

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

PRINTED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 30 9 52 AM '98

1. NAME OF COMMITTEE (in full) United HealthCare Corporation Political Fund		2. FEC IDENTIFICATION NUMBER C00274431
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9900 Brea Road East		
CITY, STATE and ZIP CODE Minnetonka, MN 55343		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)

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>07/01/97</u> through <u>12/31/97</u>			
6. (a) Cash on Hand January 1, 1997			\$ 59,262.35
(b) Cash on Hand at Beginning of Reporting Period		\$ 67,685.80	
(c) Total Receipts (from line 19)		\$ 49,436.93	\$ 79,860.38
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 117,122.73	\$ 139,123.73
7. Total Disbursements (from Line 30)		\$ 12,000.00	\$ 34,000.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))		\$ 105,122.73	\$ 105,122.73
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	
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.		For further information: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free: 800-424-9530 Local: 202-219-3420	
Type or Print Name of Treasurer David P. Kuppe		Date 1/28/98	
Signature of Treasurer 			

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 (1/1/97)

NAME OF COMMITTEE	REPORT COVERING PERIOD	
United HealthCare Corporation Political Fund	FROM: 07/01/97	TO: 12/31/97
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A).....	27,831.07	36,581.09
ii. Unitemized.....	21,605.86	43,279.29
iii. Total..... (add i and ii) >	49,436.93	79,860.38
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (such as PACs).....	0.00	0.00
d. Total Contributions..... (add aii, b and c) >	49,436.93	79,860.38
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees...	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity.....	0.00	0.00
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	49,436.93	79,860.38
20. Total Federal Receipts..... (subtract line 18 from line 19) >	49,436.93	79,860.38
II. Disbursements		
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 aii, and b) >	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees...	12,000.00	34,000.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441e(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. Individuals/Persons Other Than Political Committees.....	0.00	0.00
b. Political Party Committees.....	0.00	0.00
c. Other Political Committees (Such As PACs).....	0.00	0.00
d. Total Contribution Refunds..... (Add a, b, and c) >	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements..... (Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	12,000.00	34,000.00
31. Total Federal Disbursements..... (Subtract line 21 aii from line 30) >	12,000.00	34,000.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans) (from line 11d).....	49,436.93	79,860.38
33. Total Contribution Refunds (from line 28d).....	0.00	0.00
34. Net Contributions (Other than loans) (subtract line 33 from 32).....	49,436.93	79,860.38
35. Total Federal Operating Expenditures..... (add 21 ai 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 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
Travers H. Wills 9900 Bren Road East MN008-W301 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	650.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Chief Operating Officer	Deduction	(\$50.00)
Aggregate Year-to-date > \$		1,300.00	Biweekly)
Anthony J. Kazlauskas 475 Kilvert St, Suite 310 RI010-3400 Warwick, RI 02886-1392	United HealthCare Corporation	Payroll	260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Medical Director	Deduction	(\$20.00)
Aggregate Year-to-date > \$		520.00	Biweekly)
Ronald S. Franzese Terrace Plaza, 250 Morris Ave MI013-3250 Muskegon, MI 49440-1143	United HealthCare Corporation	Payroll	520.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation CEO	Deduction	(\$40.00)
Aggregate Year-to-date > \$		1,040.00	Biweekly)
Henry R. Loubet 425 Market St. 13th Floor CA035-1000 San Francisco, CA 94105	United HealthCare Corporation	Payroll	499.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation SVP, Regional Operations CA	Deduction	(\$38.46)
Aggregate Year-to-date > \$		999.96	Biweekly)
Carla M. Mugglo One South Wacker IL014-3605 Chicago, IL 60606	United HealthCare Corporation	Payroll	249.99
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP Operations	Deduction	(\$19.23)
Aggregate Year-to-date > \$		499.98	Biweekly)
Sheila T. Leatherman 9900 Bren Road E. MN008-W312 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Executive Vice President	Deduction	(\$20.00)
Aggregate Year-to-date > \$		529.96	Biweekly)
Edward R. Ricker 5901 Lincoln Drive MN012-S215 Edina, MN 55436	United HealthCare Corporation	Payroll	195.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$15.00)
Aggregate Year-to-date > \$		390.00	Biweekly)
SUB TOTAL of Receipts This Page (Optional).....>			2,634.97
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 George D. Shafer 6601 Centerville business Pkwy OH010-3005 Dayton, OH 45459-8028		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 260.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation CEO Dayton Ohio Plan	Deduction	
		Aggregate Year-to-date > \$ 520.00		
B. Full Name, Mailing Address and Zip Code Cicily B. Brogan 6601 Centerville Business Pkwy OH010-3005 Dayton, OH 45459-8028		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 195.00 (\$15.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Deduction	
		Aggregate Year-to-date > \$ 390.00		
C. Full Name, Mailing Address and Zip Code Ken L. Hoverman 3650 Olentangy River Rd OH020-3010 Columbus, OH 43214-1138		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 390.00 (\$30.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation COO UHC Ohio	Deduction	
		Aggregate Year-to-date > \$ 750.00		
D. Full Name, Mailing Address and Zip Code Ronald B. Colby 5901 Lincoln Drive MN012-N140 Edina, MN 55436		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 390.00 (\$30.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Senior VP, Insurance & Product Mgmt	Deduction	
		Aggregate Year-to-date > \$ 780.00		
E. Full Name, Mailing Address and Zip Code Robert J. Sheehy 3650 Olentangy River Rd. OH020-3010 Columbus, OH 43214-1138		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 650.00 (\$50.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation COO PHO Ohio	Deduction	
		Aggregate Year-to-date > \$ 1,300.00		
F. Full Name, Mailing Address and Zip Code Michael J. Koehler 106 Farmers Alley, Suite 400 MI012-3200 Kalamazoo, MI 49005-0271		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 520.00 (\$40.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation CEO	Deduction	
		Aggregate Year-to-date > \$ 1,040.00		
G. Full Name, Mailing Address and Zip Code William D. Felsing 10701 W. Research Drive WI030-3550 Milwaukee, WI 53226-0649		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 195.00 (\$15.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation VP&COO PrimeCare HealthPlan Inc.	Deduction	
		Aggregate Year-to-date > \$ 390.00		
SUB TOTAL of Receipts This Page (Optional)				2,600.00
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	OF
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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
Larry A. Rambo 10701 W. Research Drive WI030-3550 Milwaukee, WI 53226-0649	United HealthCare Corporation	Payroll	325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation CEO PrimeCare	Deduction	(\$25.00)
Aggregate Year-to-date > \$		650.00	Biweekly
Robert B Broadfoot Jr. 12125 Woodcrest Exec Dr. S320 MO075-3835 St. Louis, MO 63141	United HealthCare Corporation	Payroll	195.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$15.00)
Aggregate Year-to-date > \$		390.00	Biweekly
Leonard A. Furr 9900 Bren Road East MN008-8310 Minnnetonka, MN 55343	United HealthCare Corporation	Payroll	499.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Corporate Vice President	Deduction	(\$38.46)
Aggregate Year-to-date > \$		999.96	Biweekly
John A. Brevfu 9900 Bren Road East MN008-W216 Minnnetonka, MN 55343	United HealthCare Corporation	Payroll	195.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Assistant General Counsel	Deduction	(\$15.00)
Aggregate Year-to-date > \$		390.00	Biweekly
Robert J. Backes 9900 Bren Road E MN008-8317 Minnnetonka, MN 55343	United HealthCare Corporation	Payroll	325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Vice President - Human Resources	Deduction	(\$25.00)
Aggregate Year-to-date > \$		650.00	Biweekly
Patrick W. Irvine 6300 Olson Memorial Highway MN10-S201 Golden Valley, MN 55427	United HealthCare Corporation	Payroll	325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation UHC Speciality Co Admin	Deduction	(\$25.00)
Aggregate Year-to-date > \$		650.00	Biweekly
