

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 30 12 00 PM '97

1. NAME OF COMMITTEE (in full) United HealthCare Corporation Political Fund		2. FEC IDENTIFICATION NUMBER C00274431
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9900 Bryn Road East		
CITY, STATE and ZIP CODE Minnetonka, MN 55343		3. <input checked="" type="checkbox"/> This committee has qualified as a multi-candidate committee. (See FEC FORM 130)

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 _____

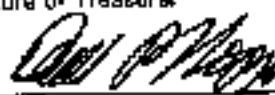
Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period 01/01/97 through 06/30/97		
6. (a) Cash on Hand January 1, 1997		\$ 89,262.35
(b) Cash on Hand at Beginning of Reporting Period	\$ 59,262.35	
(c) Total Receipts (from line 19)	\$ 30,423.45	\$ 30,423.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 89,685.80	\$ 89,685.80
7. Total Disbursements (from Line 30)	\$ 22,800.00	\$ 22,800.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 67,685.80	\$ 67,685.80
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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
David P. Koppe

Signature of Treasurer 

Date 7/28/97

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	REPORT COVERING PERIOD	
United HealthCare Corporation Political Fund	FROM: 01/01/97	TO: 06/30/97
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	8,750.02	8,750.02
ii. Unitemized.....	21,673.43	21,673.43
iii. Total..... (add i and ii) >	30,423.45	30,423.45
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions..... (add iii, b and c) >	30,423.45	30,423.45
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	30,423.45	30,423.45
20. Total Federal Receipts..... (subtract line 18 from line 19) >	30,423.45	30,423.45
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedules H4)		
i. Federal Share.....	0.00	0.00
ii. Non-Federal Share.....	0.00	0.00
b. Other Federal Operating Expenditures.....	0.00	0.00
c. Total Operating Expenditures..... (Add ai, aii, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22,000.00	22,000.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441ald) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds..... (Add a, b, and c) >	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements..... (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	22,000.00	22,000.00
31. Total Federal Disbursements..... (Subtract line 21 ai from line 30) >	22,000.00	22,000.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d).....	30,423.45	30,423.45
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	30,423.45	30,423.45
35. Total Federal Operating Expenditures..... (add 21 ai and 21 bi) >	0.00	0.00
36. Offsets to Operating Expenditures (from line 15).....	0.00	0.00
37. Net Operating Expenditures..... (subtract line 36 from 35) >	0.00	0.00

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)
United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Travers H. Wills 9900 Bren Road East MN008-W301 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	450.00
	Chief Operating Officer	Deduction	(\$50.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 650.00		Biweekly)
Robert J. Sheehy 3650 Olentangy River Rd. OH026-3010 Columbus, OH 43214-1138	United HealthCare Corporation	Payroll	450.00
	COO PIO Ohio	Deduction	(\$50.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 650.00		Biweekly)
Thomas J. Zorumski 77 W Fort Plaza, Suite 500 MO010-3350 St. Louis, MO 63146	United HealthCare Corporation	Payroll	41.66
	CEO UHC of MidWest, Inc.	Deduction	(\$41.66)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 208.30		Biweekly)
David S. Barker 5015 Campuswood Drive NY032-1000 East Syracuse, NY 13057	United HealthCare Corporation	Payroll	374.94
	CEO - Syracuse	Deduction	(\$41.66)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 541.58		Biweekly)
Ronald S. Franzese Terrace Plaza, 250 Murriss Ave MI013-3250 Muskegon, MI 49440-1143	United HealthCare Corporation	Payroll	320.00
	CEO	Deduction	(\$40.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 520.00		Biweekly)
Henry R. Louhet 425 Market St. 13th Floor CA035-1000 San Francisco, CA 94105	United HealthCare Corporation	Payroll	307.68
	SVP, Regional Operations CA	Deduction	(\$38.46)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 499.98		Biweekly)
Michael J. Koehler 106 Farmers Alley, Suite 400 MI012-3200 Kalamazoo, MI 49005-0271	United HealthCare Corporation	Payroll	320.00
	CEO	Deduction	(\$40.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 520.00		Biweekly)

