

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

REC 12 3 5 1 1994

|   |  |
|---|--|
| 1. NAME OF COMMITTEE (in full)<br>FOUNDATION HEALTH CORPORATION PAC   |  |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported<br><br>3400 DATA DRIVE<br>CITY, STATE and ZIP CODE<br><br>RANCHO CORDOVA, CA 95670 | 2. FEC IDENTIFICATION NUMBER<br>00230789   |
|   | 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:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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  
11/08/94 in the State of CALIFORNIA

(b) Is this Report an Amendment?  YES  NO

| SUMMARY   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date   |
|---|-------------------------|---|
| 5. Covering Period <u>10/20/94</u> through <u>11/28/94</u>                                    |                         |   |
| 6. (a) Cash on Hand January 1, 19 <u>94</u>   |                         | \$ 50,364.40  |
| (b) Cash on Hand at Beginning of Reporting Period   | \$ 63,991.35            |   |
| (c) Total Receipts (from line 19)   | \$ 4,450.57             | \$ 31,177.52  |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)      | \$ 68,441.92            | \$ 81,541.92  |
| 7. Total Disbursements (from Line 30)   | \$ 1,637.00             | \$ 14,737.00  |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))                 | \$ 66,804.92            | \$ 66,804.92  |
| 9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)  | \$ -0-                  | For further information contact:<br>Federal Election Commission<br>999 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-9530<br>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  
**CYNTHIA SUZUSI**

Signature of Treasurer Date  
 12/17/94

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

9403730157

**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: 10/20/94                | TO: 11/28/94              |
|  |   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year |
| <b>I. Receipts</b>                                   |   |                               |                           |
| 11.  | Contributions (other than loans) From:  |                               |                           |
| a.   | Individuals/Persons Other Than Political Committees                                   |                               |                           |
|  | I. Itemized (Use Schedule A)  | 3,800.05                      | 20,153.09                 |
|  | II. Unitemized  | 466.95                        | 9,753.86                  |
|  | III. Total (add I and II)   | 4,267.00                      | 29,906.95                 |
| b.   | Political Party Committees  | -0-                           | -0-                       |
| c.   | Other Political Committees (such as PACs)   | -0-                           | -0-                       |
| d.   | Total Contributions (add a II, b and c)   | 4,267.00                      | 29,906.95                 |
| 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.)                                    | 183.57                        | 1,270.57                  |
| 18.  | Transfers from Nonfederal Account for Joint Activity                                  | -0-                           | -0-                       |
| 19.  | Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)                              | 4,450.57                      | 31,177.52                 |
| 20.  | Total Federal Receipts (subtract line 18 from line 19)                                | 4,450.57                      | 31,177.52                 |
| <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  | 637.00                        | 637.00                    |
| c.   | Total Operating Expenditures (Add a I, a II, and b)                                   | 637.00                        | 637.00                    |
| 22.  | Transfers to Affiliated/Other Party Committees  | -0-                           | -0-                       |
| 23.  | Contributions to Federal Candidates/Committees and Other Political Committees         | 1,000.00                      | 14,100.00                 |
| 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)                    | 1,637.00                      | 14,737.00                 |
| 31.  | Total Federal Disbursements (subtract line 21 a) from line 30)                        | 1,637.00                      | 14,737.00                 |
| <b>III. Net Contributions/Operating Expenditures</b> |   |                               |                           |
| 32.  | Total Contributions (other than loans) (from line 11d)                                | 4,267.00                      | 29,906.95                 |
| 33.  | Total Contribution Refunds (from line 28d)  | -0-                           | -0-                       |
| 34.  | Net Contributions (other than loans) (subtract line 33 from 32)                       | 4,267.00                      | 29,906.95                 |
| 35.  | Total Federal Operating Expenditures (add 21 b) and 21 c)                             | 637.00                        | 637.00                    |
| 36.  | Offsets to Operating Expenditures (from line 15)                                      | -0-                           | -0-                       |
| 37.  | Net Operating Expenditures (subtract line 36 from 35)                                 | 637.00                        | 637.00                    |