Thomas A. Mahowald 9900 Bren Road E MN008-W212 Minnnetonka, MN 55343	United HealthCare Corporation	Payroll	390.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Public Affairs Director	Deduction	(\$30.00)
Aggregate Year-to-date > \$		720.00	Biweekly
SUB TOTAL of Receipts This Page (Optional).....>			2,254.98
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
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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 E. Dolph 969 Executive Parkway, S#100 MO050-1000 St. Louis, MO 63141	United HealthCare Corporation	Payroll	499.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Director Liaison Service/GenCare/PHP	Deduction	(\$38.46)
Aggregate Year-to-date > \$		999.96	Biweekly)
Mary A. Warne 2550 University Ave W, S#401S MN040-2500 St. Paul, MN 55114-1904	United HealthCare Corporation	Payroll	130.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$10.00)
Aggregate Year-to-date > \$		324.56	Biweekly)
R. Edward Bergmark 6300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427	United HealthCare Corporation	Payroll	500.11
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Vice President CEO IHR (OPTUM)	Deduction	(\$38.47)
Aggregate Year-to-date > \$		1,000.22	Biweekly)
Frederick C. Dunlap 9900 Bren Road E. MN008-W200 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation CEO - Public Division	Deduction	(\$20.00)
Aggregate Year-to-date > \$		540.00	Biweekly)
Rafael P Peres 75 Valencia Ave FL010-1010 Coral Gables, FL 33134	United HealthCare Corporation	Payroll	325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP - Operations	Deduction	(\$25.00)
Aggregate Year-to-date > \$		650.00	Biweekly)
Blair R. Suckentrop 3700 Colonnade Parkway AL001-1001 Birmingham, AL 35243	United HealthCare Corporation	Payroll	499.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation President UHC South	Deduction	(\$38.46)
Aggregate Year-to-date > \$		999.96	Biweekly)
Marshall V. Rozzl One South Wacker IL014-0300 Chicago, IL 60606	United HealthCare Corporation	Payroll	499.98
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Pres/CEO UHC of IL	Deduction	(\$38.46)
Aggregate Year-to-date > \$		999.96	Biweekly)
SUB TOTAL of Receipts This Page (Optional).....>			2,715.05
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
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NAME OF COMMITTEE (in full)
United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and Zip Code Michael F. Ferris 450 Columbus Blvd 12NB-B Hartford, CT 06115-0450		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Underwriting Manager	Aggregate Year-to-date > \$ 520.00	260.00 (\$20.00) Biweekly
B. Full Name, Mailing Address and Zip Code Thomas P. McDonough 8330 Boone Blvd VA30-1030 Vienna, VA 22182		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Senior VP - Claim Services Administration	Aggregate Year-to-date > \$ 812.50	406.25 (\$31.25) Biweekly
C. Full Name, Mailing Address and Zip Code R. Channing Wheeler 2 Penn Plaza New York, NY 12204		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Northeast Plans Coach	Aggregate Year-to-date > \$ 988.00	494.00 (\$38.00) Biweekly
D. Full Name, Mailing Address and Zip Code Marc E Rothbart 5015 Campuswood Drive NY032-1000 East Syracuse, NY 13057-0450		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation VP Commercial Sales	Aggregate Year-to-date > \$ 499.98	249.99 (\$19.23) Biweekly
E. Full Name, Mailing Address and Zip Code Jack A. Wickens 450 Columbus Blvd Hartford, CT 06115-0450		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 390.00	195.00 (\$15.00) Biweekly
F. Full Name, Mailing Address and Zip Code Richard C. Zoretic 8330 Boone Blvd, Suite 300 VA030-1030 Vienna, VA 22182-2624		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Senior VP National Sales	Aggregate Year-to-date > \$ 520.00	260.00 (\$20.00) Biweekly
G. Full Name, Mailing Address and Zip Code James G. Carlson 8330 Boone Blvd, Suite 300 VA030-1030 Vienna, VA 22182-2624		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Executive VP Field Operations	Aggregate Year-to-date > \$ 520.00	260.00 (\$20.00) Biweekly
SUB TOTAL of Receipts This Page (Optional).....>				2,125.24
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	PAGE	OF
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FOR LINE NUMBER		
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NAME OF COMMITTEE (in full)
United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and Zip Code James T. Braun 8330 Boone Blvd VA30-1030 Vienna, VA 22182-2624		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 260.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Vice President	Aggregate Year-to-date > \$ 520.00	Biweekly)
B. Full Name, Mailing Address and Zip Code Robert G. Harmon MD 10467 White Granite Dr. Suite 300, VA31-1000 Oakton, VA 22124-0450		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 260.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation National Medical Director	Aggregate Year-to-date > \$ 520.00	Biweekly)
C. Full Name, Mailing Address and Zip Code David S. Barker 5015 Campuswood Drive NY032-1000 East Syracuse, NY 13057		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 541.58 (\$41.66)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation CEO - Syracuse	Aggregate Year-to-date > \$ 1,083.16	Biweekly)
D. Full Name, Mailing Address and Zip Code Robert K. Patton 4500 E. Pacific Coast Highway Suite 300 (CA33-1000) Long Beach, CA 90804-3273		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 325.00 (\$25.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation VP UHC of California	Aggregate Year-to-date > \$ 650.00	Biweekly)
E. Full Name, Mailing Address and Zip Code Marc E. Backon One Penn Plaza, 37th Floor NY036-1000 New York, NY 10121		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 270.79 (\$20.83)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Sales Vice-President	Aggregate Year-to-date > \$ 541.58	Biweekly)
F. Full Name, Mailing Address and Zip Code James T. Kerr 2 Penn Plaza Suite 700 NY036-1000 New York, NY 10121		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 325.00 (\$25.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation VP Govt Programs - NY Tristate	Aggregate Year-to-date > \$ 650.00	Biweekly)
G. Full Name, Mailing Address and Zip Code William C. Lamoreaux 450 Columbus Blvd Hartford, CT 06115		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 195.00 (\$15.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation	Aggregate Year-to-date > \$ 390.00	Biweekly)
SUB TOTAL of Receipts This Page (Optional).....>				2,177.37
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 Russell M. Hostetler 1401 N. WestShore Blvd, 8th,fl FL067-1000 Tampa, FL 33607		Name of Employer United HealthCare Corporation Occupation Medical Director	Date (Month day,Year) 07/14/97	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
B. Full Name, Mailing Address and Zip Code Richard O'Connor 201 Executive Center Drive Suite 300 Columbia, SC 29210-8348		Name of Employer United HealthCare Corporation Occupation Physicians Health Plan Medical Director	Date (Month day,Year) 07/14/97	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 300.00		
C. Full Name, Mailing Address and Zip Code Richard H. Watt 6300 Olson Memorial Hwy. MN010-5269 Golden Valley, MN 55427-4981		Name of Employer United HealthCare Corporation Occupation Medical Director URN	Date (Month day,Year) 07/14/97	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
D. Full Name, Mailing Address and Zip Code William E. Martin PHP Inc, 201 Executive CenterD Suite 300 (SC010-3450) Columbia, SC 29210-8438		Name of Employer United HealthCare Corporation Occupation Health Care Executive	Date (Month day,Year) 07/14/97	Amount of Each Receipt this Period 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 600.00		
E. Full Name, Mailing Address and Zip Code Paul Lambdin 80 CottonTrallane NJ030-1000 Somerset, NJ 08873-1133		Name of Employer United HealthCare Corporation Occupation Sales Coach	Date (Month day,Year) 07/14/97	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 250.00		
F. Full Name, Mailing Address and Zip Code Joseph W. Mollen Jr. 425 Market St. San Francisco, CA 94405		Name of Employer United HealthCare Corporation Occupation HealthCare	Date (Month day,Year) 07/14/97	Amount of Each Receipt this Period 1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 1,000.00		
G. Full Name, Mailing Address and Zip Code Lawrence J. Kissner 5300 NW 33rd Ave Suite 102 Ft. Lauderdale, FL 33309		Name of Employer United HealthCare Corporation Occupation Vice President Sales & Marketing	Date (Month day,Year) 07/14/97	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 500.00		
SUB TOTAL of Receipts This Page (Optional)>				3,150.00
TOTAL this Period (Last page this line number only)>				

