

Jul 21 1994

July 21, 1994

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_____

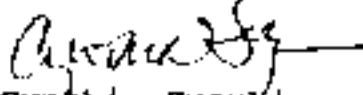
Form 3_____

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

34033914J563

REPORT OF RECEIPTS AND DISBURSEMENTS

For Calendar Year or Reporting Period Commencing

(Specify Year)

JUL 20 9 43 AM '94

USE FCC MAILING LABEL

TYPE OR PRINT

1. NAME OF COMMITTEE (Print) FUNDATION HEALTH CORPORATION PAC		2. FEDERAL REGISTRATION NUMBER C 00241000
ADDRESS (Number and street) <input type="checkbox"/> Check if different than previously reported 3400 BIRTA DRIVE CITY, STATE AND ZIP CODE RANCHO CORDOVA, CA 95670		3. <input type="checkbox"/> This committee was classified as a multi-candidate committee. (see FCC FORM 1M)

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid Year Report (Non-election Year Only)

Termination Report

Monthly Report Due On:

<input type="checkbox"/> February 20	<input type="checkbox"/> June 20	<input type="checkbox"/> October 20
<input type="checkbox"/> March 20	<input type="checkbox"/> July 20	<input type="checkbox"/> November 20
<input type="checkbox"/> April 20	<input type="checkbox"/> August 20	<input type="checkbox"/> December 20
<input type="checkbox"/> May 20	<input type="checkbox"/> September 20	<input type="checkbox"/> January 31

Twelfth day report preceding _____ (Type of Election)

election on _____ in the State of _____

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

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A	COLUMN B
E. Covering Period <u>05/15/94</u> through <u>06/30/94</u>		This Period	Calendar Year-to-Date
A. (a) Cash on Hand January 1, 19 <u>94</u>			\$ 50,384.40
(b) Cash on Hand at Beginning of Reporting Period		\$ 61,038.04	
(c) Total Receipts (From line 10)		\$ 4,894.97	\$ 18,568.61
(d) Subtotal (add Lines 8(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B)		\$ 65,933.01	\$ 68,933.01
7. Total Disbursements (From Line 30)		\$ 5,100.00	\$ 8,190.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))		\$ 60,833.01	\$ 60,833.01
9. Debts and Obligations Owed by the Committee (Report all on Schedule D and/or Schedule F)		\$ -	
10. Debts and Obligations Owed by the Committee (Report all on Schedule C and/or Schedule F)		\$ -	

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 SUGNET

Signature of Treasurer

Cynthia Sugnet

Date

JUL 7 1994

NOTE: Submission of this Report does not constitute a declaration of intent to make a contribution to any candidate for election. This Report is the property of 2 U.S.C. § 437c.

94039140564

DETAILS OF SUBMITTER'S REPORT
 OF RECEIPTS AND DISBURSEMENTS
 PAGE 2, FRS FORM 501

(Required on Page 2)

24039140565

NAME OF COMMITTEE, ORGANIZATION, RESIDENT SUBROGATION, ETC.	REPORT COVERING PERIOD	
	THRU 05/31/80	TO 04/30/81
	OO, LINE # Total Ext. Period	CC, LINE # Calendar Year
I. Receipts		
11. Contributions (other than loans) from:		
a. Individuals/Persons Other Than Political Committees:		
I. Reported (see Schedule A)	3,467.04	3,708.72
II. Unreported	990.64	1,223.09
III. Total (add I and II)	4,457.68	4,931.81
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a, b, and c)	4,457.68	4,931.81
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.)	237.29	648.80
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	4,694.97	5,580.61
20. Total Federal Receipts (subtract line 18 from line 19)	4,694.97	5,580.61
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, b, and c)	-0-	-0-
22. Transfers to Affiliated/Other Party Committees	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,100.00	5,100.00
24. Independent Expenditures (see Schedule E)	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see 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)	5,100.00	5,100.00
31. Total Federal Disbursements (subtract line 21 c II from line 30)	5,100.00	5,100.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	4,457.68	4,931.81
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)	4,457.68	4,931.81
35. Total Federal Operating Ex- (add 21 c I and 21 b)	-0-	-0-
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-

Page number in column of for each copy of the (Include Summary Page)	Page	LN
	1	1
	FORM NO. 1041	
	11-61	

Any contributions reported from such Reports and Statements may not be used or used by any person for the purpose of soliciting contributions of full or part-time personnel. Enter their names and address of any political committee to which contributions from such committee.

