

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION  
MAR 30 1997

1997 31 9 53 AM '97  
3 53 AM '97

1. NAME OF COMMITTEE (in full) United HealthCare Corporation Political Fund		2. FEC IDENTIFICATION NUMBER  C00274431
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported  9908 Beas Road East	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (See FEC FORM 1M)	
CITY, STATE and ZIP CODE  Minnetonka, MN 55343		

## 4. TYPE OF REPORT

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year End Report  
 July 31 Mid Year Report (Non-election Year Only)  
 Termination Report

Monthly Report Due On:  
 February 20     June 20     October 20  
 March 20     July 20     November 20  
 April 20     August 20     December 20  
 May 20     September 20     January 31

Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_


Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. Covering Period <u>11/25/96</u> through <u>12/31/96</u>		
6. (a) Cash on Hand January 1, 1996		\$ 27,489.90
(b) Cash on Hand at Beginning of Reporting Period	\$ 53,216.26	
(c) Total Receipts (from line 19)	\$ 6,846.09	\$ 67,377.46
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 59,762.35	\$ 94,867.36
7. Total Disbursements (from Line 30)	\$ 500.00	\$ 35,605.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 59,262.35	\$ 59,262.36
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

I Certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and Complete

Type or Print Name Of Treasurer  
David P. Kuype

Signature of Treasurer  Date 1/29/97

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

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

(revised 1/1/91)

NAME OF COMMITTEE United HealthCare Corporation Political Fund		REPORT COVERING PERIOD FROM 11/25/96 TO 12/31/96	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		31,995.15	33,982.72
ii. Unitemized		2,550.94	31,809.40
iii. Total (add i and ii) >		6,546.09	65,792.12
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions (add a iii, b and c) >		6,546.09	65,792.12
12. Transfers From Affiliated/Other Party Committees		0.00	1,585.33
13. All Loans Received		0.00	0.00
14. Loan Repayments Received		0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)		0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity		0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		6,546.09	67,377.45
20. Total Federal Receipts (subtract line 18 from line 19) >		6,546.09	67,377.45
<b>II Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (From Schedule H4)			
i. Federal Share		0.00	0.00
ii. Non-Federal Share		0.00	0.00
b. Other Federal Operating Expenditures		0.00	0.00
c. Total Operating Expenditures (add a i, a ii, and b) >		0.00	0.00
22. Transfers to Affiliated/Other Party Committees		500.00	35,605.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		0.00	0.00
24. Independent Expenditures (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0.00	0.00
26. Loan Repayments Made		0.00	0.00
27. Loans Made		0.00	0.00
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		0.00	0.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contribution Refunds (add a, b and c) >		0.00	0.00
29. Other Disbursements		0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		500.00	35,605.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		500.00	35,605.00
<b>III Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		6,546.09	65,792.12
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		6,546.09	65,792.12
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >		0.00	0.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
<b>Leonard A. Farr</b> 9900 Bren Road East MN08-8310 Minnetonka, MN 55343	Occupation <b>Vice President, Corporate</b>	<b>Payroll</b>	<b>115.38</b>
		<b>Deduction</b>	<b>(\$38.46)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>769.20</b>		<b>Biweekly</b>
<b>Travers H. Wills</b> 9900 Bren Road East MN08-W301 Minnetonka, MN 55343	Occupation <b>Chief Operating Officer</b>	<b>Payroll</b>	<b>150.00</b>
		<b>Deduction</b>	<b>(\$50.00)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>1,270.00</b>		<b>Biweekly</b>
<b>Sheila Leatherman</b> 9900 Bren Road East MN08-8093 Minnetonka, MN 55343	Occupation <b>Executive Vice President</b>	<b>Payroll</b>	<b>62.49</b>
		<b>Deduction</b>	<b>(\$20.83)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>416.60</b>		<b>Biweekly</b>
<b>Thomas A. Mahowald</b> 990 Bren Road E. MN08-W212 Minnetonka, MN 55343	Occupation <b>Public Affairs Director</b>	<b>Payroll</b>	<b>75.00</b>
		<b>Deduction</b>	<b>(\$25.00)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>590.00</b>		<b>Biweekly</b>
<b>Frederick C Dunlap</b> 9900 Bren Road E. MN08-W200 Minnetonka, MN 55343	Occupation <b>CEO Public Division</b>	<b>Payroll</b>	<b>60.00</b>
		<b>Deduction</b>	<b>(\$20.00)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>300.00</b>		<b>Biweekly</b>
<b>Patrick W. Irvine</b> 6300 Olson Memorial Highway MN10-8201 Golden Valley, MN 55427	Occupation <b>UHC Specialty Co Admin</b>	<b>Payroll</b>	<b>75.00</b>
		<b>Deduction</b>	<b>(\$25.00)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>650.00</b>		<b>Biweekly</b>
<b>John A. Brevlu</b> 9900 Bren Road East MN08-W216 Minnetonka, MN 55343	Occupation <b>Assistant General Counsel</b>	<b>Payroll</b>	<b>45.00</b>
		<b>Deduction</b>	<b>(\$15.00)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ <b>355.00</b>		<b>Biweekly</b>

