
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 > \$ 238.40	BI-WEEKLY
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KICK CORSETT 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	(249.99) 19.23
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 > \$ 499.98	BI-WEEKLY

SUBTOTAL of Receipts This Page (optional)

2,095.91

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 3 OF 8
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

FOUNDATION HEALTH CORPORATION PAC

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	(455.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: CHAIRMAN & CFO		35.00
	Aggregate Year-to-Date > \$ 010.00		BI-WEEKLY
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	(325.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: SR. VP MEDICARE-MEDICAL		25.00
	Aggregate Year-to-Date > \$ 650.00		BI-WEEKLY
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
KAREN MARCER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	(468.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: VP & CONTROLLER		36.00
	Aggregate Year-to-Date > \$ 936.00		BI-WEEKLY
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	(325.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: VP & CO OFFICER		25.00
	Aggregate Year-to-Date > \$ 650.00		BI-WEEKLY
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	(500.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: VP SW MARKETING		41.67
	Aggregate Year-to-Date > \$ 1,150.00		BI-WEEKLY
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	(260.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: VP ACTUARIAL		20.00
	Aggregate Year-to-Date > \$ 520.00		BI-WEEKLY
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	(260.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	Occupation: DIR. SYSTEMS & PROGRAM		20.00
	Aggregate Year-to-Date > \$ 520.00		BI-WEEKLY

SUB-TOTAL of Receipts This Page (optional) 2,593.00

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 3 OF 8
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)

FOUNDATION HEALTH CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code EDWARD MURKO 1400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (650.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation VP SALES & MARKETING		50.00
		Aggregate Year-to-Date > \$ 1,300.00		BI-WEEKLY
B. Full Name, Mailing Address and ZIP Code RENNIE PRICE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (260.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation VP CLAIMS & CUST SERV.		20.00
		Aggregate Year-to-Date > \$ 520.00		BI-WEEKLY
C. Full Name, Mailing Address and ZIP Code JONATHAN SCHIEFF 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (349.96)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation VP HEALTHCARE SERVICES		26.92
		Aggregate Year-to-Date > \$ 699.92		BI-WEEKLY
D. Full Name, Mailing Address and ZIP Code GAIL SCHUBERT 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (325.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation VP LAW DEPT.		25.00
		Aggregate Year-to-Date > \$ 650.00		BI-WEEKLY
E. Full Name, Mailing Address and ZIP Code DENISE SHULL 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (260.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation VP & CO OFFICER		20.00
		Aggregate Year-to-Date > \$ 520.00		BI-WEEKLY
F. Full Name, Mailing Address and ZIP Code FREDERICK SIMMONS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (208.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation VP STRATEGIC BUS. PLAN		16.00
		Aggregate Year-to-Date > \$ 416.00		BI-WEEKLY
G. Full Name, Mailing Address and ZIP Code EMMETT SMITH 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (225.03)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation MEDICAL DIRECTOR		17.31
		Aggregate Year-to-Date > \$ 450.06		BI-WEEKLY

SUB TOTAL of Receipts This Page (optional)	2,277.99
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 4 OF 8
FOR LINE NUMBER

11 a i

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NAME OF COMMITTEE (in Full)

FOUNDATION HEALTH CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code DANNY SMITHSON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (650.00) 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): N/A		Occupation SP VP HUMAN RESOURCES	Aggregate Year-to-Date > \$ 1,300.00	BI-WEEKLY
B. Full Name, Mailing Address and ZIP Code CYNTHIA SUZUKI 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (650.00) 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): N/A		Occupation VP STATE & LOCAL GOVT. RE	Aggregate Year-to-Date > \$ 1,300.00	BI-WEEKLY
C. Full Name, Mailing Address and ZIP Code STEVEN TOUGH 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (1,300.00) 100.00
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 > \$ 2,600.00	BI-WEEKLY
D. Full Name, Mailing Address and ZIP Code JAMES TOWNSEND 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (225.03) 17.31
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 > \$ 450.06	BI-WEEKLY
E. Full Name, Mailing Address and ZIP Code CHARLES LPTON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (650.00) 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify): N/A		Occupation VP FHS	Aggregate Year-to-Date > \$ 1,300.00	BI-WEEKLY
F. Full Name, Mailing Address and ZIP Code WAYNE VARGO 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (260.00) 20.00
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 > \$ 520.00	BI-WEEKLY
G. Full Name, Mailing Address and ZIP Code JAMES WOYS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (325.00) 25.00
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 > \$ 650.00	BI-WEEKLY

SUB TOTAL of Receipts This Page (optional)	4,060.03
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 5 OF 8
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)

FOUNDATION HEALTH CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code DARYL ANDERSON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (218.25)
	Occupation DIR. HEALTH CARE CENTER OPS. Aggregate Year-to-Date > \$ 385.75		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A			
B. Full Name, Mailing Address and ZIP Code JEANINE ASPLUND 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (104.00)
	Occupation SUPV PREM ACCT Aggregate Year-to-Date > \$ 208.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A			
C. Full Name, Mailing Address and ZIP Code JEFFREY BAUMEISTER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (130.00)
	Occupation VP PROVIDER SERVICE Aggregate Year-to-Date > \$ 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A			
D. Full Name, Mailing Address and ZIP Code STEVEN BONHAM 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (130.00)
	Occupation VP & CU DENTICARE Aggregate Year-to-Date > \$ 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A			
E. Full Name, Mailing Address and ZIP Code PATRICIA MURGES 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (130.00)
	Occupation VP CORP. COUNSEL Aggregate Year-to-Date > \$ 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A			
F. Full Name, Mailing Address and ZIP Code DAVIELA CAMINITI 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (182.00)
	Occupation VP TREASURE CALCO Aggregate Year-to-Date > \$ 364.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A			
G. Full Name, Mailing Address and ZIP Code DANIEL CARLSONS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (182.00)
	Occupation DIR CHAMPUS SERVICE Aggregate Year-to-Date > \$ 364.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A			