940375010103

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 CORPORATION PAC

FEC ID No. C 00230789

2403x501159

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer                   | Date (month, day, year)              | Amount of Each Receipt this Period |
|--|------------------------------------|--------------------------------------|------------------------------------|
| RUSSELL BELIVEAU<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION      | BI-WEEKLY<br>PAYROLL DEDUCTION       | 120.00                             |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation<br>VP CRI PROGRAM MGMT  | Aggregate Year-To-Date > \$ 780.00   | 30.00/PERIOD                       |
| B. Full Name, Mailing Address and ZIP Code   | Name of Employer                   | Date (month, day, year)              | Amount of Each Receipt this Period |
| KIRK BENSON<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670   | FOUNDATION HEALTH CORPORATION      | BI-WEEKLY<br>PAYROLL DEDUCTION       | 160.00                             |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation<br>PRES.VP SPECIAL SVC. | Aggregate Year-To-Date > \$ 1,040.00 | 80.00/PERIOD                       |
| C. Full Name, Mailing Address and ZIP Code   | Name of Employer                   | Date (month, day, year)              | Amount of Each Receipt this Period |
| OWEN BRANT<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION      | BI-WEEKLY<br>PAYROLL DEDUCTION       | -0-                                |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation<br>VP IT ADMINISTRATION | Aggregate Year-To-Date > \$ 300.00   | 0.00/PERIOD                        |
| D. Full Name, Mailing Address and ZIP Code   | Name of Employer                   | Date (month, day, year)              | Amount of Each Receipt this Period |
| DANIEL CROWLEY<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION      | BI-WEEKLY<br>PAYROLL DEDUCTION       | 140.00                             |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation<br>CHAIRMAN & CEO       | Aggregate Year-To-Date > \$ 910.00   | 35.00/PERIOD                       |
| E. Full Name, Mailing Address and ZIP Code   | Name of Employer                   | Date (month, day, year)              | Amount of Each Receipt this Period |
| KAREN KARCHER<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670   | FOUNDATION HEALTH CORPORATION      | BI-WEEKLY<br>PAYROLL DEDUCTION       | 144.00                             |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation<br>VP & CONTROLLER      | Aggregate Year-To-Date > \$ 936.00   | 36.00/PERIOD                       |
| F. Full Name, Mailing Address and ZIP Code   | Name of Employer                   | Date (month, day, year)              | Amount of Each Receipt this Period |
| EDWARD MUÑOZ<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION      | BI-WEEKLY<br>PAYROLL DEDUCTION       | 200.00                             |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation<br>VP SALES & MARKETING | Aggregate Year-To-Date > \$ 1,350.00 | 50.00/PER.                         |
| G. Full Name, Mailing Address and ZIP Code   | Name of Employer                   | Date (month, day, year)              | Amount of Each Receipt this Period |
| DANNY SMITHSON<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION      | BI-WEEKLY<br>PAYROLL DEDUCTION       | 200.00                             |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation<br>SP VP HUMAN RESOURCE | Aggregate Year-To-Date > \$ 1,300.00 | 50.00/PER.                         |

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|---|--------|
| SUBTOTAL of Receipts This Page (optional)           | 964.00 |
| 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