SUB TOTAL of Receipts This Page (Optional).....>	<b>582.87</b>
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
<b>Robert J. Backes</b> 9900 Bren Road East MN08-8317 Minnetonka, MN 55343	Occupation <b>Vice President- HR</b>	<b>Payroll</b> <b>Deduction</b>	<b>75.00</b> <b>(\$25.00)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>590.00</b>	<b>Biweekly</b>
<b>Joe A. Nakal</b> 5901 Lincoln Drive MN12-S255 Edina, MN 55436-1611	Occupation <b>Director, Medicare Sales</b>	<b>Payroll</b> <b>Deduction</b>	<b>30.00</b> <b>(\$10.00)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>260.00</b>	<b>Biweekly</b>
<b>Allan J. Weiss</b> 5901 Lincoln Drive MN12-S242 Edina, MN 55436	Occupation <b>Vice President - Treasurer &amp; Financial</b>	<b>Payroll</b> <b>Deduction</b>	<b>36.00</b> <b>(\$12.00)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>240.00</b>	<b>Biweekly</b>
<b>Sandra M. Larson</b> 5901 Lincoln Drive MN12-S159 Edina, MN 55436-1611	Occupation <b>Director, Group Services Administration</b>	<b>Payroll</b> <b>Deduction</b>	<b>30.00</b> <b>(\$10.00)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>260.00</b>	<b>Biweekly</b>
<b>Lawrence A. Rivers</b> 5901 Lincoln Drive MN12-N188 Edina, MN 55436-1611	Occupation <b>Director, Information Systems</b>	<b>Payroll</b> <b>Deduction</b>	<b>30.00</b> <b>(\$10.00)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>260.00</b>	<b>Biweekly</b>
<b>David E. Dolph</b> 969 Executive Parkway St. Louis, MO 63141	Occupation <b>Director Liaison Service-Care/PHP</b>	<b>Payroll</b> <b>Deduction</b>	<b>115.38</b> <b>(\$38.46)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>730.74</b>	<b>Biweekly</b>
<b>Thomas J. Zurumski</b> 77 West Port Plaza, Ste 500 MN10-3350 St. Louis, MO 63146	Occupation <b>Senior VP UHC Regional Operations</b>	<b>Payroll</b> <b>Deduction</b>	<b>124.98</b> <b>(\$41.66)</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	<b>833.20</b>	<b>Biweekly</b>

SUB TOTAL of Receipts This Page (Optional).....>	<b>441.36</b>
TOTAL this Period (Last page this line number only).....>	

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11 & j

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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
<b>Thor E. Anderson</b> 77 West Park Plaza MO10-3350 St. Louis, MO 63146	Occupation Vice-President-Medicare, Ge nCare/PHP	Payroll Deduction	60.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	400.00	
<b>Robert J. Sheehy</b> 4946 Sheffield Ave. Powell, OH 43065	Occupation COO PRO Ohio	Payroll Deduction	150.00 (\$50.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	1,300.00	
<b>James Moniz</b> 475 Kilvert St, Suite 310 RI10-3400 Warwick, RI 02886-1392	Occupation Vice President, Commercial Sales	Payroll Deduction	30.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	260.00	
<b>Max L. Powell III</b> 475 Kilvert St, Suite 310 RI10-3400 Warwick, RI 02886-1392	Occupation CEO - UHPME, Rhode Island	Payroll Deduction	90.00 (\$30.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	720.00	
<b>Anthony Kazlauskas</b> 475 Kilvert St, Suite 310 RI10-3400 Warwick, RI 02886-1392	Occupation Medical Director	Payroll Deduction	60.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	520.00	
<b>John E. Bloom</b> 6601 Centerville Business Pkwy Dayton, OH 45459-2918	Occupation Health Services	Payroll Deduction	30.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	260.00	
<b>Cicely B. Brogan</b> 6601 Centerville Business Pkwy Dayton, OH 45459-8028	Occupation Director Customer/Professional Services	Payroll Deduction	45.00 (\$15.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	390.00	
			465.00

