

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) United Health Care Corporation Political Fund	RECEIVED FEDERAL ELECTION COMMISSION
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9900 Bren Road East	
CITY, STATE and ZIP CODE Minnetonka, MN 55343	
2. FEC IDENTIFICATION NUMBER 30 C00274431C	
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)	

4. TYPE OF REPORT

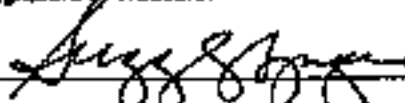
- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> 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>10/15/98</u> through <u>11/23/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 105,122.73
(b) Cash on Hand at Beginning of Reporting Period	\$ 117,014.73	
(c) Total Receipts (from Line 19)	\$ 8,746.40	\$ 71,138.40
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 125,761.13	\$ 175,261.13
7. Total Disbursements (from Line 30)	\$ 1,000.00	\$ 51,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 124,761.13	\$ 124,761.13
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 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
Gragory J. Springer

Signature of Treasurer



Date

12-1-98

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

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FEC FORM 3X
(revised 9/93)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 11/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
United HealthCare Corporation Political Fund	FROM	TO:	
	10/16/98		11/23/98
	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)	8,957.05	33,416.32	11(a)(i)
ii. Unitemized	1,789.35	37,722.08	11(a)(ii)
iii. Total (add i and ii) >	8,746.40	71,138.40	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a, b, and c) >	8,746.40	71,138.40	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	8,746.40	71,138.40	19
20. Total Federal Receipts (subtract line 18 from line 19) >	8,746.40	71,138.40	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add i, a ii, and b) >	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	49,000.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	600.00	2,500.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,000.00	51,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	1,000.00	51,500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	8,746.40	71,138.40	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,746.40	71,138.40	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 16)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 1 OF 20
FOR LINE NUMBER 11 a i

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marc E. Backon One Penn Plaza, 37th Floor NY36-1000 New York, NY 10121	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales Vice-President	Payroll Deduction	62.45
	Aggregate Year-to-Date > \$ 479.09		(\$20.83 Biweekly)
Tamara A. Smith 750 First Street, NE, Ste 1120 DC020-1000 Washington, DC 20002	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Marketing & Gov't Relations	Payroll Deduction	34.62
	Aggregate Year-to-Date > \$ 265.42		(\$11.54 Biweekly)
Michael F. Ferris 450 Columbus Blvd 12NB-B Hartford, CT 06115-0450	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Underwriting Manager	Payroll Deduction	40.00
	Aggregate Year-to-Date > \$ 440.00		(\$20.00 Biweekly)
James M. Messina 450 Columbus Blvd CT030-0488 Hartford, CT 06115-0450	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Customer Service Administration	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 230.00		(\$10.00 Biweekly)
Travers H. Wills 8900 Bren Road East MN008-W301 Minnetonka, MN 55343	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Operating Officer	Payroll Deduction	150.00
	Aggregate Year-to-Date > \$ 1,150.00		(\$50.00 Biweekly)
Anthony J. Kazlauskas 475 Kilvert St, Suite 310 RI010-3400 Warwick, RI 02886-1392	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Payroll Deduction	60.00
	Aggregate Year-to-Date > \$ 460.00		(\$20.00 Biweekly)
Louise Short MD 2970 Clairmont Road, Ste #300 GA010-3300 Atlanta, GA 30029-1634	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Payroll Deduction	34.62
	Aggregate Year-to-Date > \$ 265.42		(\$11.54 Biweekly)

SUBTOTAL of Receipts This Page (optional) **411.73**

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 20
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard J. Migliori 475 Kilvert St RI010-3400 Warwick, RI 02886	United HealthCare Corporation	Payroll	115.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO UHC New England	Deduction	(\$38.48)
	Aggregate Year-to-Date > \$ 884.58		Biweekly
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jeannia M. Rivat 9900 Bren Road E. MN008-W315 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO of Health Plans	Deduction	(\$40.00)
	Aggregate Year-to-Date > \$ 920.00		Biweekly
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Moniz Jr. 475 Kilvert St, Suite 310 RI010-3400 Warwick, RI 02886-1392	United HealthCare Corporation	Payroll	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Commercial Sales	Deduction	(\$10.00)
	Aggregate Year-to-Date > \$ 230.00		Biweekly
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian Bellows 1175 Post Rd East Westport, CT 06880	United HealthCare Corporation	Payroll	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Sales Strategic Serv	Deduction	(\$15.00)
	Aggregate Year-to-Date > \$ 345.00		Biweekly
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Channing Wheeler 2 Penn Plaza New York, NY 12204	United HealthCare Corporation	Payroll	114.00
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 > \$ 874.00		Biweekly
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cathie J. Beausoleil 450 Columbus Blvd P.O. Box 160460 /7NB Hartford, CT 06115-0460	United HealthCare Corporation	Payroll	36.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Utilization Mgmt	Deduction	(\$12.00)
	Aggregate Year-to-Date > \$ 276.00		Biweekly
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Stevenson 450 Columbus Blvd 5NB-B Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	29.40
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate General Counsel	Deduction	(\$9.80)
	Aggregate Year-to-Date > \$ 225.40		Biweekly