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 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
Jim Weinberger 5 Post Oak Park, Suite 550 Houston, TX 77027	United HealthCare Corporation	07/14/97	750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Sales Director, Houston	Aggregate Year-to-date > \$	750.00
Gerald E. Daly 450 Columbus Blvd CT030-1030 (10NB) Hartford, CT 06115	United HealthCare Corporation	07/14/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Aggregate Year-to-date > \$	250.00
Jose M. Cruz 1200 SW 1 Street FL011-1011 Miami, FL 33012-3315	United HealthCare Corporation	07/14/97	100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Physician	Aggregate Year-to-date > \$	349.86
Frank R. Mascia 2307 W Cone Boulevard Greensboro, NC 27408	United HealthCare Corporation	07/14/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation CEO PHP NC	Aggregate Year-to-date > \$	250.00
Jose M. Cruz 1200 SW 1 Street FL011-1011 Miami, FL 33012-3315	United HealthCare Corporation	Payroll Deduction	115.32 (\$9.61 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Physician	Aggregate Year-to-date > \$	349.86
Cathie J. Beausoleil 450 Columbus Blvd P.O. Box 150450 /7NB Hartford, CT 06115-0450	United HealthCare Corporation	Payroll Deduction	168.00 (\$12.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation HP&S	Aggregate Year-to-date > \$	327.46
Kathy R. Longworth 601 Office Center Drive PA020-1000 Ft. Washington, PA 19034	United HealthCare Corporation	Payroll Deduction	220.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation COO AARP Division	Aggregate Year-to-date > \$	407.50
SUB TOTAL of Receipts This Page (Optional).....>			1,853.32
TOTAL this Period (Last page this line number only).....>			