SUB TOTAL 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

PAGE: OF  
4 9  
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 <b>Ronald S. Franzese</b> 2474 Hathaway Court North Shore, MI 49441	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation <b>CEO</b>	Payroll	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	1,040.00	Deduction (\$40.00) Biweekly)
B. Full Name, Mailing Address and Zip Code <b>Michael J. Koehler</b> 6736 Island Drive Richland, MI 49083	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation <b>Executive Director</b>	Payroll	120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	1,040.00	Deduction (\$40.00) Biweekly)
C. Full Name, Mailing Address and Zip Code <b>Mary L. Snider</b> 2307 W. Cone Blvd, Suite 200 Greensboro, NC 27408	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation <b>Vice President, Health Affairs</b>	Payroll	46.14
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	292.22	Deduction (\$15.38) Biweekly)
D. Full Name, Mailing Address and Zip Code <b>Larry A. Rambo</b> 10701 W Research Drive WI30-3550 Milwaukee, WI 53226-0649	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation <b>CEO PrimeCare</b>	Payroll	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	650.00	Deduction (\$25.00) Biweekly)
E. Full Name, Mailing Address and Zip Code <b>R. Edward Bergmark</b> 6300 Olson Memorial Hwy MN10-S203 Golden Valley, MN 55427	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation <b>Vice President CEO IIR(OPTUM)</b>	Payroll	115.41
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	769.40	Deduction (\$38.47) Biweekly)
F. Full Name, Mailing Address and Zip Code <b>Ronald B. Colby</b> 5901 Lincoln Drive MN12-N216 Edina, MN 55436-1611	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation <b>Insurance &amp; Product Management</b>	Payroll	90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	780.00	Deduction (\$30.00) Biweekly)
G. Full Name, Mailing Address and Zip Code <b>Lyn Montague-Clouse</b> 5901 Lincoln Drive MN12-N140 Edina, MN 55436	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation <b>UH&amp;L Admin</b>	Payroll	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	260.00	Deduction (\$10.00) Biweekly)
SUB TOTAL of Receipts This Page (Optional).....>			596.55
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**

<b>A. Full Name, Mailing Address and Zip Code</b> <b>Edward R. Ricker</b> <b>5901 Lincoln Drive</b> <b>Mn12-N217</b> <b>Edina, MN 55436</b>		Name of Employer  Date (Month day, Year)  Occupation <b>Director, Product Development</b>	Amount of Each Receipt this Period  Payroll Deduction  Aggregate Year-to-date > \$ <b>360.00</b> Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			(\$15.00)
<b>B. Full Name, Mailing Address and Zip Code</b> <b>Mary A. Warme</b> <b>2550 University Avenue West</b> <b>Suite 401 (MN40-2500)</b> <b>St. Paul, MN 55114-1904</b>		Name of Employer  Date (Month day, Year)  Occupation <b>Geriatric Nurse Practitioner</b>	Amount of Each Receipt this Period  Payroll Deduction  Aggregate Year-to-date > \$ <b>307.60</b> Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			(\$15.38)
<b>C. Full Name, Mailing Address and Zip Code</b> <b>Robert Broadfoot Jr.</b> <b>1111 Northshore Drive</b> <b>MR1075-3875</b> <b>Knoxville, TN 37919</b>		Name of Employer  Date (Month day, Year)  Occupation <b>Executive Director, UBS</b>	Amount of Each Receipt this Period  Payroll Deduction  Aggregate Year-to-date > \$ <b>360.00</b> Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			(\$15.00)
<b>D. Full Name, Mailing Address and Zip Code</b> <b>Kaveh T. Safavi</b> <b>1 So. Wacker Drive</b> <b>IL14-0300</b> <b>Chicago, IL 60606</b>		Name of Employer  Date (Month day, Year)  Occupation <b>Medical Director</b>	Amount of Each Receipt this Period  Payroll Deduction  Aggregate Year-to-date > \$ <b>230.80</b> Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			(\$11.54)
<b>E. Full Name, Mailing Address and Zip Code</b> <b>Carla M. Mugglo</b> <b>1 South Wacker Drive</b> <b>IL14-0910</b> <b>Chicago, IL 60606</b>		Name of Employer  Date (Month day, Year)  Occupation <b>Vice President, Finance UHC of Illinois</b>	Amount of Each Receipt this Period  Payroll Deduction  Aggregate Year-to-date > \$ <b>249.99</b> Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			(\$19.23)
<b>F. Full Name, Mailing Address and Zip Code</b> <b>Marshall V. Rozzi</b> <b>1 South Wacker Drive</b> <b>IL14-0300</b> <b>Chicago, IL 60606</b>		Name of Employer  Date (Month day, Year)  Occupation <b>Health Plan CEO</b>	Amount of Each Receipt this Period  Payroll Deduction  Aggregate Year-to-date > \$ <b>730.74</b> Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			(\$38.46)
<b>G. Full Name, Mailing Address and Zip Code</b> <b>Angel F. Mendez</b> <b>1200 SW 1st St.</b> <b>FL11-1011</b> <b>Miami, FL 33135</b>		Name of Employer  Date (Month day, Year)  Occupation <b>Physician</b>	Amount of Each Receipt this Period  Payroll Deduction  Aggregate Year-to-date > \$ <b>260.00</b> Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			(\$10.00)
<b>SUB TOTAL of Receipts This Page (Optional)</b> .....>			<b>373.83</b>
<b>TOTAL this Period (Last page this line number only)</b> .....>			