SUBTOTAL of Receipts This Page (optional) 489.78

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 20
FOR LINE NUMBER 11 a 1

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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
Martha R. Nolan 450 Columbus Blvd Hartford, CT 06115	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Government Relations Counsel	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 230.00		(\$10.00 Biweekly)
Paul J Grandpre 450 Columbus Blvd 3NB-A Hartford, CT 06115-0450	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Customer Admin Svcs	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 230.00		(\$10.00 Biweekly)
Marc E Rothbart 5015 Campuswood Drive NY032-1000 East Syracuse, NY 13057-0460	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Commerical Sales	Payroll Deduction	57.69
	Aggregate Year-to-Date > \$ 442.29		(\$19.23 Biweekly)
Brian M. Quigley 460 Columbus Blvd 5NB-A Hartford, CT 06115-0450	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Gov't Relations	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 230.00		(\$10.00 Biweekly)
Dennis Shea 450 Columbus Blvd BNB-A Hartford, CT 06115-0450	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 230.00		(\$10.00 Biweekly)
Cliff Kiel 145 S. State College Blvd #620 Brea, CA 92821	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Strategic Sales Exec.	Payroll Deduction	28.83
	Aggregate Year-to-Date > \$ 221.03		(\$9.61 Biweekly)
John A. Dwyer 450 Columbus Blvd 15NB-A Hartford, CT 06115-0450	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pricing Small Group	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 230.00		(\$10.00 Biweekly)

SUBTOTAL of Receipts This Page (optional)

238.52

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 **20**
FOR LINE NUMBER **11 a 1**

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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
David G. Devereaux 3838 N. Central Ave Suite 600 AZ030-1000 Phoenix, AZ 85012	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Payroll Deduction	60.00
	Aggregate Year-to-Date > \$ 460.00		(\$20.00 Biweekly)
George Goldstein 4500 E. Pacific Coast Hgwy CA033-1000 Long Beach, CA 90804	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Health Plan GEO	Payroll Deduction	24.00
	Aggregate Year-to-Date > \$ 264.00		(\$12.00 Biweekly)
John A Kennedy 2970 Clairmont Rd, Suite 300 GA010-3300 Atlanta, GA 30329	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Government Programs	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 230.00		(\$10.00 Biweekly)
Stephen Matheson 450 Columbus Blvd 12NB-B CT030-12BB Hartford, CT 06115	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President, Rural Market	Payroll Deduction	60.00
	Aggregate Year-to-Date > \$ 460.00		(\$20.00 Biweekly)
John E. Bloom 6601 Centerville Business Pkwy OH010-3005 Dayton, OH 45459-8028	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 230.00		(\$10.00 Biweekly)
Ronald S. Franzese Terrace Plaza, 260 Morris Ave MI013-3250 Muskegon, MI 49440-1143	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO, PHP of West MI	Payroll Deduction	120.00
	Aggregate Year-to-Date > \$ 920.00		(\$40.00 Biweekly)
Kenneth D. Roberts 450 Columbus Blvd Hartford, CT 06115	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation National Account Executive	Payroll Deduction	37.50
	Aggregate Year-to-Date > \$ 287.50		(\$12.50 Biweekly)

SUBTOTAL of Receipts This Page (optional) **361.50**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE **6** OF **20**
FOR LINE NUMBER **11 a 1**

