

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

OCT 19 8 30 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) Check if different than previously reported
9900 Bren Road East

CITY, STATE and ZIP CODE
Minnetonka, MN 55343

2. FEC IDENTIFICATION NUMBER
C00274431

3. This committee has qualified as a multi-candidate 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>07/01/96</u> through <u>09/30/96</u>			
6. (a)	Cash on Hand January 1, 19 <u>96</u>		\$ 27,489.90
(b)	Cash on Hand at Beginning of Reporting Period	\$ 56,785.94	
(c)	Total Receipts (from Line 19)	\$ 15,455.42	\$ 52,356.46
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 72,241.36	\$ 79,846.36
7.	Total Disbursements (from Line 20)	\$ 3,500.00	\$ 11,105.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 68,741.36	\$ 68,741.36
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 202-219-3420
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Treasurer David P. Koppe			
Signature of Treasurer 		Date 10/15/96	

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

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FEC FORM 3X
(revised 9/93)

**DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE United HealthCare Corporation Political Fund	REPORT COVERING PERIOD FROM 07/01/96 TO 09/30/96	
	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)	5,355.38	25,284.02
ii. Unitemized	10,100.04	25,487.11
iii. Total (add i and ii) >	15,455.42	50,771.13
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) >	15,455.42	50,771.13
12. Transfers From Affiliated/Other Party Committees	0	1,585.33
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) >	15,455.42	52,356.46
20. Total Federal Receipts (subtract line 18 from line 19) >	15,455.42	52,356.46
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	3,500.00	11,105.00
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. Individual/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) >	3,500.00	11,105.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	3,500.00	11,105.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	15,455.42	52,356.46
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	15,455.42	52,356.46
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 1 OF 5
FOR LINE NUMBER 11a1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and ZIP Code Barton, Bracken 7212 Spruce Avenue Takoma Park, MD 20912 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Occupation Aggregate Year-to-Date > \$ 225.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$30.00 (\$15.00 Biweekly)
B. Full Name, Mailing Address and ZIP Code Travers H. Wille 9900 Bren Road East Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Occupation Chief Operation Officer Aggregate Year-to-Date > \$ 920.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$300.00 (\$50.00 Biweekly)
C. Full Name, Mailing Address and ZIP Code Thomas A. Mahowald 9900 Bren Road East Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Occupation Public Affairs Dir Aggregate Year-to-Date > \$ 415.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$150.00 (\$25.00 Biweekly)
D. Full Name, Mailing Address and ZIP Code Ted Mondale 3800 France Avenue S. St. Louis Park, MN 55416 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Occupation VP-Public Relations Aggregate Year-to-Date > \$ 475.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$150.00 (\$25.00 Biweekly)
E. Full Name, Mailing Address and ZIP Code John A. Brevin 4529 Oak Chase Way Eagan, MN 55123 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Occupation Asst General Counsel Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$90.00 (\$45.00 Biweekly)
F. Full Name, Mailing Address and ZIP Code Robert J. Backes 4701 Dunberry Lane Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Occupation VP, HR&Admin Services Aggregate Year-to-Date > \$ 415.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$150.00 (\$25.00 Biweekly)
G. Full Name, Mailing Address and ZIP Code Robert J. Sheehy 4946 Sheffield Ave. Powell, OH 43065 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Occupation COO PRP Ohio Aggregate Year-to-Date > \$ 950.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period \$300.00 (\$50.00 Biweekly)

SUBTOTAL of Receipts This Page (optional) \$1,170.00

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 2 OF 5
FOR LINE NUMBER 11a1

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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
Max L. Powell 50 South Killingly Road Foster, RI 02825	UnitedHealthCare	Payroll Deduction	180.00 (\$30.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO UHP OF NE	Aggregate Year-to-Date > \$ 510.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony Kazlauskas 66 Laurel Hill Road East Greenwich, RI 02818	UnitedHealthCare	Payroll Deduction	120.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Dir, UHP NE	Aggregate Year-to-Date > \$ 380.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leonard Grover 10242 Brookcrest Circle South Jordan, UT 84065	UnitedHealthCare	Payroll Deduction	150.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Sales/Marketing	Aggregate Year-to-Date > \$ 475.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cicily B. Brogan 5800 Wilcke Way Dayton, OH 45459	UnitedHealthCare	Payroll Deduction	90.00 (\$15.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Customer/Prof Svcs	Aggregate Year-to-Date > \$ 285.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald S. Franzese 2474 Hathaway Court North Shore, MI 49441	UnitedHealthCare	Payroll Deduction	240.00 (\$40.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 360.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Koehler 7284 Hidden Cove Kalamazoo, MI 49009	UnitedHealthCare	Payroll Deduction	240.00 (\$40.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec Dir, SW MI	Aggregate Year-to-Date > \$ 760.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry Rambo 35306 Pabst Road Oconomowoc, WI 53066	UnitedHealthCare	Payroll Deduction	150.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO Primecare	Aggregate Year-to-Date > \$ 475.00	

SUBTOTAL of Receipts This Page (optional)

\$949.00

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 3 OF 5
FOR LINE NUMBER 11a1