NAME OF EMPLOYER (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
RUSSELL BELIVEAU 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	120.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP CRT PROGRAM MGMT Approximate Year-To-Date: > 3	450.00	30.00/PERIOD
KIRK JENSON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	140.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: PRES. VP SPECIAL SVC. Approximate Year-To-Date: > 6	600.00	40.00/PERIOD
OWEN HEART 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): N/A	Occupation: VP IT ADMINISTRATION Approximate Year-To-Date: > 6	300.00	0.00
DANIEL CROWLEY 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	140.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: CHAIRMAN & CEO Approximate Year-To-Date: > 6	525.00	35.00/PERIOD
KAREN MARGER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	144.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP & CONTROLLER Approximate Year-To-Date: > 3	540.00	36.00
BENARD HUNRO 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP SALES & MARKETING Approximate Year-To-Date: > 3	800.00	50.00/PER
DANNY SMITHSON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: SP VP HUMAN RESOURCE Approximate Year-To-Date: > 1	750.00	50.00/PER

SUMMARY of Receipts This Period (optional)

914.00

TOTAL This Period (last page this line number only)

24032140566

SCHEDULE A

ITEMIZED RECEIPTS

Donor's Employer Identification No. 2-15
 Employer Summary Page 1099-MSB-MSB
 2006

Any information obtained from such Reports and Statements may not be used or cited by any person for the purpose of determining contributions or for noncharitable purposes, other than using the name and address of any political committee's official's membership from such contributions.

NAME OF COMMITTEE (If full)
 FOUNDATION HEALTH CORPORATION INC

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
CYNTHIA BUEFFI 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP STATE/LOCAL GOVT. Approx. Year-To-Date: > \$ 750.00		50.00/PER.
STEVEN TOSCH 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	600.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: PRES. & CO OFFICER Approx. Year-To-Date: > \$ 1,500.00		100.00/PER.
CHARLES UPTON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	200.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP PRES Approx. Year-To-Date: > \$ 750.00		50.00/PER.
MAYNE VARGO 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	80.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: DIR. GOVT. PROPOSALS Approx. Year-To-Date: > \$ 300.00		20.00/PER.
JAMES MOYS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP GOVT. ACCOUNTING Approx. Year-To-Date: > \$ 375.00		25.00/PER.
BARRY GARRISON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: SR. VP MEDICARE Approx. Year-To-Date: > \$ 350.00		25.00/PER.
SCOTT KELLY 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP & CO OFFICER Approx. Year-To-Date: > \$ 575.00		25.00/PER.

74038140567

CUSTOMER or Example Two Page (optional) _____

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

24039143568

SCHEDULE A

ITEMIZED RECEIPTS

OMB No. 1545-0047
 Instructions for contributors to the
 Department of Health and Human Services
 Form 1042-ES (Rev. 11-01)

Any information copied from such Reports and Statements may not be used by any person for the purpose of soliciting contributions for the commercial purposes other than using the name and address of any potential contributor to which contributions from such committee

NAME OF COMMITTEE (in full)
 FOUNDATION HEALTH CORPORATION PAC
 FEED ID No. C 00230729

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
GARY MCROLLAND 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	\$0.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP ACTUARIAL	Aggregate Year-To-Date: 300.00	20.00/PER
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
RONALD MILLS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	\$0.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: DEV. SYSTEMS & PROG.	Aggregate Year-To-Date: 300.00	20.00/PER
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
BENHIE PRICE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	\$0.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP CLAIMS & CUST SER.	Aggregate Year-To-Date: 300.00	20.00/PER
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
JONATHAN SCHEFF 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	107.60
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP HEALTHCARE SRV	Aggregate Year-To-Date: 403.80	26.92/PER
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
GAIL SCHUBERT 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP LAW DEPT.	Aggregate Year-To-Date: 375.00	25.00/PER
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
DEVINE HULL 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	\$0.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP & CO OFFICER	Aggregate Year-To-Date: 300.00	20.00/PER
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <th>Amount of Each Receipt This Period</th>	Amount of Each Receipt This Period
MARTI ANDERSON 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	\$7.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: HEALTH CARE SEN	Aggregate Year-To-Date: 201.25	10.75

SUBTOTAL of Receipts This Period: \$211.25

TOTAL This Period (last page for each contributor): \$211.25

SCHEDULE A

FINANCIAL RECEIPTS

2008-09-30
 4 1
 21A.