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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
Terry Nimnicht 6251 Greenwood Plaza Blvd Suite 200 CO030-1000 Englewood, CO 80111-4910	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President - UHC of Colorado,	Payroll Deduction	60.00 (\$20.00 Biweekly)
	Aggregate Year-to-Date \$ 460.00		
Elizabeth C. Cabot 5901 Lincoln Drive MN012-5214 Edina, MN 55436	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation State Government Program Manager	Payroll Deduction	30.00 (\$10.00 Biweekly)
	Aggregate Year-to-Date \$ 230.00		
Jose M. Cruz 1200 SW 1 Street FL011-1011 Miami, FL 33012-3315	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Payroll Deduction	28.83 (\$9.61 Biweekly)
	Aggregate Year-to-Date \$ 221.03		
Andria Herr 800 N. Magnolia #600 Orlando Orlando, FL 32803	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Sales, Orlando	Payroll Deduction	45.00 (\$15.00 Biweekly)
	Aggregate Year-to-Date \$ 345.00		
Henry R. Loubet 425 Market St. 13th Floor CA035-1000 San Francisco, CA 94105	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP, Ragnonal Operations CA	Payroll Deduction	116.38 (\$38.46 Biweekly)
	Aggregate Year-to-Date \$ 884.58		
Marshall V. Rozzi One South Wacker IL014-0300 Chicago, IL 60608	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres/CEO UHC of IL	Payroll Deduction	115.38 (\$38.46 Biweekly)
	Aggregate Year-to-Date \$ 884.58		
Richard C. Zoretic 8330 Boone Blvd, Suite 300 VA030-1030 Vienna, VA 22182-2624	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP National Sales	Payroll Deduction	60.00 (\$20.00 Biweekly)
	Aggregate Year-to-Date \$ 460.00		

SUBTOTAL of Receipts This Page (optional) **454.59**

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 6 OF 20
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William O. Saunders 450 Columbus Blvd Hartford, CT 06115-0460	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President/Coach, National Acco	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 230.00		(\$10.00 Biweekly)
Elise Anne Gemeinhardt 1620 L St. NY #800 DC030-1000 Washington, DC 20036	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Federal Affairs	Payroll Deduction	115.38
	Aggregate Year-to-Date > \$ 884.56		(\$38.46 Biweekly)
James G. Carlson 8330 Boone Blvd, Suite 300 VA030-1030 Vienna, VA 22182-2624	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive VP Field Operations	Payroll Deduction	60.00
	Aggregate Year-to-Date > \$ 460.00		(\$20.00 Biweekly)
Lester Coney One S. Nacher Dr Chicago, IL 60616	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Key Accounts	Payroll Deduction	60.00
	Aggregate Year-to-Date > \$ 460.00		(\$20.00 Biweekly)
William C. Lamoreaux 450 Columbus Blvd Hartford, CT 06115	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Provider Relations/Contra	Payroll Deduction	45.00
	Aggregate Year-to-Date > \$ 345.00		(\$15.00 Biweekly)
Katherine B. Hatting 601 Office Center Drive Ft. Washington, PA 19102	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Claims, AARP Div	Payroll Deduction	60.00
	Aggregate Year-to-Date > \$ 460.00		(\$20.00 Biweekly)
Frederick C. Dunlap 9900 Bren Road E. MN008-W200 Minnetonka, MN 55343	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO - Public Division	Payroll Deduction	60.00
	Aggregate Year-to-Date > \$ 460.00		(\$20.00 Biweekly)

SUBTOTAL of Receipts This Page (optional) **430.38**

TOTAL This Period (last page this line number only)

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ITEMIZED RECEIPTS

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PAGE 7 OF 20
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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
Cheryl A. Popeck 800 N Magnolia Ave., S#600 FL029-1029 Orlando, FL 32803 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Director of Operations	Payroll Deduction Aggregate Year-to-Date > \$ 230.00	30.00 (\$10.00 Biweekly)
	Carla M. Muggio One South Wacker IL014-3605 Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: VP Operations	Payroll Deduction Aggregate Year-to-Date > \$ 442.29
William Bannon 450 Columbus Blvd 6-GB Hartford, CT 06103-1801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: V.P. Government Blvd - Medicare	Payroll Deduction Aggregate Year-to-Date > \$ 265.42	34.62 (\$11.54 Biweekly)
	William Young 800 N. Magnolia Ave Ste 600 FL029-1029 Orlando, FL 32803 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Sr. Medical Director	Payroll Deduction Aggregate Year-to-Date > \$ 221.03
David De Lorenzo 5300 NW 33 Ave Suite 107 Ft Lauderdale, FL 33309 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		United HealthCare Corporation Occupation: Manager, Medical Management	Payroll Deduction Aggregate Year-to-Date > \$ 442.29
	Shella T. Leatherman 9900 Bren Road E. MN008-W312 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Executive Vice President	Payroll Deduction Aggregate Year-to-Date > \$ 460.00
Linda E. Huber 77 W Port Plaza, Suite 500 MO010-3350 St. Louis, MO 63146 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		United HealthCare Corporation Occupation: VP Sales & Marketing	Payroll Deduction Aggregate Year-to-Date > \$ 221.03