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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
Robert Collins, 1298 Raleigh Way Lawrencevil, GA 30245	UnitedHealthCare	Payroll Deduction	15.00 (\$15.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Dir, Provider	Aggregate Year-to-Date > \$ 210.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ronald Colby 5605 Burl Oaks Court Minnetrista, MN 55364	UnitedHealthCare	Payroll Deduction	180.00 (\$30.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President, UH&L	Aggregate Year-to-Date > \$ 570.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Edward R. Ricker 5079 Aridwood Land Plymouth, MN 55442	UnitedHealthCare	Payroll Deduction	90.00 (\$15.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Insurance	Aggregate Year-to-Date > \$255.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patrick W. Irvine 100 Washington Square #106 Minneapolis, MN 55401	UnitedHealthCare	Payroll Deduction	150.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Dir, Evercare	Aggregate Year-to-Date > \$475.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert Broadfoot 1800 Northshore Hill Knoxville, TN 37922	UnitedHealthCare	Payroll Deduction	90.00 (\$15.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Dir, UBS TN	Aggregate Year-to-Date > \$250.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rafael P. Perez 4511 Alhambra Circle Coral Gables, FL 33146	UnitedHealthCare	Payroll Deduction	150.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$385.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Blair Suellentrop 1017 Greymoor Road Birmingham, AL 35242	UnitedHealthCare	Payroll Deduction	230.76 (\$38.46 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$649.98	

SUBTOTAL of Receipts This Page (optional)

\$905.76

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 4 OF 5

FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (in Full)

United HealthCare Corporation Political Fund

<p>A. Full Name, Mailing Address and ZIP Code William B. Green 350 Tuthill Lane Mobile, AL 36608</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealthCare</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$207.74</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period 69.24 (\$11.54 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Leonard A. Farr 9900 Bren Road East Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealthCare</p> <p>Occupation Corporate VP</p> <p>Aggregate Year-to-Date > \$499.98</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period 230.76 (\$38.64 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Sheila Leatherman 9900 Bren Road East Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealthCare</p> <p>Occupation Executive UHC</p> <p>Aggregate Year-to-Date > \$270.79</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period 124.98 (\$20.83 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Thomas J. Zorumski 77 West Port Plaza, Suite 500 St. Louis, MO 63146</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealthCare</p> <p>Occupation Senior VP Region</p> <p>Aggregate Year-to-Date > \$541.58</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period 249.96 (\$41.66 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Thor E. Anderson 77 West Port Plaza St. Louis, MO 63146</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealthCare</p> <p>Occupation VP-Medicare, Gencare/PHP</p> <p>Aggregate Year-to-Date > \$260.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period 120.00 (\$20.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code R. Edward Bergmark 6300 Olson Memorial HWY Golden Valley, MN 55427</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealthCare</p> <p>Occupation VP, CEO Optum)</p> <p>Aggregate Year-to-Date > \$500.11</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period 230.82 (\$38.47 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code James Broderick 800 N. Magnolia Ave #600 Orlando, FL 32751</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealthCare</p> <p>Occupation Management</p> <p>Aggregate Year-to-Date > \$249.99</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period 115.38 (\$19.23 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional)

\$1,141.14

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 5 OF 5
FOR LINE NUMBER 11a1

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NAME OF COMMITTEE (In Full)

United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and ZIP Code David E. Dolph 969 Executive Parkway St. Louis MO 63141 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealthCare Occupation Director, PHP/GenCare Aggregate Year-to-Date > \$ 461.52	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 230.76 (\$38.46 Biweekly)
B. Full Name, Mailing Address and ZIP Code Marshall V. Rozzi One S. Walker Drive Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealthCare Occupation HealthPlan CEO Aggregate Year-to-Date > \$ 461.52	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 230.76 (\$38.46 Biweekly)
C. Full Name, Mailing Address and ZIP Code David S. Barker 450 Columbus Blvd Hartford, CT 06115 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealthCare Occupation Management Aggregate Year-to-Date > \$ 249.96	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 249.96 (\$41.66 Biweekly)
D. Full Name, Mailing Address and ZIP Code R. Channing Wheeler 450 Columbus Blvd Hartford, CT 06115 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealthCare Occupation Management Aggregate Year-to-Date > \$ 228.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 228.00 (\$38.00 Biweekly)
E. Full Name, Mailing Address and ZIP Code Giuseppe Savona 6418 City West Parkway Eden Prairie, MN 55344 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealthCare Occupation VP Corporate Audit Aggregate Year-to-Date > \$ 250.00	Date (month, day, year) 08/01/96	Amount of Each Receipt this Period 250.00
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) \$1,189.48

TOTAL This Period (last page this line number only) \$5,355.38

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER 23

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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 Disbursement This Period
Klug for Congress P.O. Box 5619 Madison, WI 53705	Scott Klug, U.S. Congress Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/18/96	\$1,000.00
B. Full Name, Mailing Address and ZIP Code Jim Ramstad Volunteer Committee 8100 Penn Avenue South #104 Bloomington, MN 55441	Purpose of Disbursement Jim Ramstad, U.S. Congress Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	07/26/96	\$1,000.00
C. Full Name, Mailing Address and ZIP Code Cummings for Congress P.O. Box 1631 Baltimore, MD 21203-1631	Purpose of Disbursement Elijah Cummings, U.S. Congress Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/28/96	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Cliff Stearns P.O. Box 308 Silver Springs, FL 34489	Purpose of Disbursement Cliff Stearns, U.S. Congress Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/04/96	\$500.00
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)	\$3,500.00
TOTAL This Period (last page this line number only)	\$3,500.00

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.

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