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 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 Beverly H. Nyce 450 Columbus Blvd, 10NB-A, P.O.Box 150450 Hartford, CT 06115		Name of Employer United HealthCare Corporation	Date (Month day, Year) 08/20/97	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Regional VP Strategic Services Group	Aggregate Year-to-date > \$ 300.00	
B. Full Name, Mailing Address and Zip Code Allan J. Weiss 5901 Lincoln Drive Edina, MN 55436		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 120.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Finance, Senior Management	Deduction \$12.00	Biweekly
Aggregate Year-to-date > \$ 312.00				
C. Full Name, Mailing Address and Zip Code Kenneth D. Roberts 450 Columbus Blvd Hartford, CT 06115		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation (blank)	Deduction \$12.50	Biweekly
Aggregate Year-to-date > \$ 325.00				
D. Full Name, Mailing Address and Zip Code Claudia Bjerre 26555 Evergreen Suite 1320 MI031-1000 Southfield/Hartford, MI 48076		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Delivery Systems	Deduction \$12.50	Biweekly
Aggregate Year-to-date > \$ 325.00				
E. Full Name, Mailing Address and Zip Code David M. Bee 450 Columbus Blvd Hartford, CT 06115		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation (blank)	Deduction \$12.50	Biweekly
Aggregate Year-to-date > \$ 325.00				
F. Full Name, Mailing Address and Zip Code Alexander N. Arnet 450 Columbus Blvd Hartford, CT 06115		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation (blank)	Deduction \$12.50	Biweekly
Aggregate Year-to-date > \$ 225.00				
G. Full Name, Mailing Address and Zip Code Steven E. Curd 501 U.S. Hiway 22 NJ030-1000 Bridgewater, NJ 08807		Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation Senior Vice President, Info Systems	Deduction \$12.50	Biweekly
Aggregate Year-to-date > \$ 325.00				
SUB TOTAL of Receipts This Page (Optional)>				945.00
TOTAL this Period (Last page this line number only)>				