SUBTOTAL of Receipts This Page (optional) 297.66

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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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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James T. Braun 8330 Boone Blvd VA30-1030 Vienna, VA 22182-2824	United HealthCare Corporation	Payroll Deduction	60.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President	Aggregate Year-to-Date > \$ 480.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Edward R. Ricker 5901 Lincoln Drive MN012-S215 Edina, MN 55438	United HealthCare Corporation	Payroll Deduction	45.00 (\$15.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Product Developer	Aggregate Year-to-Date > \$ 345.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dolph Marloff 1401 N. Westshore Blvd Suite 500 Tampa, FL 33607	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of Operations	Aggregate Year-to-Date > \$ 230.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
George D. Shafer 6601 Centerville business Pkwy OH010-3005 Dayton, OH 45469-8028	United HealthCare Corporation	Payroll Deduction	60.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO Dayton Ohio Plan	Aggregate Year-to-Date > \$ 460.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin J. Esval 9040 Executive Park Drive TN005-1005 Knoxville, TN 37923	United HealthCare Corporation	Payroll Deduction	28.83 (\$9.61 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Marketing/Sales Director	Aggregate Year-to-Date > \$ 221.03	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Enrique Cue-Galvez 11200 W Flager St. FL035-1035 Miami, FL 33126	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician	Aggregate Year-to-Date > \$ 230.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elvira C. Lagoa 4047 Okeechobee Blvd FL016-1016 West Palm Beach, FL 33409	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Administrator	Aggregate Year-to-Date > \$ 230.00	

SUBTOTAL of Receipts This Page (optional) 283.83

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
Alian J. Weiss 6901 Lincoln Drive Edina, MN 55438	United HealthCare Corporation	Payroll Deduction	36.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Finance, Senior Management		(\$12.00)
	Aggregate Year-to-Date > \$ 276.00		Biweekly
Brett L. Baby 3850 Olentangy River Rd. OH020-3010 Columbus, OH 43214-1138	United HealthCare Corporation	Payroll Deduction	34.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Provider Relations/Contra		(\$11.54)
	Aggregate Year-to-Date > \$ 265.42		Biweekly
Mollie Chapman 4501 Erskine Road OH035-3035 Cincinnati, OH 45242	United HealthCare Corporation	Payroll Deduction	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager, Provider Relations		(\$10.00)
	Aggregate Year-to-Date > \$ 230.00		Biweekly
Phillp H. Dell 6300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427	United HealthCare Corporation	Payroll Deduction	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Marketing Executive		(\$15.00)
	Aggregate Year-to-Date > \$ 345.00		Biweekly
Claudia Bjerra 26555 Evergreen Suite 1320 MI031-1000 Southfield/Hartford, MI 48076	United HealthCare Corporation	Payroll Deduction	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Delivery Sys Mgmt		(\$12.50)
	Aggregate Year-to-Date > \$ 287.50		Biweekly
Peter A. Ramirez 369 W. First St., #300 OH074-3882 Dayton, OH 45402	United HealthCare Corporation	Payroll Deduction	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician		(\$10.00)
	Aggregate Year-to-Date > \$ 230.00		Biweekly
Cicly B. Brogan 8801 Centerville Business Pkwy OH010-3005 Dayton, OH 45459-8028	United HealthCare Corporation	Payroll Deduction	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Customer/Professional Ser		(\$15.00)
	Aggregate Year-to-Date > \$ 345.00		Biweekly

SUBTOTAL of Receipts This Page (optional)

245.62

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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
Robert G Adams 1800 SW First Ave, Suite 650 OR030-1000 Portland, OR 97201	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 230.00		(\$10.00 Biweekly)
Ken L. Hoverman 3650 Olentangy River Rd OH020-3010 Columbus, OH 43214-1138	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO UHC Ohio	Payroll Deduction	90.00
	Aggregate Year-to-Date > \$ 690.00		(\$30.00 Biweekly)
Ronald B. Colby 5901 Lincoln Drive MN012-N140 Edina, MN 55436	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP, Insurance & Product Mgmt	Payroll Deduction	90.00
	Aggregate Year-to-Date > \$ 690.00		(\$30.00 Biweekly)
Keith Noblitt 2970 Clairmont Rd #650 Atlanta, GA 30329-1634	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Strategic Account Executive	Payroll Deduction	60.00
	Aggregate Year-to-Date > \$ 460.00		(\$20.00 Biweekly)
Edward R. Grisee One South Wacker IL014-3606 Chicago, IL 60606	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Medical Delivery Sys	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 230.00		(\$10.00 Biweekly)
Robert G. Harmon MD 10467 White Granite Dr. Suite 300, VA31-1000 Oakton, VA 22124-0450	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation National Medical Director	Payroll Deduction	60.00
	Aggregate Year-to-Date > \$ 460.00		(\$20.00 Biweekly)
Tom Taylor 425 Market St 11th floor San Francisco, CA 94105	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Sales and Marketing	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 230.00		(\$10.00 Biweekly)

SUBTOTAL of Receipts This Page (optional) **390.00**

TOTAL This Period (next page this line number only).....

