

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

DEC 7 2 55 PM '98

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) FOUNDATION HEALTH SYSTEMS, INC. POLITICAL ACTION COMMITTEE		2. FEC IDENTIFICATION NUMBER C. 00230789
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	
3400 DATA DRIVE CITY, STATE and ZIP CODE RANCHO CORDOVA, CA 95670		

4. TYPE OF REPORT

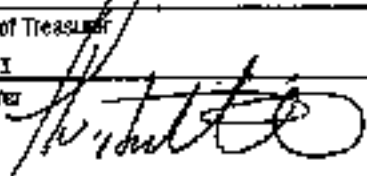
- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
election on _____ in the State of _____
- Thirtieth day report following the General Election on
11/3/98 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>10/15/98</u> through <u>11/3/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>			\$ 87,382.92
(b) Cash on Hand at Beginning of Reporting Period		\$ 45,352.85	
(c) Total Receipts (from line 19)		\$ 2,669.22	\$ 10,511.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 48,022.07	\$ 97,894.07
7. Total Disbursements (From Line 30)		\$ 6,500.00	\$ 56,372.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 41,522.07	\$ 41,522.07
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-	

For further information contact
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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 SOEUKI		Date 11/24/98
Signature of Treasurer		AST. DEPOSEL, Mty.

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

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

(revised 1/1/91)

NAME OF COMMITTEE FOUNDATION HEALTH SYSTEMS, INC. POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD	
		FROM: 10/15/98	TO: 11/23/98
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees:			
i. Itemized (Use Schedule A)		939.26	5,542.48
ii. Unitemized		229.96	3,466.76
iii. Total	(add i and ii) ▶	1,169.22	9,009.24
b. Political Party Committees		-0-	-0-
c. Other Political Committees (such as PACs)		-0-	-0-
d. Total Contributions	(add a ii, b and c) ▶	1,169.22	9,009.24
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.)		1,000.00	1,000.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		500.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)		-0-	1.91
18. Transfers from Nonfederal Account for Joint Activity		-0-	-0-
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	2,669.22	10,511.15
20. Total Federal Receipts	(subtract line 18 from line 19) ▶	2,669.22	10,511.15
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		6,500.00	41,922.00
24. Independent Expenditures (Use Schedule E)		-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (Use Schedule E)		-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-	14,450.00
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	6,500.00	56,372.00
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) ▶	6,500.00	56,372.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11 d)		1,169.22	9,009.24
33. Total Contribution Refunds (from line 28 d)		-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)		1,169.22	9,009.24
35. Total Federal Operating Expenditures	(add 21 a i and 21 b) ▶	-0-	-0-
36. Offsets in Operating Expenditures (from line 15)		1,000.00	1,000.00
37. Net Operating Expenditures	(subtract line 36 from 35) ▶	(1,000.00)	(1,000.00)

SCHEDULE A

ITEMIZED RECEIPTS

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

NAME OF COMMITTEE (in Full)
FOUNDATION HEALTH SYSTEMS, INC.
POLITICAL ACTION COMMITTEE

FEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code Scott Kelly 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 50.00
	Occupation VP & CO OFFICER	Aggregate Year-To-Date > \$ 500.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly	50.00/PERIOD		
B. Full Name, Mailing Address and ZIP Code Gary McHolland 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 40.00
	Occupation VP ACTUARIAL	Aggregate Year-To-Date > \$ 400.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly	40.00/PERIOD		
C. Full Name, Mailing Address and ZIP Code Edward Munno 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 200.00
	Occupation VP SALES & MARKETING	Aggregate Year-To-Date > \$ 1,400.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly	200.00/PERIOD		
D. Full Name, Mailing Address and ZIP Code Jonathan Scheff 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 53.84
	Occupation VP HEALTHCARE SERV.	Aggregate Year-To-Date > \$ 538.40	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly	53.84/PERIOD		
E. Full Name, Mailing Address and ZIP Code James B. Woys 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 150.00
	Occupation VP GOVT ACCOUNTING	Aggregate Year-To-Date > \$ 700.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly	150.00/PERIOD		
F. Full Name, Mailing Address and ZIP Code Danny Smithson 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 100.00
	Occupation SR VP HUMAN RESOURCE	Aggregate Year-To-Date > \$ 800.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly	100.00/PERIOD		
G. Full Name, Mailing Address and ZIP Code Marshall Bentley 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer FOUNDATION HEALTH SYSTEMS, INC.	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 50.00
	Occupation VP & COUNSEL	Aggregate Year-To-Date > \$ 400.00	
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly	50.00/PERIOD		