FEC ID NO. C 00230789

94032301040

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer   | Date (month, day, year)     | Amount of Each Receipt this Period |
|--|--|-----------------------------|------------------------------------|
| CYNTHIA SUZUKI<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION  | BI-WEEKLY PAYROLL DEDUCTION | 200.00                             |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: VP STATE/LOCAL GOVT.<br>Aggregate Year-To-Date > \$ 1,300.00 |                             | 50.00/PER.                         |
| STEVEN TOUGE<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION  | BI-WEEKLY PAYROLL DEDUCTION | 400.00                             |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: PRES. & CO OFFICER<br>Aggregate Year-To-Date > \$ 2,600.00   |                             | 100.00                             |
| CHARLES UPTON<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670   | FOUNDATION HEALTH CORPORATION  | BI-WEEKLY PAYROLL DEDUCTION | 200.00                             |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: VP FILES<br>Aggregate Year-To-Date > \$ 1,300.00             |                             | 50.00/PER.                         |
| WAYNE VARCO<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670   | FOUNDATION HEALTH CORPORATION  | BI-WEEKLY PAYROLL DEDUCTION | 80.00                              |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: DIR. GOVT. PROPOSALS<br>Aggregate Year-To-Date > \$ 520.00   |                             | 20.00/PER.                         |
| JAMES WOYS<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION  | BI-WEEKLY PAYROLL DEDUCTION | 100.00                             |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: VP GOVT. ACCOUNTING<br>Aggregate Year-To-Date > \$ 650.00    |                             | 25.00/PER.                         |
| GARRY GARRISON<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION  | BI-WEEKLY PAYROLL DEDUCTION | 100.00                             |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: SR. VP MEDICARE<br>Aggregate Year-To-Date > \$ 625.00        |                             | 25.00/PER.                         |
| SCOTT KELLY<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670   | FOUNDATION HEALTH CORPORATION  | BI-WEEKLY PAYROLL DEDUCTION | 100.00                             |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: VP & CO OFFICER<br>Aggregate Year-To-Date > \$ 650.00        |                             | 25.00/PER.                         |

|   |          |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)           | 1,180.00 |
| 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**

FEC ID No. C 00230789

3405901341

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer                  | Date (month, day, year)            | Amount of Each Receipt this Period |
|--|-----------------------------------|------------------------------------|------------------------------------|
| GARY McHOLLAND<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION     | BI-WEEKLY PAYROLL DEDUCTION        | 80.00                              |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: VP ACTUARIAL          | Aggregate Year-To-Date > \$ 520.00 | 25.00/PER                          |
| B. Full Name, Mailing Address and ZIP Code   | Name of Employer                  | Date (month, day, year)            | Amount of Each Receipt this Period |
| RONALD HILLS<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION     | BI-WEEKLY PAYROLL DEDUCTION        | 80.00                              |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: DIR. SYSTEMS & PROG.  | Aggregate Year-To-Date > \$ 520.00 | 25.00/PER                          |
| C. Full Name, Mailing Address and ZIP Code   | Name of Employer                  | Date (month, day, year)            | Amount of Each Receipt this Period |
| BENNIE PRICE<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION     | BI-WEEKLY PAYROLL DEDUCTION        | -0.-                               |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: VP CLAIMS & CUST SER. | Aggregate Year-To-Date > \$ 300.00 | 0.00/PER                           |
| D. Full Name, Mailing Address and ZIP Code   | Name of Employer                  | Date (month, day, year)            | Amount of Each Receipt this Period |
| JONATHAN SCHEFF<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670   | FOUNDATION HEALTH CORPORATION     | BI-WEEKLY PAYROLL DEDUCTION        | 107.68                             |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: VP HEALTHCARE SERV    | Aggregate Year-To-Date > \$ 699.92 | 26.92/PER                          |
| E. Full Name, Mailing Address and ZIP Code   | Name of Employer                  | Date (month, day, year)            | Amount of Each Receipt this Period |
| GAIL SCHUBERT<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670   | FOUNDATION HEALTH CORPORATION     | BI-WEEKLY PAYROLL DEDUCTION        | 100.00                             |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: VP LAW DEPT.          | Aggregate Year-To-Date > \$ 650.00 | 25.00/PER                          |
| F. Full Name, Mailing Address and ZIP Code   | Name of Employer                  | Date (month, day, year)            | Amount of Each Receipt this Period |
| DENISE SKULL<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION     | BI-WEEKLY PAYROLL DEDUCTION        | 80.00                              |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: VP & CO OFFICER       | Aggregate Year-To-Date > \$ 520.00 | 20.00/PER                          |
| G. Full Name, Mailing Address and ZIP Code   | Name of Employer                  | Date (month, day, year)            | Amount of Each Receipt this Period |
| DARYL ANDERSON<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION     | BI-WEEKLY PAYROLL DEDUCTION        | -0.-                               |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: DIR. HEALTH CARE CEN  | Aggregate Year-To-Date > \$ 368.50 | 00.00/PER                          |

|   |        |
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| SUBTOTAL of Receipts This Page (optional)           | 447.68 |
| 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