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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
Douglas B. McCarthy 8900 Bren Road E MN008-W212 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Government Programs	Deduction	(\$10.00)
	Aggregate Year-to-Date > \$ 230.00		Biweekly
Kaveh T. Safavi One South Wacker IL14-3605 Chicago, IL 60606	United HealthCare Corporation	Payroll	46.16
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Medical Affairs	Deduction	(\$11.54)
	Aggregate Year-to-Date > \$ 276.98		Biweekly
Robert J. Stall 1620 L. St N.W. #800 DC30-1000 Washington, DC 20036	United HealthCare Corporation	Payroll	28.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation State Affairs Counsel	Deduction	(\$9.81)
	Aggregate Year-to-Date > \$ 221.03		Biweekly
Daniel Donohue 450 Columbus Blvd CT030-1030 Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Developing Market Group	Deduction	(\$10.00)
	Aggregate Year-to-Date > \$ 230.00		Biweekly
Peter J. Young 2970 Clairmont Rd, Suite 300 GA010-3300 Atlanta, GA 30329	United HealthCare Corporation	Payroll	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Finance	Deduction	(\$10.00)
	Aggregate Year-to-Date > \$ 230.00		Biweekly
Janice D. Messeroff 4701 Cox Road VA037-1000 Glen Allen, VA 23060	United HealthCare Corporation	Payroll	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO UHC of Virginia	Deduction	(\$20.00)
	Aggregate Year-to-Date > \$ 480.00		Biweekly
Steven Baker MD 10701 W. Research Dr P.O. Box 26649 (WI030-5360) Milwaukee, WI 53226-0649	United HealthCare Corporation	Payroll	57.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Medical Director	Deduction	(\$19.23)
	Aggregate Year-to-Date > \$ 423.08		Biweekly

SUBTOTAL of Receipts This Page (optional) 282.68

TOTAL This Period (last page this line number only)

SCHEDULE A

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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
Robert J. Sheehy 3850 Olentangy River Rd. OH020-3010 Columbus, OH 43214-1138	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO PHO Ohio	Payroll Deduction	150.00
	Aggregate Year-to-Date > \$ 1,160.00		(\$50.00 Biweekly)
Michael J. Koehler 106 Farmers Alley, Suite 400 MI012-3200 Kalamazoo, MI 49005-0271	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO PHP Southwest Michigan	Payroll Deduction	120.00
	Aggregate Year-to-Date > \$ 920.00		(\$40.00 Biweekly)
David S. Barker 5015 Campuswood Drive NY032-1000 East Syracuse, NY 13057	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO - Syracuse	Payroll Deduction	124.98
	Aggregate Year-to-Date > \$ 958.18		(\$41.66 Biweekly)
Ronald Suprenant 6601 Centerville Business Pkwy Dayton, OH 45454	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Health Services	Payroll Deduction	9.61
	Aggregate Year-to-Date > \$ 201.81		(\$9.61 Biweekly)
William D. Felsing 10701 W. Research Drive WI030-3550 Milwaukee, WI 53226-0649	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP&COO PrimeCare Health Plan Inc.	Payroll Deduction	46.00
	Aggregate Year-to-Date > \$ 345.00		(\$16.00 Biweekly)
Larry A. Rambo 10701 W. Research Drive WI030-3550 Milwaukee, WI 53226-0649	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO PrimeCare	Payroll Deduction	76.00
	Aggregate Year-to-Date > \$ 575.00		(\$25.00 Biweekly)
Thomas J. Okonek 5901 Lincoln Drive MN012-S159 Edina, MN 55436	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, CSA-UHC	Payroll Deduction	28.63
	Aggregate Year-to-Date > \$ 221.03		(\$9.61 Biweekly)

SUBTOTAL of Receipts This Page (optional) **553.42**

TOTAL This Period (last page this line number only) **553.42**

SCHEDULE A

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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

