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2000 OCT 24 A 9 48

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October 23, 2000

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 1

Form 2

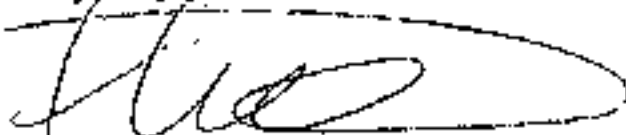
Form 3

Form 3X 1

for Foundation Health Systems, Inc. Political Action Committee.

Please return an endorsed filed copy in the enclosed self addressed envelope for our records.

Very truly yours,



Thomas W. Hiltachk
Assistant Treasurer

cc: California Secretary of State

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2000 OCT 24 A 9 48

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

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 General
(Type of Election)
election on 11/07/00 in the State of California

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

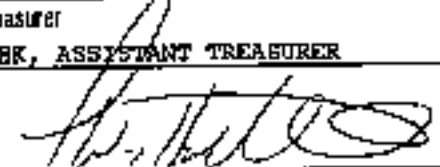
(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>10/01/00</u> through <u>10/18/00</u>		
6. (a) Cash on Hand January 1, 19 <u>2000</u>			\$ 21,252.04
(b) Cash on Hand at Beginning of Reporting Period		\$ 20,469.04	
(c) Total Receipts (from line 19)		\$ -0-	\$ 1,217.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 20,469.04	\$ 22,469.04
7. Total Disbursements (from Line 36)		\$ 2,500.00	\$ 4,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 17,969.04	\$ 17,969.04
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 20468
Toll Free 800-424-9530
Local 202-218-3420

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
THOMAS W. BILTACHK, ASSISTANT TREASURER

Signature of Treasurer  Date
10/23/00

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

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: 09/01/00	TO: 09/30/00
	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)	-0-	500.00
ii. Unitemized	-0-	717.00
iii. Total (add i and ii) ▶	-0-	1,217.00
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add a ii, b and c) ▶	-0-	1,217.00
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) ▶	-0-	1,217.00
20. Total Federal Receipts (subtract line 18 from line 19) ▶	-0-	1,217.00
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, 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	2,500.00	3,500.00
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) ▶	2,500.00	4,500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ▶	2,500.00	4,500.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	-0-	1,217.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)	-0-	1,217.00
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 B

ITEMIZED DISBURSEMENTS

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

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Johnson for Congress P.O. Box 1986 New Britain, CT 06050 000145607	Nancy Johnson CT 6cd Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/10/00	2,500.00
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)	2,500.00
TOTAL This Period (last page this line number only)	2,500.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>10/24/02</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<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	
 PREPARER	<i>10/24/02</i> DATE PREPARED