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 of any political committee to solicit contributions from such committee.

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

<p>A. Full Name, Mailing Address and Zip Code Brett L. Baby 3650 Olentangy River Rd. OH020-3010 Columbus, OH 43214-1138</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</p> <p>Aggregate Year-to-date > \$ 300.04</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 103.86 (\$11.54 Biweekly)</p>
<p>B. Full Name, Mailing Address and Zip Code Kaveh T. Safavi One South Wacker IL14-3605 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 VP Medical Affairs</p> <p>Aggregate Year-to-date > \$ 300.04</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 103.86 (\$11.54 Biweekly)</p>
<p>C. Full Name, Mailing Address and Zip Code Jennifer A. McGill 5901 Lincoln Dr. 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 Underwriting</p> <p>Aggregate Year-to-date > \$ 330.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 135.00 (\$15.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and Zip Code David Lubben 9900 Bren Rd East Mtka, 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 Attorney</p> <p>Aggregate Year-to-date > \$ 538.44</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 346.14 (\$38.46 Biweekly)</p>
<p>E. Full Name, Mailing Address and Zip Code William B. Green 1110 Montclair 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 > \$ 300.04</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 103.86 (\$11.54 Biweekly)</p>
<p>F. Full Name, Mailing Address and Zip Code Michael Fulk 3700 Colonnade Parkway AL001-1001 Birmingham, AL 35243</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 Senior VP Sales & Marketing</p> <p>Aggregate Year-to-date > \$ 300.04</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 103.86 (\$11.54 Biweekly)</p>
<p>G. Full Name, Mailing Address and Zip Code Elise Anne Gemcinhardt 1620 L St. NY #800 DC030-1000 Washington, DC 20036</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 Federal Affairs</p> <p>Aggregate Year-to-date > \$ 538.44</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 346.14 (\$38.46 Biweekly)</p>
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>1,242.72</p>
<p>TOTAL this Period (Last page this line number only).....></p>			<p></p>

