

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 SEP 25 A 10:56

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 00230709
ADDRESS (number and street) <input checked="" type="checkbox"/> Check if different than previously reported  21650 OZMARD STREET, 25TH FLOOR  CITY, STATE and ZIP CODE  WOODLAND HILLS, CA 91367	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

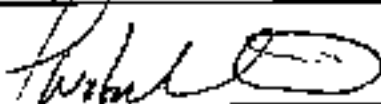
- (a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report
- Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
 election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_  
 in the State of \_\_\_\_\_

(b) Is this Report an Amendment?     YES     NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>08/01/00</u> through <u>08/31/00</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>	\$	\$ 21,252.04
(b) Cash on Hand at Beginning of Reporting Period	\$ 20,211.04	\$
(c) Total Receipts (from line 19)	\$ 129.00	\$ 1,088.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 20,340.04	\$ 22,340.04
7. Total Disbursements (from Line 30)	\$ -0-	\$ 2,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 20,340.04	\$ 20,340.04
9. Debts and Obligations Owed TO 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 300-424-9530 Local 202-219-3420
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  
**THOMAS W. BILTACK, ASSISTANT TREASURER**

Signature of Treasurer  


Date  
 09/18/00

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

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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 SYSTEMS, INC. POLITICAL ACTION COMMITTEE		REPORT COVERING PERIOD	
		FROM: 08/01/00	TO: 08/31/00
		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)		90.00	410.00
ii. Unitemized		39.00	676.00
iii. Total	(add i and ii) ▶	129.00	1,086.00
b. Political Party Committees		-0.-	-0.-
c. Other Political Committees (such as PACs)		-0.-	-0.-
d. Total Contributions	(add a ii, b and c) ▶	129.00	1,086.00
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.)		-0.-	-0.-
18. Transfers from Nonfederal Account for Joint Activity		-0.-	-0.-
19. Total Receipts	(add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	129.00	1,086.00
20. Total Federal Receipts	(subtract line 18 from line 19) ▶	129.00	1,086.00
<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.-	1,000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		-0.-	1,000.00
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		-0.-	-0.-
30. Total Disbursements	(add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	-0.-	2,000.00
31. Total Federal Disbursements	(subtract line 21 a ii from line 30) ▶	-0.-	2,000.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		129.00	1,086.00
33. Total Contribution Refunds (from line 28d)		-0.-	-0.-
34. Net Contributions (other than loans)(subtract line 33 from 32)		129.00	1,086.00
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	OF
	1	1
FOR LINE NUMBER		11a

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 Marshall Bentley 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Systems	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	50.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly			
B. Full Name, Mailing Address and ZIP Code Jeanine Asplund 3400 Data Drive Rancho Cordova, CA 95670	Name of Employer Foundation Health Systems	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 40.00
	Occupation DIR, PREMIUM ACCOUNTG	Aggregate Year-To-Date > \$ 320.00	40.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly			
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 > \$	
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)	90.00
TOTAL This Period (last page this line number only)	90.00

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 9-19-00
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
 <i>See</i> PREPARER	 9-25-00 DATE PREPARED