<p>A. Full Name, Mailing Address and ZIP Code Michael Dertzinski 10701 W. Research Dr. W030-3550 Milwaukee, WI 53226</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation V.P. Marketing and Sales</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>60.00 (\$20.00) Biweekly</p>
<p>B. Full Name, Mailing Address and ZIP Code Amy Sheyer 1 S. Wacker Dr. 8th fl Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation Dir of Communications</p> <p>Aggregate Year-to-Date > \$ 221.03</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>28.83 (\$9.61) Biweekly</p>
<p>C. Full Name, Mailing Address and ZIP Code Tom Owen 6901 Lincoln Drive MN012-N230 Edina, MN 55436</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation Vice President - Underwriting</p> <p>Aggregate Year-to-Date > \$ 230.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>30.00 (\$10.00) Biweekly</p>
<p>D. Full Name, Mailing Address and ZIP Code William B. Green 1110 Montlmar Dr. Suite 490 AL006-1006 Mobile, AL 36609</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation VP/General Manager UHC South</p> <p>Aggregate Year-to-Date > \$ 265.42</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>34.62 (\$11.54) Biweekly</p>
<p>E. Full Name, Mailing Address and ZIP Code Robert B Broadfoot Jr. 12125 Woodcrest Exec Dr. S320 MO075-3835 St. Louis, MO 63141</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation Director, Care Management</p> <p>Aggregate Year-to-Date > \$ 345.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>45.00 (\$15.00) Biweekly</p>
<p>F. Full Name, Mailing Address and ZIP Code Rhonda Bagby 795 Woodlands Pkwy ste 101 MS001-1001 Ridgeland, MS 39157</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation Dir. of Finance</p> <p>Aggregate Year-to-Date > \$ 221.03</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>28.83 (\$9.61) Biweekly</p>
<p>G. Full Name, Mailing Address and ZIP Code Leonard A. Farr 9900 Bren Road East MN008-8310 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 United HealthCare Corporation</p> <p>Occupation Corporate Vice President</p> <p>Aggregate Year-to-Date > \$ 884.58</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>115.38 (\$38.46) Biweekly</p>

SUBTOTAL of Receipts This Page (optional) 342.66

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
David Falk 2 Penn Plaza Ste 700 NY036-1000 New York, NY 10121	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 230.00		(\$10.00 Biweekly)
Michael Hawkins 1250 Capital of Tx Hwy S. Bldg I, Ste 400 Austin, TX 78746	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 230.00		(\$10.00 Biweekly)
Johnny Gore 3700 Colonnade Pkwy AL001 Birmingham, AL 35243	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Medical Director	Payroll Deduction	86.55
	Aggregate Year-to-Date > \$ 863.55		(\$28.85 Biweekly)
William Noonan 450 Columbus Blvd Hartford, CT 06115	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Account Manager	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 230.00		(\$10.00 Biweekly)
Timothy C. Tucker 1250 Capital of Texas Hwy S. Bldg One, Suite 400 Austin, TX 78746	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. of Sales	Payroll Deduction	45.00
	Aggregate Year-to-Date > \$ 285.00		(\$15.00 Biweekly)
Joe Berry 5901 Lincoln Drive MN012-8249 Edina, MN 55436	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation National Medical Director	Payroll Deduction	60.00
	Aggregate Year-to-Date > \$ 460.00		(\$20.00 Biweekly)
Diane Flottamasch 5901 Lincoln Dr. MN012-N220 Edina, MN 55436	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Tax & Risk Mgmt	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 230.00		(\$10.00 Biweekly)

SUBTOTAL of Receipts This Page (optional)

311.55

TOTAL This Period (last page this line number only)

SCHEDULE A

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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
Barbara Wahlrobe 1 So. Wacker Chicago, IL 60614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Corp V.P. of Sales	Payroll Deduction	75.00 (\$25.00) Biweekly
	Aggregate Year-to-Date > 6 575.00		
John A. Breviu 8900 Bren Road East MN008-W216 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Assistant General Counsel	Payroll Deduction	45.00 (\$15.00) Biweekly
	Aggregate Year-to-Date > 5 345.00		
Sandra M. Larson 6901 Lincoln Drive MN012-S159 Edina, MN 55436-1611 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Director, Group Services Administra	Payroll Deduction	30.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > 3 230.00		
Steven V. Teynor 7080 Union Park Ave, Ste 200 UT075-3865 Midvale, UT 84047 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Physician	Payroll Deduction	30.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > 3 230.00		
Charles Weber 9705 Data Park Drive MN006-0252 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Information Systems	Payroll Deduction	30.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > 6 230.00		
Michael Harrington 8300 Olson Memorial Hwy MN10-S203 Golden Valley, MN 55427 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Optum-Sales	Payroll Deduction	30.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > 6 230.00		
John M. Brausch 2717 N 118th Circle NE010-3700 Omaha, NE 68164 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: CEO - UHCM	Payroll Deduction	60.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > 6 460.00		