FEC ID No. C 00230789

|  |   |  |  |
|--|---|--|--|
| A. Full Name, Mailing Address and ZIP Code<br>JEFFREY BAUMEISTER<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670<br><br>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A  | Name of Employer<br>FOUNDATION HEALTH CORPORATION | Date (month, day, year)<br>BI-WEEKLY PAYROLL DEDUCTION | Amount of Each Receipt this Period<br>40.00  |
|  | Occupation<br>VP PROVIDER SERVICE                 | Aggregate Year-To-Date > \$ 260.00                     | 10.00/PER                                    |
| B. Full Name, Mailing Address and ZIP Code<br>MARSHALL BENTLEY<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670<br><br>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A    | Name of Employer<br>FOUNDATION HEALTH CORPORATION | Date (month, day, year)<br>BI-WEEKLY PAYROLL DEDUCTION | Amount of Each Receipt this Period<br>100.00 |
|  | Occupation<br>VP LEGAL DEPT.                      | Aggregate Year-To-Date > \$ 650.00                     | 25.00/PER                                    |
| C. Full Name, Mailing Address and ZIP Code<br>STEVEN D. BONHAM<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670<br><br>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A    | Name of Employer<br>FOUNDATION HEALTH CORPORATION | Date (month, day, year)<br>BI-WEEKLY PAYROLL DEDUCTION | Amount of Each Receipt this Period<br>40.00  |
|  | Occupation<br>VP & CO DENTICARE                   | Aggregate Year-To-Date > \$ 260.00                     | 10.00/PER                                    |
| D. Full Name, Mailing Address and ZIP Code<br>PATRICIA BURGESS<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670<br><br>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A    | Name of Employer<br>FOUNDATION HEALTH CORPORATION | Date (month, day, year)<br>BI-WEEKLY PAYROLL DEDUCTION | Amount of Each Receipt this Period<br>40.00  |
|  | Occupation<br>VP CORP COUNSEL                     | Aggregate Year-To-Date > \$ 260.00                     | 10.00/PER                                    |
| E. Full Name, Mailing Address and ZIP Code<br>DANIELA C. CALVITTI<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670<br><br>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Name of Employer<br>FOUNDATION HEALTH CORPORATION | Date (month, day, year)<br>BI-WEEKLY PAYROLL DEDUCTION | Amount of Each Receipt this Period<br>56.00  |
|  | Occupation<br>VP TREASURER CALCO                  | Aggregate Year-To-Date > \$ 364.00                     | 14.00/PER                                    |
| F. Full Name, Mailing Address and ZIP Code<br>JAMES COLE<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670<br><br>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A          | Name of Employer<br>FOUNDATION HEALTH CORPORATION | Date (month, day, year)<br>BI-WEEKLY PAYROLL DEDUCTION | Amount of Each Receipt this Period<br>61.60  |
|  | Occupation<br>DIR. CORP. TRAVEL                   | Aggregate Year-To-Date > \$ 400.40                     | 15.40/PER                                    |
| G. Full Name, Mailing Address and ZIP Code<br>RICK CORBETT<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670<br><br>Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A        | Name of Employer<br>FOUNDATION HEALTH CORPORATION | Date (month, day, year)<br>BI-WEEKLY PAYROLL DEDUCTION | Amount of Each Receipt this Period<br>76.92  |
|  | Occupation<br>VP & CO OFFICER                     | Aggregate Year-To-Date > \$ 480.75                     | 19.23  |

|   |        |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)           | 414.52 |
| TOTAL This Period (last page this line number only) |        |

340057501342

**SCHEDULE A**

**ITEMIZED RECEIPTS**

|   |      |    |
|---|------|----|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE | OF |
|   | 5    | 7  |
| FOR LINE NUMBER 11a1  |      |    |