SUBTOTAL of Receipts This Page (optional)

1,076.25

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 6 OF 8
FOR LINE NUMBER

1181

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NAME OF COMMITTEE (in Full)

FOUNDATION HEALTH CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code CHRISTOPHER DRAKE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (104.00) 8.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation VP GOVT. PROGRAMS	Aggregate Year-to-Date > \$ 208.00	BI-WEEKLY
B. Full Name, Mailing Address and ZIP Code JEFFREY ELDER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (193.70) 14.90
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation SRVP FINANC & CF	Aggregate Year-to-Date > \$ 387.40	BI-WEEKLY
C. Full Name, Mailing Address and ZIP Code PAMELA FORD 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (90.00) 7.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation MGR. OPS. LIASON	Aggregate Year-to-Date > \$ 220.00	BI-WEEKLY
D. Full Name, Mailing Address and ZIP Code RANBALL FRANKS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (145.00) 15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation VP PHBA	Aggregate Year-to-Date > \$ 390.00	BI-WEEKLY
E. Full Name, Mailing Address and ZIP Code DAVID FREEDMAN 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (130.00) 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation DIR. CORP STRATEGY	Aggregate Year-to-Date > \$ 230.00	BI-WEEKLY
F. Full Name, Mailing Address and ZIP Code ERNEST GIVANI 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (182.00) 14.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation MGR. HEALTH CARE	Aggregate Year-to-Date > \$ 364.00	BI-WEEKLY
G. Full Name, Mailing Address and ZIP Code STEVEN HAVERSTOCK 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (195.00) 15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation DIR. COMPUTER SERVICES	Aggregate Year-to-Date > \$ 390.00	BI-WEEKLY

SUB TOTAL of Receipts This Page (optional) 1,089.70

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 7 OF 8
FOR LINE NUMBER

11 a i

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NAME OF COMMITTEE (in Full)

FOUNDATION HEALTH CORPORATION PAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HELEN JENNIFER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	(181.22)
	Occupation: DIR. CHAMPUS RESEARCH		13.94
	Aggregate Year-to-Date > \$ 362.44		BI-WEEKLY
LEONARD KALM 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	(130.00)
	Occupation: PRES. & COO FH MS ADMIN.		10.00
	Aggregate Year-to-Date > \$ 260.00		BI-WEEKLY
JOSEPH KEILINGER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	(132.00)
	Occupation: VP COUNSEL HMO DEV.		11.00
	Aggregate Year-to-Date > \$ 288.00		BI-WEEKLY
THOMAS MALOOF 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	(185.00)
	Occupation: PRES & COO PLAN/SUP		15.00
	Aggregate Year-to-Date > \$ 390.00		BI-WEEKLY
LEON NORRHAHL 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	(80.00)
	Occupation: MGR BUSINESS ANALYSIS		6.67
	Aggregate Year-to-Date > \$ 210.00		BI-WEEKLY
JOHN POPE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	(104.00)
	Occupation: DIR MIS PALO ALTO		8.00
	Aggregate Year-to-Date > \$ 208.00		BI-WEEKLY
JAMES SCHLAACK 3400 DATA DRIVE RANCHO CORDOVA, CA 95670 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	(130.00)
	Occupation: DIR REGIONAL OPS		10.00
	Aggregate Year-to-Date > \$ 260.00		BI-WEEKLY

SUBTOTAL of Receipts This Page (optional)

942.22

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

A. Full Name, Mailing Address and ZIP Code CLAUDEA TRECKENE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (130.00) 10.00 BI-WEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation DIR CLAIMS SUPPORT SERV	Aggregate Year-to-Date > \$ 260.00	
B. Full Name, Mailing Address and ZIP Code WALTER WELER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (185.00) 15.00 BI-WEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation VP COMMERCIAL ADMIN.	Aggregate Year-to-Date > \$ 390.00	
C. Full Name, Mailing Address and ZIP Code MICHAEL WHITE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670		Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period (156.00) 12.00 BI-WEEKLY
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): N/A		Occupation DIR CORP TAXES	Aggregate Year-to-Date > \$ 312.00	
D. 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 > \$	
E. 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 > \$	
F. 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 > \$	
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 > \$	

SUBTOTAL of Receipts This Page (optional)	\$ 671.00
TOTAL This Period (last page this line number only)	14,606.10

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

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
FRIENDS OF BOB LIVINGSTON P. O. BOX 6329 NEW ORLEANS, LA 70174	CONTRIBUTION LA CD-1 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/26/93	500.00
B. Full Name, Mailing Address and ZIP Code SACRAMENTO CLUB SACRAMENTO, CA 95814	Purpose of Disbursement IN-KIND CONTRIBUTION TO CONG. MURTHA PA CD # 12 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/27/93	552.35
C. Full Name, Mailing Address and ZIP Code FUND FOR A DEMOCRATIC LEADERSHIP CONGRESSMAN ROBERT MATSUI P.O. BOX 1347 SACRAMENTO, CA 95812	Purpose of Disbursement CONTRIBUTION 3RD CONGRESSIONAL DISTRICT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/5/93	2,500.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF JOHN GLENN 7623 FULLERTON ROAD SPRINGFIELD, VA 22153	Purpose of Disbursement CONTRIBUTION OH -SENATOR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/22/93	5,000.00
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
3. 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
4. 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
. 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)	8,552.35
TOTAL This Period (last page this line number only)	8,552.35

**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 type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>1-31-94</i>
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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
<i>SLD</i> PREPARER	<i>2-3-94</i> DATE PREPARED