

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION

Oct 9 12 33 PM '98

USE FED MAILING LABEL  
OR  
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) FOUNDATION HEALTH CORPORATION PAC		2. FEC IDENTIFICATION NUMBER C 00230789
ADDRESS (number and street) 3400 DATA DRIVE	<input type="checkbox"/> Check if different than previously reported	
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	COLUMN B
5. Covering Period <u>07/01/97</u> through <u>12/31/97</u>		This Period	Calendar Year-to-Date
6. (a)	Cash on Hand January 1, 19 <u>97</u>		\$ 105,529.68
(b)	Cash on Hand at Beginning of Reporting Period	\$ 121,061.54	
(c)	Total Receipts (from line 15)	\$ 13,340.69	\$ 33,891.35
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 134,402.23	\$ 139,421.03
7.	Total Disbursements (from line 20)	\$ 47,019.31	\$ 52,057.42
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 87,382.92	\$ 87,363.61
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-	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

For further information contact:  
Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-9530  
Local 202-218-3420

Type or Print Name of Treasurer CYNTHIA SUBUKI	Date
Signature of Treasurer 	09/30/98

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 CORPORATION PAC	REPORT COVERING PERIOD	
	FROM: 07/01/97	TO: 12/31/97
	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)	11,189.94	26,395.47
ii. Unitemized	1,063.63	4,332.26
iii. Total (add i and ii) ▶	12,253.57	30,727.73
b. Political Party Committees	-0-	-0-
c. Other Political Committees (such as PACs)	-0-	-0-
d. Total Contributions (add b, c and d) ▶	12,253.57	30,727.73
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.)	1,087.12	3,163.62
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ▶	13,340.69	33,891.35
20. Total Federal Receipts (subtract line 18 from line 19) ▶	13,340.69	33,891.35
<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-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees	41,000.00	46,000.00
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	6,019.31	6,057.42
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ▶	47,019.31	52,057.42
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ▶	47,019.31	52,057.42
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d)	12,253.57	30,727.73
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from 32)	12,253.57	30,727.73
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	5
FOR LINE NUMBER		
11a1		

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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 Kirk Benson 3400 Data Drive Rancho Cordova, CA 95670		Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period -0-
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Occupation Pres. VP Special SVC.	Aggregate Year-To-Date > \$ 250.00	0.00/PERIOD
B. Full Name, Mailing Address and ZIP Code Daniel Crowley 3400 Data Drive Rancho Cordova, CA 95670		Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period -0-
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Occupation Chairman & CEO	Aggregate Year-To-Date > \$ 1,100.00	0.00/PERIOD
C. Full Name, Mailing Address and ZIP Code Lawrence Naehr 3400 Data Drive Rancho Cordova, CA 95670		Name of Employer Foundation Health Federal Services	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 225.03
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Occupation Executive Director	Aggregate Year-To-Date > \$ 501.99	17.31/PERIOD
D. Full Name, Mailing Address and ZIP Code Edward Munno 3400 Data Drive Rancho Cordova, CA 95670		Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 1,300.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Occupation VP SALES & MARKETING	Aggregate Year-To-Date > \$ 2,600.00	100/PERIOD
E. Full Name, Mailing Address and ZIP Code David Webster 3400 Data Drive Rancho Cordova, CA 95670		Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Occupation VP of FDM HEALTH SP	Aggregate Year-To-Date > \$ 500.00	25.00/PERIOD
F. Full Name, Mailing Address and ZIP Code Cynthia Suzuki 3400 Data Drive Rancho Cordova, CA 95670		Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 650.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Occupation VP State/Local Govt.	Aggregate Year-To-Date > \$ 1,300.00	50.00/PERIOD
G. Full Name, Mailing Address and ZIP Code Steve Tough 3400 Data Drive Rancho Cordova, CA 95670		Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 1,100.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Occupation Pres. & CO officer	Aggregate Year-To-Date > \$ 2,400.00	100/PERIOD

GUBTOTAL of Receipts This Page (optional)	3,375.03
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	2	5
FOR LINE NUMBER		11a1