SUBTOTAL of Receipts This Page (optional)	643.84
TOTAL This Period (last page this line number only)	

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 FOUNDATION HEALTH SYSTEMS, INC.
 POLITICAL ACTION COMMITTEE

FEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code BUDDY DYER FOR SENATE P. O. BOX 1031 ORLANDO, FL 32802	Name of Employer VOID CHECK #1033 ISSUED 2/27/98	Date (month, day, year) 11/01/98	Amount of Each Receipt this Period 250.00
	Occupation STATE SENATE-FLORIDA Aggregate Year-To-Date > \$ 250.00	Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
B. Full Name, Mailing Address and ZIP Code COMM TO REELECT FRED LITTMAN 4000 HOLLYWOOD BLVD. 330N HOLLYWOOD, FL 33021	Name of Employer VOID CHECK #1035 ISSUED 2/27/98	Date (month, day, year) 11/01/98	Amount of Each Receipt this Period 250.00
	Occupation STATE HOUSE-FLORIDA Aggregate Year-To-Date > \$ 250.00	Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
C. Full Name, Mailing Address and ZIP Code SAMUELS FOR BROWARD COUNTY SCHOOL BOARD 2503 NOB HILL ROAD, NO 199 SUNRISE, FL 33322	Name of Employer VOID CHECK #1054 ISSUED 8/26/98	Date (month, day, year) 11/01/98	Amount of Each Receipt this Period 500.00
	Occupation CA CD 4 Aggregate Year-To-Date > \$ 500.00	Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-To-Date > \$	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-To-Date > \$	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-To-Date > \$	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Aggregate Year-To-Date > \$	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	

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

SCHEDULE A

ITEMIZED RECEIPTS

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

FEC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code COMM TO REELECT LORETTA GARCHEZ 12553 HARBOR BLVD. GARDEN GROVE, CA 92840	Name of Employer VOID CHECK #1054 ISSUED 4/15/98	Date (month, day, year) /01/98	Amount of Each Receipt this Period 500.00
	Receipt for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-To-Date \gg \$ 500.00	
B. 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 \gg \$		
C. 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 \gg \$		
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 \gg \$		
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 \gg \$		
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 \gg \$		
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 \gg \$		

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	Of
	1	1
FOR LINE NUMBER		23

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

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
WILSON FOR PRESIDENT 160 NEWPORT CENTER DRIVE SUITE 220 NEWPORT BEACH, CA 92660	CONT. FOR PRESIDENT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	10/16/98	1,000.00
B. Full Name, Mailing Address and ZIP Code DOUG OSE FOR CONGRESS 455 CAPITOL HALL, SUITE 801 SACRAMENTO, CA 95814	CA CD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/98	4,000.00
C. Full Name, Mailing Address and ZIP Code PEOPLE FOR PATTY MURRAY P. O. BOX 3662 SEATTLE, WA 98124	WA CD C00257642 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/98	1,000.00
D. Full Name, Mailing Address and ZIP Code COMMITTEE TO REELECT LORRETTA SANCHEZ 12553 HARBOR BLVD. GARDEN GROVE, CA 92840	CA 4TH CD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/29/98	500.00
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
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)	6,500.00
TOTAL This Period (last page this line number only)	6,500.00

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 type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 12/3/98
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	12/7/98 DATE PREPARED