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 Barbara C. Buenemann 969 Executive Parkway MO050-1000 St. Louis, MO 63141	Name of Employer United HealthCare Corporation	Date (Month day, Year) 09/18/97	Amount of Each Receipt this Period 250.00
	Occupation COO UHC of the Midwest, Inc.	Aggregate Year-to-date > \$ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
B. Full Name, Mailing Address and Zip Code Stephen J. Hensley 9900 Bren Road East MN008-8092 Minnetonka, MN 55343	Name of Employer United HealthCare Corporation	Date (Month day, Year) 09/18/97	Amount of Each Receipt this Period 1,000.00
	Occupation Sr. Executive Vice President	Aggregate Year-to-date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
C. Full Name, Mailing Address and Zip Code William W. McGuire 9900 Bren Road East MN008-8092 Minnetonka, MN 55343	Name of Employer United HealthCare Corporation	Date (Month day, Year) 09/19/97	Amount of Each Receipt this Period 1,000.00
	Occupation President, CEO & Chairman	Aggregate Year-to-date > \$ 1,000.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
D. Full Name, Mailing Address and Zip Code Richard J. Migliori 475 Kilvert St RI010-3400 Warwick, RI 02886	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 307.68 (\$38.46 Biweekly)
	Occupation CEO UHC New England	Aggregate Year-to-date > \$ 499.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
E. Full Name, Mailing Address and Zip Code Antonio Fernandez Rex W Office Park Buchanan, PR	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 307.68 (\$38.46 Biweekly)
	Occupation CEO, UHC Plans of Puerto Rico	Aggregate Year-to-date > \$ 499.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
F. Full Name, Mailing Address and Zip Code Johnny Gore 3700 Colonnade Pkwy AL001 Birmingham, AL 35243	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 201.95 (\$28.85 Biweekly)
	Occupation Sr. Medical Director	Aggregate Year-to-date > \$ 375.05	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			
G. Full Name, Mailing Address and Zip Code James Moniz Jr. 475 Kilvert St, Suite 310 RI010-3400 Warwick, RI 02886-1392	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 60.00 (\$10.00 Biweekly)
	Occupation VP, Commercial Sales	Aggregate Year-to-date > \$ 260.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)			

SUB TOTAL of Receipts This Page (Optional).....>	3,127.31
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 John A. Kennedy 2970 Clairmont Rd, Suite 300 GA010-3300 Atlanta, GA 30329	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00 (\$10.00)
	Occupation Deduction	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Biweekly)
B. Full Name, Mailing Address and Zip Code John E. Bloom 6601 Centerville Business Pkwy OH010-3005 Dayton, OH 45459-8028	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00 (\$10.00)
	Occupation Deduction	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Biweekly)
C. Full Name, Mailing Address and Zip Code Linda E. Huber 77 W Port Plaza, Suite 500 MO010-3350 St. Louis, MO 63146	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 57.66 (\$9.61)
	Occupation Deduction	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 249.86		Biweekly)
D. Full Name, Mailing Address and Zip Code Edward R. Griese One South Wacker IL014-3605 Chicago, IL 60606	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00 (\$10.00)
	Occupation Deduction	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Biweekly)
E. Full Name, Mailing Address and Zip Code Douglas B. McCarthy 9900 Bren Road E MN008-W212 Mnetonka, MN 55343	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 64.00 (\$10.00)
	Occupation Deduction	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Biweekly)
F. Full Name, Mailing Address and Zip Code Peter J. Young 2970 Clairmont Rd, Suite 300 GA010-3300 Atlanta, GA 30329	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00 (\$10.00)
	Occupation Deduction	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Biweekly)
G. Full Name, Mailing Address and Zip Code Sandra M. Larsou 5901 Lincoln Drive MN012-S159 Edina, MN 55436-1611	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00 (\$10.00)
	Occupation Deduction	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Biweekly)