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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 Charles Opton 3400 Data Drive Rancho Cordova, CA 95670		Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 450.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Occupation VP PEPS	DEDUCTION	50.00/PERIOD
		Aggregate Year-To-Date > \$	1,150.00	
B. Full Name, Mailing Address and ZIP Code Owen Brant 3400 Data Drive Rancho Cordova, CA 95670		Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 240.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Occupation ER VP INFO SERVICES	DEDUCTION	40.00/PERIOD
		Aggregate Year-To-Date > \$	760.00	
C. Full Name, Mailing Address and ZIP Code Walter Wes Weller 3400 Data Drive Rancho Cordova, CA 95670		Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 15.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Occupation VP Commercial Admin.	DEDUCTION	15.00/PERIOD
		Aggregate Year-To-Date > \$	255.00	
D. Full Name, Mailing Address and ZIP Code Scott Kelly 3400 Data Drive Rancho Cordova, CA 95670		Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 325.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Occupation VP & CO OFFICER	DEDUCTION	25.00/PERIOD
		Aggregate Year-To-Date > \$	725.00	
E. Full Name, Mailing Address and ZIP Code Danny Smithson 3400 Data Drive Rancho Cordova, CA 95670		Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 650.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Occupation SR VP Human Resource	DEDUCTION	50.0/PERIOD
		Aggregate Year-To-Date > \$	1,300.00	
F. Full Name, Mailing Address and ZIP Code James Woye 3400 Data Drive Rancho Cordova, CA 95670		Name of Employer Foundation Health Corporation	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 325.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Occupation VP GOVT ACCOUNTING	DEDUCTION	25.00/PERIOD
		Aggregate Year-To-Date > \$	725.00	
G. Full Name, Mailing Address and ZIP Code STEVEN GRIFFIN 7950 NW 53RD STREET MIAMI, FL 33166		Name of Employer FOUNDATION HEALTH A FLORIDA HEALTH PLAN	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 1,249.95
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):		Occupation EXECUTIVE DIRECTOR	DEDUCTION	96.15/PERIOD
		Aggregate Year-To-Date > \$	2,357.60	

SUBTOTAL of Receipts This Page (optional)	3,254.95
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  
 EBC ID No. C 00230789

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID FRIEDMAN 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	195.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	VP TRANSITIONS	Aggregate Year-To-Date > \$ 435.00	15.00/PERIOD
WAYNE VARCO 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	80.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	DIR. GOVT. PROGRAMS	Aggregate Year-To-Date > \$ 400.00	20.00/PERIOD
FREDERICK SIMMONS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	16.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	VP. STRATEGIC BUS.	Aggregate Year-To-Date > \$ 272.00	16.00/PERIOD
MARSHALL BENTLEY 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	325.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	VP & COUNSEL	Aggregate Year-To-Date > \$ 725.00	25.00/PERIOD
DANIELA CALVITTI 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	325.00
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	VP TREASURER CALCO	Aggregate Year-To-Date > \$ 725.00	25.00/PERIOD
GAIL SCHUBERT 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	-0-
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	VP LAW DEPT.	Aggregate Year-To-Date > \$ 325.00	25.00/PERIOD
JONATHAN SCHEFF 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	FOUNDATION HEALTH CORPORATION	BI-WEEKLY PAYROLL DEDUCTION	349.96
Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	VP HEALTHCARE SERV.	Aggregate Year-To-Date > \$ 780.68	26.92/PERIOD

SUBTOTAL of Receipts This Page (optional)	1,290.96
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