SUB TOTAL of Receipts This Page (Optional).....> 2,264.28

TOTAL this Period (Last page this line number only).....>

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Leonard A. Farr 9900 Bren Road East MN008-8310 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	307.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Corporate Vice President	Deduction	(\$38.46)
Aggregate Year-to-date > \$		499.98	Biweekly
David E. Dolph 969 Executive Parkway, S#100 MO050-1000 St. Louis, MO 63141	United HealthCare Corporation	Payroll	307.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Director Malson Service/CenCare/PHP	Deduction	(\$38.46)
Aggregate Year-to-date > \$		499.98	Biweekly
R. Edward Bergmark 6300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427	United HealthCare Corporation	Payroll	307.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Vice President CEO IHR (OPTUM)	Deduction	(\$38.47)
Aggregate Year-to-date > \$		500.11	Biweekly
R. Channing Wheeler 2 Penn Plaza New York, NY 12204	United HealthCare Corporation	Payroll	304.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Northeast Plans Coach	Deduction	(\$38.00)
Aggregate Year-to-date > \$		494.00	Biweekly
Blair R. Suellentrop 3700 Colonnade Parkway AL001-1001 Birmingham, AL 35243	United HealthCare Corporation	Payroll	307.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation President UHC South	Deduction	(\$38.46)
Aggregate Year-to-date > \$		499.98	Biweekly
Marshall V. Rozal One South Wacker IL014-0300 Chicago, IL 60606	United HealthCare Corporation	Payroll	307.68
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Pres/CEO UHC of IL	Deduction	(\$38.46)
Aggregate Year-to-date > \$		499.98	Biweekly
Max L. Powell 475 Kilvert St, Suite 310 RI010-3400 Warwick, RI 02886-1392	United HealthCare Corporation	Payroll	210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation CEO UHPNE	Deduction	(\$30.00)
Aggregate Year-to-date > \$		390.00	Biweekly

SUB TOTAL of Receipts This Page (Optional).....>	2,052.48
TOTAL this Period (Last page this line number only).....>	

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Frederick C. Dunlap 9900 Bren Road E. MN008-W200 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	120.00
	Occupation CEO - Public Division	Deduction	(\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 280.00		Biweekly
Ronald B. Colby 5901 Lincoln Drive MN012-N140 Edina, MN 55436	United HealthCare Corporation	Payroll	210.00
	Occupation Senior VP, Insurance & Product Mgmt	Deduction	(\$30.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 390.00		Biweekly
Thomas F. McDonough 8330 Boone Blvd VA30-1030 Vienna, VA 22182	United HealthCare Corporation	Payroll	218.75
	Occupation Senior VP - Claim Services Administration	Deduction	(\$31.25)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 406.25		Biweekly
Ken L. Hoveman 3650 Olentangy River Rd OH020-3010 Columbus, OH 43214-1138	United HealthCare Corporation	Payroll	180.00
	Occupation COO UHC Ohio	Deduction	(\$30.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 360.00		Biweekly
Larry A. Rambo 10701 W. Research Drive WI030-3550 Milwaukee, WI 53226-0649	United HealthCare Corporation	Payroll	125.00
	Occupation CEO PrimeCare	Deduction	(\$25.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 325.00		Biweekly
Robert J. Backes 9900 Bren Road E MN008-8317 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	125.00
	Occupation Vice President - Human Resources	Deduction	(\$25.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 325.00		Biweekly
Patrick W. Irvine 6300 Olson Memorial Highway MN10-S201 Golden Valley, MN 55427	United HealthCare Corporation	Payroll	125.00
	Occupation UHC Speciality Co Admin	Deduction	(\$25.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 325.00		Biweekly
SUB TOTAL of Receipts This Page (Optional)			1,103.75
TOTAL this Period (Last page this line number only)			

Use separate schedule(s) for each category of the Detailed Summary Page

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Thomas A. Mahowald 9900 Bren Road E MN008-W212 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Public Affairs Director	Deduction	(\$30.00)
Aggregate Year-to-date > \$		330.00	Biweekly)
Robert K. Patton 4500 E. Pacific Coast Highway Suite 300 (CA33-1000) Long Beach, CA 90804-3273	United HealthCare Corporation	Payroll	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP UHC of California	Deduction	(\$25.00)
Aggregate Year-to-date > \$		325.00	Biweekly)
James T. Kerr 2 Penn Plaza Suite 700 NY036-1000 New York, NY 10121	United HealthCare Corporation	Payroll	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP Govt Programs - NY Tristate	Deduction	(\$25.00)
Aggregate Year-to-date > \$		325.00	Biweekly)
Rafael P Perez 75 Valencia Ave FL010-1010 Coral Gables, FL 33134	United HealthCare Corporation	Payroll	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP - Operations	Deduction	(\$25.00)
Aggregate Year-to-date > \$		325.00	Biweekly)
Sheila T. Leatherman 9900 Bren Road E. MN008-W312 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	82.49
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Executive Vice President	Deduction	(\$20.00)
Aggregate Year-to-date > \$		269.96	Biweekly)
John V Hallidin Sr. 450 Columbus Blvd CT30-1030 Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	83.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Senior VP Real Estate & Services	Deduction	(\$20.83)
Aggregate Year-to-date > \$		270.79	Biweekly)
Marc E. Backon One Penn Plaza, 37th Floor NY36-1000 New York, NY 10121	United HealthCare Corporation	Payroll	83.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Sales Vice-President	Deduction	(\$20.83)
Aggregate Year-to-date > \$		270.79	Biweekly)

