

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
United HealthCare Corporation Political Fund	FROM 11/29/94	TO: 12/31/94	
	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)	1,101.00	16,731.00	11(a)(1)
ii. Unitemized	1,455.12	7,616.86	11(a)(2)
iii. Total (add i and ii) >	2,546.12	24,347.86	11(a)(3)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions (add a iii, b and c) >	2,546.12	24,347.86	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	12
13. All Loans Received	-0-	-0-	13
14. Loan Repayments Received	-0-	-0-	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	-0-	-0-	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	-0-	16
17. Other Federal Receipts (Dividends, Interest, etc.)	-0-	-0-	17
18. Transfers from Nonfederal Account for Joint Activity	-0-	-0-	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	2,546.12	24,347.86	19
20. Total Federal Receipts (subtract line 18 from line 19) >	-0-	-0-	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(1)
ii. Non-Federal Share	-0-	-0-	21(a)(2)
b. Other Federal Operating Expenditures	-0-	-0-	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	1,000.00	18,250.00	23
24. Independent Expenditures (use Schedule E)	-0-	-0-	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (use Schedule F)	-0-	-0-	25
26. Loan Repayments Made	-0-	-0-	26
27. Loans Made	-0-	-0-	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	-0-	-0-	28(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds (add a, b and c) >	-0-	-0-	28(d)
29. Other Disbursements	-0-	-0-	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	1,000.00	18,250.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	-0-	-0-	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2,546.12	24,347.86	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,546.12	24,347.86	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures (subtract line 36 from 35) >	-0-	-0-	37

9563903143

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

United HealthCare Corporation Political Fund

95032960147

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcia Emanuel 3313 Stonebridge Road Dayton, OH 45419-1237	United HealthCare	Payroll Deduction	7.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	Aggregate Year-to-Date > \$ 239.00	21.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Sheehy 4946 Sheffield Avenue Powell, OH 43065	United HealthCare	Payroll Deduction	50.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO PHP Ohio	Aggregate Year-to-Date > \$ 1,300.00	150.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cicily Brogan 5800 Wikke Way Dayton, OH 45459	United HealthCare	Payroll Deduction	15.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Professional Serv.	Aggregate Year-to-Date > \$ 390.00	45.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Bloom 6419 Kings Grant Passage Dayton, OH 45459	United HealthCare	Payroll Deduction	10.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Aggregate Year-to-Date > \$ 260.00	30.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald Franzese 2474 Hathaway Court North Shores, MI 49441	United HealthCare	Payroll Deduction	40.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 280.00	120.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Koehler 6036 Island Drive Richland, MI 49083	United HealthCare	Payroll Deduction	40.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	Aggregate Year-to-Date > \$ 280.00	120.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Savage 3787 Crooked Creek Okemos, MI 48864	United HealthCare	Payroll Deduction	40.00 bi-weekly
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional VP	Aggregate Year-to-Date > \$ 240.00	120.00

SUBTOTAL of Receipts This Page (optional)

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
Philip Bradley 1207 S. MacArthur Springfield, IL 62704	United HealthCare	Payroll Deduction	25.00 bi-weekly 75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Govt Relations	Aggregate Year-to-Date > \$	650.00
Travis Willis 6658 Pinnacle Drive Eden Prairie, MN 55346	United HealthCare	Payroll Deduction	45.00 bi-weekly 135.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SR VP Specialty Co's	Aggregate Year-to-Date > \$	470.00
Barton Bracken 7212 Spruce Avenue Takoma Park, MD 20912	United HealthCare	Payroll Deduction	15.00 Bi-weekly 45.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir Special Mkts	Aggregate Year-to-Date > \$	390.00
Max Powell 50 South Killingsly Road Poster, RI 02524	United HealthCare	Payroll Deduction	20.00 bi-weekly 60.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO - UHC NE	Aggregate Year-to-Date > \$	520.00
Leonard Grover 19242 Brookcrest Circle South Jordan, UT 84065	United HealthCare	Payroll Deduction	25.00 bi-weekly 75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Sales/Mktg	Aggregate Year-to-Date > \$	650.00
Ronald Colby 5605 Burl Oaks Ct Minnetrista, MN 55364	United HealthCare	Payroll Deduction	30.00 bi-weekly 90.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres/United Health & Life	Aggregate Year-to-Date > \$	780.00
Larry Rambo 2610 Hackney Ct Brookfield, WI	United HealthCare	Payroll Deduction	25.00 bi-weekly 75.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres/CRO Primecare	Aggregate Year-to-Date > \$	650.00