**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 <b>Elvira C. Lagoa</b> <b>10431 S. W 40 St.</b> <b>FL-019</b> <b>Miami, FL 33165</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation <b>Senior Administrator</b>	Payroll	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	230.00	(\$10.00 Biweekly)
B. Full Name, Mailing Address and Zip Code <b>James J. Broderick</b> <b>800 N. Magnolia Ave #600</b> <b>FL 29-1029</b> <b>Orlando, FL 32751</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation <b>Management</b>	Payroll	57.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	384.60	(\$19.23 Biweekly)
C. Full Name, Mailing Address and Zip Code <b>Enrique Cue-Galvez M.D.</b> <b>11200 W Flagler St.</b> <b>30091 CAC UHC</b> <b>Miami, MN 33174</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation <b>Physician</b>	Payroll	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	230.00	(\$10.00 Biweekly)
D. Full Name, Mailing Address and Zip Code <b>Rafael P. Perez</b> <b>75 Valencia Ave</b> <b>Coral Gables, FL 33134</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation <b>Vice President - Operations</b>	Payroll	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	560.00	(\$25.00 Biweekly)
E. Full Name, Mailing Address and Zip Code <b>Michael Falk</b> <b>2160 Highland Ave</b> <b>AL01-1001</b> <b>Birmingham, AL 35205</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation <b>Senior VP Sales &amp; Marketing</b>	Payroll	34.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	230.80	(\$11.54 Biweekly)
F. Full Name, Mailing Address and Zip Code <b>Blair R. Suellettrop</b> <b>2160 Highland Ave</b> <b>AL01-1001</b> <b>Birmingham, AL 35283</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation <b>HealthCare Executive</b>	Payroll	115.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	919.20	(\$38.46 Biweekly)
G. Full Name, Mailing Address and Zip Code <b>William B. Green</b> <b>1110 Montlimor Drive #490</b> <b>Mobile, AL 36608</b>	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
	Occupation <b>Vice President/General Manager UHC SO.</b>	Payroll	34.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$	288.52	(\$11.54 Biweekly)

SUB TOTAL of Receipts This Page (Optional).....>	377.31
TOTAL this Period (Last page this line number only).....>	