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

9403701263

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer                 | Date (month, day, year)            | Amount of Each Receipt this Period |
|--|----------------------------------|------------------------------------|------------------------------------|
| JEFFREY L. ELDER<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION    | BI-WEEKLY PAYROLL DEDUCTION        | 59.60                              |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: SRVP FINANCE & CF    | Aggregate Year-To-Date > \$ 387.40 | 14.90/PER                          |
| RANDALL FRANKS<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION    | BI-WEEKLY PAYROLL DEDUCTION        | 60.00                              |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: VP PHPA              | Aggregate Year-To-Date > \$ 390.00 | 15.00/PER                          |
| DAVID FRIEDMAN<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION    | BI-WEEKLY PAYROLL DEDUCTION        | 40.00                              |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: DIR. CORP. STRATEGY  | Aggregate Year-To-Date > \$ 260.00 | 10.00/PER                          |
| ERNEST GIVANI<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670   | FOUNDATION HEALTH CORPORATION    | BI-WEEKLY PAYROLL DEDUCTION        | 56.00                              |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: MGR. HEALTH CARE     | Aggregate Year-To-Date > \$ 364.00 | 14.00/PER                          |
| STEVEN R. HAVERSTOCK<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION    | BI-WEEKLY PAYROLL DEDUCTION        | 60.00                              |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: DIR. COMPUTER SERV.  | Aggregate Year-To-Date > \$ 390.00 | 15.00/PER                          |
| HELEN JENNIFER<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION    | BI-WEEKLY PAYROLL DEDUCTION        | 55.76                              |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: DIR. CAMPUS RESEARCH | Aggregate Year-To-Date > \$ 362.44 | 16.94/PER                          |
| LEONARD A. KALM<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670   | FOUNDATION HEALTH CORPORATION    | BI-WEEKLY PAYROLL DEDUCTION        | 40.00                              |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: PRES. & COO PH MS AD | Aggregate Year-To-Date > \$ 260.00 | 10.00/PER                          |

|   |        |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)           | 371.36 |
| 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**

FEC ID No. C 00230789

24032501004

|  |  |   |  |   |
|--|--|---|--|---|
| <b>A. Full Name, Mailing Address and ZIP Code</b><br>JOSEPH K. KLINGER<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670                      |  | Name of Employer<br>FOUNDATION HEALTH CORPORATION | Date (month, day, year)<br>BI-WEEKLY PAYROLL DEDUCTION | Amount of Each Receipt this Period<br>48.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A |  | Occupation<br>VP COUNSEL HMO DEV.                 | Aggregate Year-To-Date > \$ 312.00                     | 12.00/PER                                   |
| <b>B. Full Name, Mailing Address and ZIP Code</b><br>THOMAS MALOOF<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670                          |  | Name of Employer<br>FOUNDATION HEALTH CORPORATION | Date (month, day, year)<br>BI-WEEKLY PAYROLL DEDUCTION | Amount of Each Receipt this Period<br>-0-   |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A |  | Occupation<br>PRES. & COO PLAN/SUP                | Aggregate Year-To-Date > \$ 225.00                     | 0.00/PER                                    |
| <b>C. Full Name, Mailing Address and ZIP Code</b><br>FREDERICK SIMMONS<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670                      |  | Name of Employer<br>FOUNDATION HEALTH CORPORATION | Date (month, day, year)<br>BI-WEEKLY PAYROLL DEDUCTION | Amount of Each Receipt this Period<br>64.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A |  | Occupation<br>VP STRATEGIC BUS.                   | Aggregate Year-To-Date > \$ 416.00                     | 16.00/PER                                   |
| <b>D. Full Name, Mailing Address and ZIP Code</b><br>EMMETT L. SMITH<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670                        |  | Name of Employer<br>FOUNDATION HEALTH CORPORATION | Date (month, day, year)<br>BI-WEEKLY PAYROLL DEDUCTION | Amount of Each Receipt this Period<br>69.24 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A |  | Occupation<br>MEDICAL DIRECTOR                    | Aggregate Year-To-Date > \$ 450.06                     | 17.31/PER                                   |
| <b>E. Full Name, Mailing Address and ZIP Code</b><br>JAMES TOWNSEND<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670                         |  | Name of Employer<br>FOUNDATION HEALTH CORPORATION | Date (month, day, year)<br>BI-WEEKLY PAYROLL DEDUCTION | Amount of Each Receipt this Period<br>69.25 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A |  | Occupation<br>VP PROVIDER CONTRACT                | Aggregate Year-To-Date > \$ 450.06                     | 17.31/PER                                   |
| <b>F. Full Name, Mailing Address and ZIP Code</b><br>WALTER WES WELER<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670                       |  | Name of Employer<br>FOUNDATION HEALTH CORPORATION | Date (month, day, year)<br>BI-WEEKLY PAYROLL DEDUCTION | Amount of Each Receipt this Period<br>60.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A |  | Occupation<br>CE COMMERCIAL ADMIN.                | Aggregate Year-To-Date > \$ 390.00                     | 15.00/PER                                   |
| <b>G. Full Name, Mailing Address and ZIP Code</b><br>MICHAEL WHITE<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670                          |  | Name of Employer<br>FOUNDATION HEALTH CORPORATION | Date (month, day, year)<br>BI-WEEKLY PAYROLL DEDUCTION | Amount of Each Receipt this Period<br>48.00 |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A |  | Occupation<br>DIR. CORP. TAXES                    | Aggregate Year-To-Date > \$ 312.00                     | 12.00/PER                                   |