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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
Melquiades Lamelas 245 NW 60 Court Miami, FL 33126	United HealthCare	Payroll Deduction	10.00 bi-weekly (60.00)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation MD Cardiology	Aggregate Year-to-Date > \$	340.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Mooney 10089 Pergatory Road Eden Prairie, MN 55347	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Underwriting	Aggregate Year-to-Date > \$	1,000.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ken Hoverman 6149 Grey Friar Way Dublin, OH 43077	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional VP, Sales	Aggregate Year-to-Date > \$	250.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Doug Lottes 1036 Camden Landing, MI 48917	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Sales - PHP Inc	Aggregate Year-to-Date > \$	450.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William C. Ballard Jr. 3300 First National Tower Louisville, KY 40202			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Board Member	Aggregate Year-to-Date > \$	750.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Alina Campos-Vega 1428 Sarría Avenue Coral Gables, FL 33146	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Medical Dir.	Aggregate Year-to-Date > \$	250.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Andres A. Orieto, MD 7955 NW 164 Ter. Miami Lakes, FL 33016	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional Medical Dir.	Aggregate Year-to-Date > \$	250.00

SUBTOTAL of Receipts This Page (optional)

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

95039605124

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elizabeth McCormack 870 United Nations Plaza Apt 8A New York, NY 10017			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Board Member		
	Aggregate Year-to-Date > \$	500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Colin Gardner 1529 Arlington Drive Salt Lake City, UT 84103	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO Utah		
	Aggregate Year-to-Date > \$	1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard T. Burke 1840 Minnetonka Blvd. Deephaven, MN 55391			
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Board Member		
	Aggregate Year-to-Date > \$	500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Martin 253 Woodlands West Columbia, SC 29223	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO PHP S. Carolina		
	Aggregate Year-to-Date > \$	600.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Brook 453 Highcroft Road Wayzata, MN 55391	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Marketing		
	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
W. Walworth Jr. 5070 Country Drive Okemos, MI 48864	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO Mid Michigan		
	Aggregate Year-to-Date > \$	1,000.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Tadich 14366 Starwood Circle Eden Prairie, MN 55347	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President - URS		
	Aggregate Year-to-Date > \$	250.00	

SUBTOTAL of Receipts This Page (optional)

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SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)

United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Julio C. Chacon, Eng 254 NW 133 Court Miami, FL 33182 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Occupation: Administrator I Aggregate Year-to-Date > \$ 250.00		
B. Full Name, Mailing Address and ZIP Code Dr. E. Edward Bergmark 747 Evergreen Knolls Mendota Heights, MN 55118 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Occupation: CEO - IHR Aggregate Year-to-Date > \$ 1,000.00		
C. Full Name, Mailing Address and ZIP Code William Pogue 7405 Fielding Trail Maple Plain, MN 55359 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Occupation: Sr VP Sales/Mktg/Prod Dev Aggregate Year-to-Date > \$ 1,000.00		
D. Full Name, Mailing Address and ZIP Code John Braasch 2027 W. 86th Avenue Omaha, NE 68124 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Occupation: CEO Share Nebraska Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code K. Walstead-Plumb 4307 Sunnyside Road Edina, MN 55424 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Occupation: Sr VP Grp Sve Admin Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code Thomas Kean P.O. Box 332 Far Hills, NJ 07931-0332 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Occupation: Board Member Aggregate Year-to-Date > \$ 600.00		
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) 1,101.00
TOTAL This Period (last page this line number only) 1,101.00

23
15
3
0
3
2
3
0
5
0
9

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Carol Moseley-Braun 201 North Wells Suite 1420 Chicago, IL 60606	US Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) '92 General Debt	12/15/94	1,000.00
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)	
TOTAL This Period (last page this line number only)	1,000.00

9503903154

**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
1-30-95

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

PREPARER

DATE PREPARED

9503903155