**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	7	9
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 <b>Thomas P. McDONOUGH</b> 8330 Boone Blvd VA30-1030 Vienna, VA 22182		Name of Employer Occupation <b>Senior VP - Claim Services Administration</b>	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 93.75 (\$31.25) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 375.00		
B. Full Name, Mailing Address and Zip Code <b>R. Channing WHEELER</b> 450 Columbus Blvd Hartford, CT 06115		Name of Employer Occupation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 114.00 (\$38.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 456.00		
C. Full Name, Mailing Address and Zip Code <b>John V HALLDIN Sr.</b> 450 Columbus Blvd CT30-1030 Hartford, CT 06115-0450		Name of Employer Occupation <b>Senior VP Real Estate &amp; Services</b>	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 62.49 (\$20.83) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 249.96		
D. Full Name, Mailing Address and Zip Code <b>David S. Barker</b> 5018 Campus Wood Dr. East Syracuse, NY 13057		Name of Employer Occupation <b>CEO - Syracuse</b>	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 124.98 (\$41.66) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 499.92		
E. Full Name, Mailing Address and Zip Code <b>Robert K. PATTON</b> 4500 E. Pacific Coast Highway Suite 300 (CA33-1000) Long Beach, CA 90804-3273		Name of Employer Occupation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 75.00 (\$25.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 300.00		
F. Full Name, Mailing Address and Zip Code <b>Leroy A. VOLBERDING</b> 4500 E. Pacific Coast Highway Suite 300 (RT# CA33-1000) Long Beach, CA 90804-3273		Name of Employer Occupation <b>President UHC California</b>	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 50.00 (\$25.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 275.00		
G. Full Name, Mailing Address and Zip Code <b>Marc E. BACKON</b> 450 Columbus Blvd Hartford, CT 06115		Name of Employer Occupation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 62.49 (\$20.83) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 249.96		
SUB TOTAL of Receipts This Page (Optional).....>				582.71
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 8 OF 9  
FOR LINE NUMBER 11a1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James T. Kerr 450 Columbus Blvd Hartford, CT 06115			75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP- Govt Pgms - NY Tristate	Payroll Deduction	(\$25.00 Biweekly)
	Aggregate Year-to-Date > \$ 300.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Agustin Bel M.D. 1200 S. W. 1st Street Miami, FL 33135			28.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Practice	Payroll Deduction	(\$9.61 Biweekly)
	Aggregate Year-to-Date > \$ 210.59		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael F. Ferris 450 Columbus Blvd 12NB-B Hartford, CT 06115-0450			60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Underwriting	Payroll Deduction	(\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ 240.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marc E. Rothbart 450 Columbus Blvd Hartford, CT 06115-0450			57.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP of Sales	Payroll Deduction	(\$19.23 Biweekly)
	Aggregate Year-to-Date > \$ 230.76		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard G. Zoretic 450 Columbus Blvd Hartford, CT 06115-0450			60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP Sales	Payroll Deduction	(\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ 240.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James G. Carlson 450 Columbus Blvd Hartford, CT 06115-0450			60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Field Operations	Payroll Deduction	(\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ 240.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James T. Braun 450 Columbus Blvd Hartford, CT 06115-0450			60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Payroll Deduction	(\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ 240.00		

SUBTOTAL of Receipts This Page (optional) ..... 401.52

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 9 OF 9  
FOR LINE NUMBER 11a1

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**NAME OF COMMITTEE (In Full)**

United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert G. Harmon 450 Columbus Blvd Hartford, CT 06115-0450		Payroll Deduction	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation National Medical Dir		(\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ 240.00		
Maria C. Christu 9900 Bren Road E. Minnetonka, MN 55440-1459		Payroll Deduction	24.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assistance General Counsel		(\$8.00 Biweekly)
	Aggregate Year-to-Date > \$ 208.00		
David B. Smith 5901 Lincoln Drive Edina, MN 55436		Payroll Deduction	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Underwriting		(\$10.00 Biweekly)
	Aggregate Year-to-Date > \$ 200.00		
Pamela A. Tyler 4614 Mike Colalillo Drive Duluth, MN 55807		Payroll Deduction	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Claims Director		(\$10.00 Biweekly)
	Aggregate Year-to-Date > \$ 200.00		
Edward R. Griese 1 S. Wacker Drive Chicago, IL 60606		Payroll Deduction	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Medical Delivery Sys		(\$10.00 Biweekly)
	Aggregate Year-to-Date > \$ 200.00		

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

174.00

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

3,995.15

**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 Disb. this Period
<b>Watkins for Congress</b> <b>Box WW</b> <b>Stillwater, OK 74076</b>	<b>Wes Watkins, U.S. SENATE OK</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) <b>1996</b>	<b>12/02/96</b>	<b>500.00</b>
B. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
C. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL 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

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First Class Mail

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POSTMARKED

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Postmark Illegible

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and Registration

DATE OF RECEIPT

Received from the Senate Office of Public  
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

ML

PREPARER

1/31/97  
DATE PREPARED