|   |        |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)           | 358.49 |
| TOTAL This Period (last page this line number only) |        |



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 CORPORATION PAC

FEC ID No. C 00230789

24039 = 01240

| A. Full Name, Mailing Address and ZIP Code   | Name of Employer                 | Date (month, day, year)            | Amount of Each Receipt this Period |
|--|----------------------------------|------------------------------------|------------------------------------|
| JEANIE ASPLUND<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670  | FOUNDATION HEALTH CORPORATION    | BI-WEEKLY PAYROLL DEDUCTION        | 32.00                              |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: SUP. PRM. ACCTG.     | Aggregate Year-To-Date > \$ 208.00 | 16.00/PER                          |
| B. Full Name, Mailing Address and ZIP Code   | Name of Employer                 | Date (month, day, year)            | Amount of Each Receipt this Period |
| JOHN POPE<br>3400 DATA DRIVE<br>RANCHO CORDOVA, CA 95670   | FOUNDATION HEALTH CORPORATION    | BI-WEEKLY PAYROLL DEDUCTION        | 32.00                              |
| Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify): N/A | Occupation: DIR. MIE - PALO ALTO | Aggregate Year-To-Date > \$ 208.00 | 16.00/PER                          |
| 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<br><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<br><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<br><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<br><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<br><input type="checkbox"/> Other (specify):                | Occupation:                      | Aggregate Year-To-Date > \$        |                                    |

|   |          |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)           | 64.00    |
| TOTAL This Period (last page this line number only) | 3,800.05 |

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

|   |      |     |
|---|------|-----|
| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE | DF  |
|   | 1    | 1   |
| FOR LINE NUMBER   |      | 21b |

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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 |
|--|---|-------------------------|---|
| INTERNAL REVENUE SERVICE<br>OGDEN, UTAH    | FEDERAL TAXES<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) N/A     | 11/15/94                | 530.00                                  |
| B. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| FRANCHISE TAX BOARD<br>SACRAMENTO, CA      | STATE TAX PAYMENT<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) N/A | 11/15/94                | 107.00                                  |
| C. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     |                         |   |
| D. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     |                         |   |
| E. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     |                         |   |
| F. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     |                         |   |
| G. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     |                         |   |
| H. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     |                         |   |
| I. Full Name, Mailing Address and ZIP Code | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
|  | Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)                                     |                         |   |

SUBTOTAL of Disbursements This Page (optional)

637.00

TOTAL This Period (last page this line number only)

637.00

94037401950

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 |
|---|--|-------------------------|---|
| FAZIO FOR CONGRESS<br>722-B MAIN STREET<br>WOODLAND, CA 95833 | CONTRIBUTION<br>Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) 3RD CD-CA | 10/31/94                | 1,000.00                                |
| B. Full Name, Mailing Address and ZIP Code                    | Purpose of Disbursement<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><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<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | Date (month, day, year) | Amount of Each Disbursement This Period |

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

9403701357

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.

Hand Delivered

DATE OF RECEIPT

First Class Mail

POSTMARKED

12/8/94

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House Office of Records  
and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

J.A.C.  
PREPARER

12/12/94  
DATE PREPARED

94039501350