SUB TOTAL of Receipts This Page (Optional).....>	417.66
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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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	Payroll	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$10.00)
Aggregate Year-to-date > \$		260.00	Biweekly)
David B. Smith 5901 Lincoln Drive MN012-N230 Edina, MN 55436	United HealthCare Corporation	Payroll	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation V.P. Underwriting	Deduction	(\$10.00)
Aggregate Year-to-date > \$		260.00	Biweekly)
Pamela A. Tyler 1949 E. Sunshine, Suite 300 MO015-1000 Springfield, MO 65804	United HealthCare Corporation	Payroll	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$10.00)
Aggregate Year-to-date > \$		260.00	Biweekly)
Phillip Mainquist 12125 Woodcrest Executive Dr. MO075-3835 St. Louis, MO 63141	United HealthCare Corporation	Payroll	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$10.00)
Aggregate Year-to-date > \$		260.00	Biweekly)
Thomas L. Anderson 5901 Lincoln Drive MN012-S161 Edina, MN 55343	United HealthCare Corporation	Payroll	57.66
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation	Deduction	(\$9.61)
Aggregate Year-to-date > \$		249.86	Biweekly)
Joe A. Nakal 5901 Lincoln Drive MN012-S255 Edina, MN 55346	United HealthCare Corporation	Payroll	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Director, Medical Sales	Deduction	(\$10.00)
Aggregate Year-to-date > \$		260.00	Biweekly)
Lynne Montagne-Clausc 5901 Lincoln Drive MN012-N140 Edina, MN 55436	United HealthCare Corporation	Payroll	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation UH&L Admin	Deduction	(\$10.00)
Aggregate Year-to-date > \$		260.00	Biweekly)

SUB TOTAL of Receipts This Page (Optional).....>	417.66
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 **14** OF **19**
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 Christine H. Nye 3700 Colonnade Parkway AL001-1001 Birmingham, AL 35243	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 57.66
	Occupation VP, Government Programs	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 249.86		(\$9.61) Biweekly)
B. Full Name, Mailing Address and Zip Code Cheryl A. Popeck 800 N Magnolia Ave., S#600 FL029-1029 Orlando, FL 32803	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00
	Occupation Director of Operations	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		(\$10.00) Biweekly)
C. Full Name, Mailing Address and Zip Code Kevin J. Esval 9040 Executive Park Drive TN005-1005 Knoxville, TN 37923	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 57.66
	Occupation Marketing/Sales Director	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 249.86		(\$9.61) Biweekly)
D. Full Name, Mailing Address and Zip Code Enrique Cue-Galvez 11200 W Flager St. FL035-1035 Miami, FL 33125	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00
	Occupation Physician	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		(\$10.00) Biweekly)
E. Full Name, Mailing Address and Zip Code Elvira C. Lagoa 4047 Okeechobee Blvd FL016-1016 West Palm Beach, FL 33409	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00
	Occupation Senior Administrator	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		(\$10.00) Biweekly)
F. Full Name, Mailing Address and Zip Code Angel F. Mendez 1200 SW 1st St FL011-1011 Miami, FL 33135	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00
	Occupation	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		(\$10.00) Biweekly)
G. Full Name, Mailing Address and Zip Code John Stevenson 450 Columbus Blvd 5NB-B Hartford, CT 06115-0450	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 58.80
	Occupation Law	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 254.80		(\$9.80) Biweekly)

SUB TOTAL of Receipts This Page (Optional).....> **414.12**

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

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 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 Paul J Grandpre 450 Columbus Blvd 3NB-A Hartford, CT 06115-0450	Name of Employer United HealthCare Corporation	Date (Month day, Year)	Amount of Each Receipt this Period 60.00 (\$10.00 Biweekly)
	Occupation CAS	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		
B. Full Name, Mailing Address and Zip Code Brian M. Quigley 450 Columbus Blvd 5NB-A Hartford, CT 06115-0450	Name of Employer United HealthCare Corporation	Date (Month day, Year)	Amount of Each Receipt this Period 60.00 (\$10.00 Biweekly)
	Occupation Law	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		
C. Full Name, Mailing Address and Zip Code John A. Dwyer 450 Columbus Blvd 15NB-A Hartford, CT 06115-0450	Name of Employer United HealthCare Corporation	Date (Month day, Year)	Amount of Each Receipt this Period 60.00 (\$10.00 Biweekly)
	Occupation Pricing Small Group	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		
D. Full Name, Mailing Address and Zip Code William O. Saunders 450 Columbus Blvd Hartford, CT 06115-0450	Name of Employer United HealthCare Corporation	Date (Month day, Year)	Amount of Each Receipt this Period 60.00 (\$10.00 Biweekly)
	Occupation	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		
E. Full Name, Mailing Address and Zip Code Dolph Marlotti 1401 N. Westshore Blvd Suite 500 Tampa, FL 33607	Name of Employer United HealthCare Corporation	Date (Month day, Year)	Amount of Each Receipt this Period 60.00 (\$10.00 Biweekly)
	Occupation Director of Operations	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		
F. Full Name, Mailing Address and Zip Code Carol K Richards 450 Columbus Blvd Hartford, CT 06115-0450	Name of Employer United HealthCare Corporation	Date (Month day, Year)	Amount of Each Receipt this Period 60.00 (\$10.00 Biweekly)
	Occupation	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		
G. Full Name, Mailing Address and Zip Code William Noonan 450 Columbus Blvd Hartford, CT 06115	Name of Employer United HealthCare Corporation	Date (Month day, Year)	Amount of Each Receipt this Period 60.00 (\$10.00 Biweekly)
	Occupation	Payroll Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		