SUBTOTAL of Receipts This Page (optional) 300.00

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 16 OF 20
FOR LINE NUMBER 11 a 1

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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
Lawrence A. Rivers 5901 Lincoln Drive MN012-N188 Edina, MN 55436	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Information Systems	Payroll Deduction	30.00 (\$10.00 Biweekly)
	Aggregate Year-to-Date > 6	230.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carol Schneeweis 6300 Olson Memorial Hwy MN010-S201 Golden Valley, MN 55427	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HealthCare	Payroll Deduction	30.00 (\$10.00 Biweekly)
	Aggregate Year-to-Date > 5	230.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David B. Smith 5901 Lincoln Drive MN012-N230 Edina, MN 55436	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Underwriting	Payroll Deduction	30.00 (\$10.00 Biweekly)
	Aggregate Year-to-Date > 5	230.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert J. Backes 9900 Bren Road E MN008-8317 Minnetonka, MN 55343	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President - Human Resources	Payroll Deduction	75.00 (\$25.00 Biweekly)
	Aggregate Year-to-Date > 3	675.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jennifer A. McGill 5901 Lincoln Dr. MN012-N230 Edina, MN 55436	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Underwriting	Payroll Deduction	45.00 (\$15.00 Biweekly)
	Aggregate Year-to-Date > 5	345.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Pamela A. Tyler 1949 E. Sunshine, Suite 300 MO015-1000 Springfield, MO 65804	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Group Services Admin	Payroll Deduction	30.00 (\$10.00 Biweekly)
	Aggregate Year-to-Date > 6	230.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Patrick W. Irvine 6300 Olson Memorial Highway MN10-S201 Golden Valley, MN 55427	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation National Medical Director	Payroll Deduction	75.00 (\$25.00 Biweekly)
	Aggregate Year-to-Date > 1	675.00	

SUBTOTAL of Receipts This Page (optional) 315.00

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 17 OF 20
FOR LINE NUMBER 11 a i

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 committees.

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 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Public Affairs Director	Payroll Deduction	90.00 (\$30.00) Biweekly
	Aggregate Year-to-Date > 6 \$ 690.00		
Philip Malquist 12125 Woodcrest Executive Dr. MO075-3835 St. Louis, MO 63141 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Director, Finance	Payroll Deduction	30.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > 5 \$ 230.00		
Thomas L. Anderson 5901 Lincoln Drive MN012-S161 Edina, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Vice President, Medicare	Payroll Deduction	28.83 (\$9.61) Biweekly
	Aggregate Year-to-Date > 8 \$ 221.03		
David Lubben 9900 Bren Rd East Moka, MN 56343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: General Counsel	Payroll Deduction	115.38 (\$38.48) Biweekly
	Aggregate Year-to-Date > 8 \$ 884.58		
Steven E. Gurd 501 U.S. Hiway 22 NJ030-1000 Bridgewater, NJ 08807 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Senior Vice President, Info Systems	Payroll Deduction	37.50 (\$12.50) Biweekly
	Aggregate Year-to-Date > 8 \$ 287.50		
David E. Dolph 969 Executive Parkway, S#100 MO050-1000 St. Louis, MO 63141 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Director Liaison Service/GanCare/PH	Payroll Deduction	115.38 (\$38.48) Biweekly
	Aggregate Year-to-Date > 8 \$ 884.58		
William Tracy 9300 W. 110th Ste 350 Overland, KS 66210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Occupation: VP Sales	Payroll Deduction	75.00 (\$25.00) Biweekly
	Aggregate Year-to-Date > 8 \$ 575.00		

SUBTOTAL of Receipts This Page (optional) 492.09

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate sheets for each category of the Detailed Summary Page

PAGE 18 OF 20
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederic C. Larsen 60 E. Main Nantcoke, PA 18634 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation	Payroll Deduction Aggregate Year-to-Date > \$ 230.00	30.00 (\$10.00) Biweekly
	Occupation Director, Government Operations		
Herbert L. Whetstone 613 Eaton St. MN003-1000 St. Paul, MN 55107 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation	Payroll Deduction Aggregate Year-to-Date > \$ 221.03	28.83 (\$9.61) Biweekly
	Occupation Aviation Department Manager		
Mary A. Warne 2560 University Ave W, S#401S MN040-2500 St. Paul, MN 55114-1904 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation	Payroll Deduction Aggregate Year-to-Date > \$ 230.00	30.00 (\$10.00) Biweekly
	Occupation Clinical Team Leader		
James Watson 2717 N. 118th Lucile Omaha, NE 68164 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation	Payroll Deduction Aggregate Year-to-Date > \$ 442.29	57.69 (\$19.23) Biweekly
	Occupation V.P. Govt Relations, UHC Midlands		
Meg Sternberg 2307 W. Cone Blvd NC10-3750 Greensboro, NC 27408 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation	Payroll Deduction Aggregate Year-to-Date > \$ 345.00	45.00 (\$15.00) Biweekly
	Occupation VP Mkg & External Aff.		
Chris Kirk MD 3700 Colonnade Parkway AL001-1001 Birmingham, AL 36243 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation	Payroll Deduction Aggregate Year-to-Date > \$ 353.74	46.14 (\$15.38) Biweekly
	Occupation Medical Director		
Lynne Montague-Clouse 5901 Lincoln Drive MN012-N140 Edina, MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation	Payroll Deduction Aggregate Year-to-Date > \$ 230.00	30.00 (\$10.00) Biweekly
	Occupation Director, Product Management		