<b>A. Full Name, Mailing Address and ZIP Code</b> RONALD MILLS 3400 DATA DRIVE RANCHO CORDOVA, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 260.00
	Occupation DIR. SYSTEMS & PROG.	DEDUCTION	20.00/PERIOD
Aggregate Year-To-Date > \$ 580.00			
<b>B. Full Name, Mailing Address and ZIP Code</b> STEVEN HAVERSTOCK 3400 DATA DRIVE RANCHO CORDOVA, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 455.00
	Occupation DIR. COMPUTER SERV.	DEDUCTION	35.00/PERIOD
Aggregate Year-To-Date > \$ 1,015.00			
<b>C. Full Name, Mailing Address and ZIP Code</b> MARGUERITE O'TOOLE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 625.30
	Occupation SR. VP MEDICARE	DEDUCTION	48.10/PERIOD
Aggregate Year-To-Date > \$ 1,394.90			
<b>D. Full Name, Mailing Address and ZIP Code</b> GERALD KENTZSE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 625.00
	Occupation VP MARKETING/SALES	DEDUCTION	48.10/PERIOD
Aggregate Year-To-Date > \$ 1,394.90			
<b>E. Full Name, Mailing Address and ZIP Code</b> DAVID LAMAR 3400 DATA DRIVE RANCHO CORDOVA, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 350.00
	Occupation VP SYSTEMS DEVELOPMENT	DEDUCTION	50.00/PERIOD
Aggregate Year-To-Date > \$ 1,150.00			
<b>F. Full Name, Mailing Address and ZIP Code</b> GARY McHOLLAND 3400 DATA DRIVE RANCHO CORDOVA, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 260.00
	Occupation VP ACTUARIAL	DEDUCTION	20.00/PERIOD
Aggregate Year-To-Date > \$ 580.00			
<b>G. Full Name, Mailing Address and ZIP Code</b> JEANINE ASPLUND 3400 DATA DRIVE RANCHO CORDOVA, CA 95670  Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL	Amount of Each Receipt this Period 104.00
	Occupation DIR. PREMIUM ACCTS.	DEDUCTION	6.00/PERIOD
Aggregate Year-To-Date > \$ 232.00			

SUBTOTAL of Receipts This Page (optional)	2,679.30
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 JEFFERY BAUMEISTER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 90.00
	Occupation VE PROVIDER COMP 4ED	Aggregate Year-To-Date > \$ 250.00	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):
B. Full Name, Mailing Address and ZIP Code JEFFREY ELDER 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 193.70
	Occupation SR. VP FINANCE & CF	Aggregate Year-To-Date > \$ 397.40	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):
C. Full Name, Mailing Address and ZIP Code LEONARD KALM 2000 S. COLORADO BLVD. #11500 DENVER, CO 80222	Name of Employer FOUNDATION HEALTH & COLORADO HEALTH PLAN	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 150.00
	Occupation EXECUTIVE DIRECTOR	Aggregate Year-To-Date > \$ 310.00	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):
D. Full Name, Mailing Address and ZIP Code MICHAEL WHITE 3400 DATA DRIVE RANCHO CORDOVA, CA 95670	Name of Employer FOUNDATION HEALTH CORPORATION	Date (month, day, year) BI-WEEKLY PAYROLL DEDUCTION	Amount of Each Receipt this Period 156.00
	Occupation VP ASST. TREASURER	Aggregate Year-To-Date > \$ 348.00	Receipt for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" 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)	589.70
TOTAL This Period (last page this line number only)	11,189.94

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	3
FOR LINE NUMBER		23

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NAME OF COMMITTEE (in full)

FOUNDATION HEALTH CORPORATION PAC

FBC 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
NORM DICKS FOR CONGRESS P. O. BOX 1663 TACOMA, WA 98401	CONTRIBUTION WA - CD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/9/97	2,000.00
B. Full Name, Mailing Address and ZIP Code NATSUI FOR CONGRESS P. O. BOX 1347 SACRAMENTO, CA 95812	CONTRIBUTION CA - CD-5 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/97	5,000.00
C. Full Name, Mailing Address and ZIP Code FRIENDS OF BOB LIVINGSTON P. O. BOX 6329 NEW ORLEANS, LA 70174	CONTRIBUTION LA - CD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/97	5,000.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF JC WATTS P. O. BOX 6545 NORMAN, OK 73070 C00304949	CONTRIBUTION OK - CD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/97	2,500.00 Memo Redesignation
E. Full Name, Mailing Address and ZIP Code MATT FONG FOR US SENATE 888 S. FIGUEROA #860 LOS ANGELES, CA 90012	CONTRIBUTION US SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	7/30/97	5,000.00
F. Full Name, Mailing Address and ZIP Code FRIENDS OF BOB LIVINGSTON P. O. BOX 6329 NEW ORLEANS, LA 70174	CONTRIBUTION LA - CD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/04/97	5,000.00
G. Full Name, Mailing Address and ZIP Code NORM DICKS FOR CONGRESS P. O. BOX 1663 TACOMA, WA 98401	CONTRIBUTION WA-CD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/05/97	3,000.00
H. Full Name, Mailing Address and ZIP Code THORNBERRY FOR CONGRESS P. O. BOX 9392 AMARILLO, TX 79105	CONTRIBUTION TX -CD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/5/97	1,000.00
I. Full Name, Mailing Address and ZIP Code FRIENDS OF JC WATTS P. O. BOX 6545 NORMAN, OK 73070 C00304949	CONTRIBUTION OK - CD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/97	2,500.00 Memo Redesignation