SUB TOTAL of Receipts This Page (Optional).....> **754.13**

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

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NAME OF COMMITTEE (in full)

United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Richard T. Burke 3962 Tomahawk Trail Medina, MN 55340	United HealthCare Corporation Occupation: Director, UHC	05/28/97	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 500.00		
George T. Bell One S. Wacker Drive IL14-0595 Chicago, IL 60606	United HealthCare Corporation Occupation: UHC of Illinois	05/29/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Anthony J. Kazlauskas 475 Kilvert St, Suite 310 RI010-3400 Warwick, RI 02886-1392	United HealthCare Corporation Occupation: Medical Director	Payroll Deduction	60.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Biweekly
Carla M. Muggio One South Wacker IL014-3605 Chicago, IL 60606	United HealthCare Corporation Occupation: VP Operations	Payroll Deduction	57.69 (\$19.23)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 249.99		Biweekly
George D. Shafer 6601 Centerville business Pkwy OH010-3005 Dayton, OH 45459-8028	United HealthCare Corporation Occupation: CEO Dayton Ohio Plan	Payroll Deduction	60.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Biweekly
Thor E. Anderson 77 W Port Plaza, Suite 500 MO010-3350 St. Louis, MO 63146	United HealthCare Corporation Occupation: VP Medicare/GenCare/PHP	Payroll Deduction	40.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 240.00		Biweekly
Michael F. Ferris 450 Columbus Blvd 12NB-B Hartford, CT 06115-0450	United HealthCare Corporation Occupation: Underwriting Manager	Payroll Deduction	60.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Biweekly

SUB TOTAL of Receipts This Page (Optional).....> **1,027.69**

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

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FOR LINE NUMBER
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NAME OF COMMITTEE (in full)
United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Marc E Rothbart 5015 Campuswood Drive NY032-1000 East Syracuse, NY 13057-0450	United HealthCare Corporation	Payroll	57.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP Commerical Sales	Deduction	(\$19.23)
Aggregate Year-to-date > \$		249.99	Biweekly
Richard C. Zoretic 8330 Boone Blvd, Suite 300 VA030-1030 Vienna, VA 22182-2624	United HealthCare Corporation	Payroll	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Senior VP National Sales	Deduction	(\$20.00)
Aggregate Year-to-date > \$		260.00	Biweekly
James G. Carlson 8330 Boone Blvd, Suite 300 VA030-1030 Vienna, VA 22182-2624	United HealthCare Corporation	Payroll	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Executive VP Field Operations	Deduction	(\$20.00)
Aggregate Year-to-date > \$		260.00	Biweekly
James T. Brann 8330 Boone Blvd VA30-1030 Vienna, VA 22182-2624	United HealthCare Corporation	Payroll	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Vice President	Deduction	(\$20.00)
Aggregate Year-to-date > \$		260.00	Biweekly
Robert G. Harmon MD 10467 White Granite Dr. Suite 300, VA31-1000 Oakton, VA 22124-0450	United HealthCare Corporation	Payroll	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation National Medical Director	Deduction	(\$20.00)
Aggregate Year-to-date > \$		260.00	Biweekly
Giuseppe D. Savona 5901 Lincoln Drive MN12-NL70 Edina, MN 55436-1611	United HealthCare Corporation	06/06/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Vice President, Corporate Audit	Aggregate Year-to-date > \$ 250.00	
James M. Clark P.O. Box 9310 MN07-7001 Minneapolis, MN 55440-9310	United HealthCare Corporation	06/07/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP, COO Allina/Medica Contract	Aggregate Year-to-date > \$ 250.00	

SUB TOTAL of Receipts This Page (Optional).....> **797.69**

TOTAL this Period (Last page this lns number only).....>

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	7	7
FOR LINE NUMBER		11 a i