SUBTOTAL of Receipts This Page (optional) 267.66

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 19 OF 20
FOR LINE NUMBER 11 & i

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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
Sharon Swan 6251 Greenwood Plaza Blvd Englewood, CO 80206	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
	Occupation: Sr. Director - Govt Programs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 6	230.00	
Taylor Dennen 1 South Wacker Drive IL014-0300 Chicago, IL 60606	United HealthCare Corporation	Payroll Deduction	28.83 (\$9.61 Biweekly)
	Occupation: VP, Gov't Health Plans		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 3	201.61	
John P. Burke 480 Columbus Blvd, 11AA CT030-11AA Hartford, CT 06115	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
	Occupation: Product Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 3	230.00	
John McCreedy 129 Sea Hammock Way Ponte Vedra Beach, FL 32082	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
	Occupation: Director, Sales/Services		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 1	220.00	
John Alexander 425 Market St 27th floor San Francisco, CA	United HealthCare Corporation	Payroll Deduction	34.62 (\$11.54 Biweekly)
	Occupation: Director of Intake/San Francisco		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 5	285.42	
Ruth Kaplan 425 Market St. 27th floor San Francisco, CA 94105	United HealthCare Corporation	Payroll Deduction	28.83 (\$9.61 Biweekly)
	Occupation: UBH VP of Employer Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 6	221.03	
Robert K. Patton 4500 E. Pacific Coast Highway Suite 300 (CA33-1000) Long Beach, CA 90804-3273	United HealthCare Corporation	Payroll Deduction	75.00 (\$25.00 Biweekly)
	Occupation: VP UHG of California		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 6	576.00	

SUBTOTAL of Receipts This Page (optional) 257.28

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 20 OF 20
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 Eric Bergen 6901 Lincoln Drive Edina,, MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 30.00 (\$10.00) Biweekly)
B. Full Name, Mailing Address and ZIP Code Vlad M. Cartwright 1620 L. Street N.W. Washington,, DC 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation Grassroots Manager Aggregate Year-to-Date > \$ 442.29	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 57.89 (\$19.23) Biweekly)
C. Full Name, Mailing Address and ZIP Code Angel F. Mandez 1200 SW 1st St FLD11-1011 Miami, FL 33135 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation Physician In Charge Aggregate Year-to-Date > \$ 230.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 30.00 (\$10.00) Biweekly)
D. Full Name, Mailing Address and ZIP Code R. Edward Bergmark 6300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation Vice President CEO IHR (OPTUM) Aggregate Year-to-Date > \$ 884.81	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 115.41 (\$38.47) Biweekly)
E. 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
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) 233.10

TOTAL This Period (last page this line number only) 6,957.05

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) 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
The Freedom Project PO Box 507 West Chester, OH 45071	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/16/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Republican Majority Fund P.O. Box 19897 Alexandria, VA 22320-0897	Purpose of Disbursement Voided Check Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 10/21/98	Amount of Each Disbursement This Period -500.00
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)

500.00

TOTAL This Period (last page this line number only)

500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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

A. Full Name, Mailing Address and ZIP Code Ryan for Congress Janesville, WI 53547-1919	Purpose of Disbursement Paul Ryan, U.S. HOUSE WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1988 Debt Retirement	Date (month, day, year) 11/18/98	Amount of Each Disbursement This Period 500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

Hand Delivered

Date of Receipt

12/3/98

First Class Mail

POSTMARKED

Registered/Certified Mail

POSTMARKED

No Postmark

Postmark Illegible

Received from the House office of Records and Registration

Date of Receipt

Received from the Senate Office of Public Records

Date of Receipt

Other (Specify):

Postmarked

and/or Date of Receipt

Electronic Filing


PREPARER

12/3/98
DATE PREPARED