SUBTOTAL of Disbursements This Page (optional)

31,000.00

TOTAL This Period (last page this line number only)



SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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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
STENBOLME FOR CONGRESS P. O. BOX 1032 STANFORD, TX 75993	CONTRIBUTION TX-CD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/97	1,000.00
B. Full Name, Mailing Address and ZIP Code DKI IN 1998-SEN. INOYE 841 BISHOP STREET, #1601 HONOLULU, HI 96813	CONTRIBUTION US SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/97	1,000.00
C. Full Name, Mailing Address and ZIP Code KOLBR 98 P. O. BOX 31569 TUCSON, AZ 85751	CONTRIBUTION AZ-CD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/15/97	1,000.00
D. Full Name, Mailing Address and ZIP Code MONDAY MORNING PAC P. O. BOX 10097 ARLINGTON, VA 22210	C00304022 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/11/97	1,000.00
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)	4,000.00
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)  
 FOUNDATION HEALTH CORPORATION PAC FEC ID No. C 00230709

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CALIFORNIA REPUBLICAN PARTY FEDERAL 1903 W. MAGNOLIA BLVD. BURBANK, CA 91506	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	8/4/97	5,000.00
B. Full Name, Mailing Address and ZIP Code DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE FEDERAL 430 SOUTH CAPITOL STREET WASHINGTON DC 20003	CONTRIBUTION Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/5/97	1,000.00
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)	6,000.00
TOTAL This Period (last page this line number only)	41,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	2
FOR LINE NUMBER		
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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
UNION BANK 700 L STREET SACRAMENTO, CA 95814	<b>BANK CHARGES</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify)	12/31/97	9.00
B. Full Name, Mailing Address and ZIP Code MISC. EXPENSES UNDER \$200.00	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 10.31
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)	19.31
TOTAL This Period (last page this line number only)	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	2	2
FOR LINE NUMBER		29

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NAME OF COMMITTEE (in Full)		FEC ID No. C 00230789	
FOUNDATION HEALTH CORPORATION PAC			
A. Full Name, Mailing Address and ZIP Code QUACKENBUSH RE-ELECTION COMMITTEE ID#970821 1251 E. DYER ROAD #100 SACRAMENTO, CA 92705	Purpose of Disbursement CONT. CA INSURANCE CON Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/4/97	Amount of Each Disbursement This Period 1,000.00
B. Full Name, Mailing Address and ZIP Code QUACKENBUSH RE-ELECTION COMMITTEE ID#970821 1251 E. DYER ROAD #100 SANTA ANA, CA 92705	Purpose of Disbursement CONT. CA INSURANCE CON Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/4/97	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code STIRLING FOR AG ID# 961572 455 CAPITOL MALL, SUITE 801 SACRAMENTO, CA 95814	Purpose of Disbursement CONTRIBUTION CA - AG Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/4/97	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code STIRLING FOR ATTY GENERAL ID# 961572 455 CAPITOL MALL, SUITE 801 SACRAMENTO, CA 95814	Purpose of Disbursement CONTRIBUTION Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/4/97	Amount of Each Disbursement This Period 1,000.00
E. Full Name, Mailing Address and ZIP Code LUNGREN FOR GOVERNOR ID#950772 925 L STREET, SUITE 810 SACRAMENTO, CA 95814	Purpose of Disbursement CONT. CA GOVERNOR Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/4/97	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code LUNGREN FOR GOVERNOR ID#950772 925 L STREET, SUITE 810 SACRAMENTO, CA 95814	Purpose of Disbursement CONT. CA GOVERNOR Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 8/4/97	Amount of Each Disbursement This Period 1,000.00
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)	6,000.00
TOTAL This Period (last page this line number only)	6,019.31

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 10-5-98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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>SEP</i> PREPARER	10-9-98 DATE PREPARED