

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

SECTION 3041
AUG 24 3 21 10 '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 00230709
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 3400 DATA DRIVE CITY, STATE and ZIP CODE RANCHO CORDOVA, CA 95670	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 _____

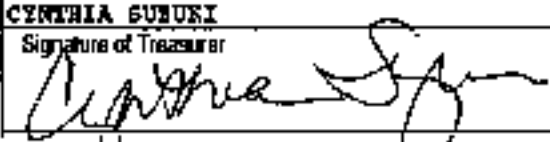
Thirtieth day report following the General Election on _____
 _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/98</u> through <u>07/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 87,382.92
(b) Cash on Hand at Beginning of Reporting Period	\$ 56,935.05	
(c) Total Receipts (from line 19)	\$ 867.60	\$ 5,791.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 57,802.65	\$ 93,174.65
7. Total Disbursements (from Line 30)	\$ 500.00	\$ 35,872.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 57,302.65	\$ 57,302.65
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 800-424-9530 Local 202-219-8420
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 SUBUSI

Signature of Treasurer:  Date: 08/17/98

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: 07/01/98	TO: 07/31/98
	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)	648.46	3,123.70
II. Unitemized	219.14	2,666.12
III. Total (add I and II) ▶	867.60	5,789.82
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a II, b and c) ▶	867.60	5,789.82
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-	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) ▶	867.60	5,791.73
20. Total Federal Receipts (subtract line 18 from line 19) ▶	867.60	5,791.73
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	500.00	22,422.00
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-	13,450.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	500.00	35,872.00
31. Total Federal Disbursements (subtract line 21 a II from line 30) ▶	500.00	35,872.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	867.60	5,789.82
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)	867.60	5,789.82
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

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 > \$ 350.00	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 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 > \$ 280.00	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 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 > \$ 800.00	48.10/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly			
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 > \$ 376.88	53.84/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly			
E. Full Name, Mailing Address and ZIP Code James E. 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 50.00
	Occupation VP GOVT ACCOUNTING	Aggregate Year-To-Date > \$ 350.00	50.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly			
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 > \$ 500.00	100.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly			
G. Full Name, Mailing Address and ZIP Code Bentley Marshall 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 > \$ 250.00	50.00/PERIOD
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly			

SUBTOTAL of Receipts This Page (optional)	543.84
TOTAL This Period (last page this line number only)	

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 Steve Bayerstock 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 70.00
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly	Occupation DIR COMPUTER SERVICE	Aggregate Year-To-Date \$ 350.00
B. Full Name, Mailing Address and ZIP Code Lawrence Maehr 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 34.62
	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Monthly	Occupation EXECUTIVE DIRECTOR	Aggregate Year-To-Date \$ 242.34
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)	104.62
TOTAL This Period (last page this line number only)	648.46

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
FUND FOR DEMOCRATIC LEADERSHIP P. O. BOX 1347 SACRAMENTO, CA 95814	C00165548 Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/07/98	500.00
B. 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
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 This Page (optional)	500.00
TOTAL This Period (last page this line number only)	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 8-20-92
<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>JMH</i> PREPARER	8-24-92 DATE PREPARED