Any information reported from such Reports and the amounts may not be used by any person for the purpose of soliciting contributions or for information purposes. With their using the name and address of any political committee to solicit contributions from such individuals

NAME OF COMMITTEE IN FULL
 FOUNDATION HEALTH CORPORATION PAC
 FEC ID No. C 00230789

24039140589

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
MARSHALL BENTLEY 3480 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP LEGAL DEPT Aggregate Year-To-Date: > \$ 375.00		25.00/PER
JAMES COLE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	61.60
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP CORP. TRAVEL Aggregate Year-To-Date: > \$ 231.00		15.40/PER
RICK CORBETT 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	76.80
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP & CO OFFICER Aggregate Year-To-Date: > \$ 269.22		19.23/PER
DANIELA CALVETTI 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	56.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP TREASURER CALCO Aggregate Year-To-Date: > \$ 210.00		14.00/PER
FREDERICK SIMMONS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	64.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP STRATEGIC BUS. PL Aggregate Year-To-Date: > \$ 240.00		18.00/PER
EMMETT SMITH 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	79.24
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: MEDICAL DIRECTOR Aggregate Year-To-Date: > \$ 259.65		17.31/PER
JAMES TOWNSEND 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	79.24
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	Occupation: VP PROVIDER CONTRACT Aggregate Year-To-Date: > \$ 259.65		17.31/PER

SUBTOTAL of Receipts: \$ 512.00

TOTAL This Page: (and page this line number only) \$ 512.00

ST. ISIDORE A

ITEMIZED RECEIPTS

Use additional sheets if necessary.
 No other than this form may be used.
 Excluded item must be itemized.
 FOLIO LINE NUMBER
 1181

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions in the same manner as the original source, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (or PAC)
 FOUNDATION HEALTH CORPORATION PAC
 REC ID NO. C 00230779

24337143570

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JEFFREY ELDER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	39.60
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	OCCUPATION VP GOVT. PROGRAMS	Approx Year-To-Date > 1 223.50	14.90/PER
RANDALL FRANKS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	65.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	OCCUPATION VP MFG	Approx Year-To-Date > 1	
HERBERT GIOVANI 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	56.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	OCCUPATION HR HEALTH CARE	Approx Year-To-Date > 5 210.00	14.00/PER
STEVEN BAVERSTOCK 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): N/A	OCCUPATION DIR. COMPUTER SERV	Approx Year-To-Date > 8 325.00	15.00/PER
WELSH JENNIFER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	55.74
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	OCCUPATION DIR CAMPUS RESEARCH	Approx Year-To-Date > 6 209.10	13.94/PER
THOMAS MALOOF 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	65.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): N/A	OCCUPATION PRES. & COO PLAN/SUP	Approx Year-To-Date > 1 221.90	15.00/PER
WALTER WELLES 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): N/A	OCCUPATION VICE PRES. ADMIN	Approx Year-To-Date > 1	

SUBTOTAL OF RECEIPTS THIS PERIOD: 411.36
 TOTAL THIS PERIOD (last page is the number only): 3,461.00

SCHEDULE E

ITEMIZED DISBURSEMENTS

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for any other purpose other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

FOUNDATION STATE CORPORATION INC

FEC ID No. C 00236783

24037140571

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE c/o 2211 RIVER PLAZA DR #322 SACRAMENTO, CA 95833	CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/10/94	5,000.00
FRIENDS OF BOB LIVINGSTON P.O. BOX 4329 NEW ORLEANS, LA 70174	CONTRIBUTION LA CD #1 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	06/27/94	100.00
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: 5,100.00

TOTAL This Period (last page this line number only) 5,100.00

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 7-21-94
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
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<input type="checkbox"/> Received from the House Office of Records and Registration	DATE OF RECEIPT
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	and/or DATE OF RECEIPT

[Signature]
 PREPARER

7-22-94
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