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NAME OF COMMITTEE (in full)
United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and Zip Code Sidney W. Stolz 5901 Lincoln Drive MN012-S250 Edina, MN 55436	Name of Employer United HealthCare Corporation	Date (Month day, Year) 06/09/97	Amount of Each Receipt this Period 750.00
	Occupation Network Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 750.00		
B. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		
C. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		

SUB TOTAL of Receipts This Page (Optional).....>	750.00
TOTAL this Period (Last page this line number only).....>	8,750.02

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

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 or any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in Full)
 United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
The Dick Arney Campaign P.O. Box 85 Lewisville, TX 75067	Dick Arney, U.S. HOUSE 26th TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/01/97	1,000.00
John Breaux Senate Committee 10 B East Broad Street Falls church, VA 22046	John B. Breaux, U.S. SENATE LA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/13/97	1,000.00
A Lot of People Supporting Tom Daschle 1475 Pennsylvania Ave Washington, DC	Tom Daschle, U.S. SENATE SD Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	06/20/97	3,000.00
Friends of Christ Dodd 901-15th St. N.W. Washington, DC 20005	Christopher J. Dodd, U.S. SENATE CT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/29/97	1,500.00
The Freedom Project PO Box 507 West Chester, OH 45071	Assistance to Republican House Candidates & Member Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	04/04/97	1,000.00
Frist 2000 4205 Hillsboro Road S 306 Nashville, TN 37215	Bill Frist, U.S. SENATE TN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	05/01/97	1,000.00
Gephardt in Congress Committee 530 7th St. SE Washington, DC 20003	Richard A. Gephardt, U.S. HOUSE 3rd MO Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/21/97	500.00
Hagel for Nebraska 901-15th St. N.W. Suite 900 Washington, DC 20002	Chuck Hagel, U.S. SENATE NE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/29/97	500.00
Hobson For Congress 83 West Columbia St. Springfield, OH 45502	David L. Hobson, U.S. HOUSE 7th OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	04/11/97	1,000.00

SUB TOTAL of Disbursements this page (Optional).....> 10,000.00

TOTAL this Period (Last page this line number only).....>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full) United HealthCare Corporation Political Fund			
A. Full Name, Mailing Address and Zip Code Jeffords for Vermont P.O. Box 246 Montpelier, VT 05602	Purpose of Disbursement James M. Jeffords, U.S. SENATE VT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 02/17/97	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code Re-Elect Nancy Johnson to Congress P.O. Box 1986 New Britain, CT 06050	Purpose of Disbursement Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 06/13/97	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Barbara Kennelly for Congress P.O. Box 3719 Central Station Hartford, CT 06102	Purpose of Disbursement Barbara B. Kennelly, U.S. HOUSE 1st CT Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/04/97	Amount of Each Disb. this Period 500.00
D. Full Name, Mailing Address and Zip Code Kind for Congress P.O. Box 184 La Crosse, WI 554601	Purpose of Disbursement Ron Kind, U.S. HOUSE 3th WI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 01/28/97	Amount of Each Disb. this Period 500.00
E. Full Name, Mailing Address and Zip Code McCain for Senate '98 1130 E Missouri, Suite 112 Phoenix, AZ 85014	Purpose of Disbursement John McCain, U.S. SENATE AZ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 03/25/97	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code New Republican Majority Fund 228 S. Washington St, Suite 220 Alexandria, VA 22314	Purpose of Disbursement Celebrating beginning of 105th Congress Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	Date (Month day, Year) 02/17/97	Amount of Each Disb. this Period 5,000.00
G. Full Name, Mailing Address and Zip Code Friends of Senator Nickles 2101 Connecticut Ave Washington, DC	Purpose of Disbursement Don Nickles, U.S. SENATE OK Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 03/18/97	Amount of Each Disb. this Period 1,000.00
H. Full Name, Mailing Address and Zip Code Pryce for Congress 340 East Gay Street Columbus, OH 43215	Purpose of Disbursement Deborah Pryce, U.S. HOUSE 15th OH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 04/29/97	Amount of Each Disb. this Period 500.00
I. Full Name, Mailing Address and Zip Code Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Purpose of Disbursement Bill Thomas, U.S. HOUSE 21st CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 05/27/97	Amount of Each Disb. this Period 1,500.00
SUB TOTAL of Disbursements this page (Optional).....>			12,000.00
TOTAL this Period (Last page this line number only).....>			22,000.00