SUB TOTAL of Receipts This Page (Optional).....>	420.00
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 19
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
Frederic C. Larsen 60 E. Main Nanticoke, PA 18634	United HealthCare Corporation	Payroll	60.00 (\$10.00 Biweekly)
	Occupation Manager	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		
Mollie Chapman 4501 Erskine Road OH035-3035 Cincinnati, OH 45242	United HealthCare Corporation	Payroll	60.00 (\$10.00 Biweekly)
	Occupation	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		
Phillip H. Dell 6300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427	United HealthCare Corporation	Payroll	75.00 (\$15.00 Biweekly)
	Occupation Marketing Executive	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 270.00		
William Tracy 9300 W, 110th Ste 350 Overland, KS 66210	United HealthCare	Payroll	125.00 (\$25.00 Biweekly)
	Occupation VP Sales	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 325.00		
Agustin Bel 1200 SW 1st St. FL011-1011 Miami, FL 33135	United HealthCare Corporation	Payroll	39.44 (\$9.61 Biweekly)
	Occupation	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 230.64		
Lester Coney One S. Nacher Dr Chicago, IL 60615	United HealthCare Corporation	Payroll	80.00 (\$20.00 Biweekly)
	Occupation Director Key Accounts	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 280.00		
Janice D. Messeroff 4701 Cox Road VA037-1000 Glen Allen, VA 23060	United HealthCare Corporation	Payroll	80.00 (\$20.00 Biweekly)
	Occupation CEO	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 280.00		

SUB TOTAL of Receipts This Page (Optional) > **518.44**

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

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 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 James Watson 2717 N. 118th Lucile Omaha, NE 68164	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 76.92 (\$19.23 Biweekly)
	Occupation V.P. Govt Relations, UHC Midlands	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 269.22		
B. Full Name, Mailing Address and Zip Code David G. Devereaux 3838 N. Central Ave Suite 500 AZ030-1000 Phoenix, AZ 85012	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 80.00 (\$20.00 Biweekly)
	Occupation Senior Vice President	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 280.00		
C. Full Name, Mailing Address and Zip Code William Burton 450 Columbus Ave Hartford, CT 06115	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 80.00 (\$20.00 Biweekly)
	Occupation Vice President Ins Products	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 280.00		
D. Full Name, Mailing Address and Zip Code Keith Noblitt 2970 Clairmont Rd #650 Atlanta, GA 30329-1634	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 80.00 (\$20.00 Biweekly)
	Occupation Strategic Account Executive	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 280.00		
E. Full Name, Mailing Address and Zip Code Vlad M. Cartwright 1620 L. Street N.W. Washington, DC 20036	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 76.92 (\$19.23 Biweekly)
	Occupation Grassroots Manager	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 269.22		
F. Full Name, Mailing Address and Zip Code David De Lorenzo 5300 NW 33 Ave Suite 107 Ft Lauderdale, FL 33309	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 76.92 (\$19.23 Biweekly)
	Occupation Manager, Medical Management	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 269.22		
G. Full Name, Mailing Address and Zip Code Katherine B. Hatting 601 Office Center Drive Ft. Washington, PA 19102	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00 (\$20.00 Biweekly)
	Occupation Director, Claims, AARP Div	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		

SUB TOTAL of Receipts This Page (Optional).....>	530.76
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
Barbara Wahlrobe 1 So. Wacker Chicago, IL 60614	United HealthCare Corporation	Payroll	75.00
	Occupation Corp V.P. of Sales	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > 6 275.00		(\$25.00 Biweekly)
Martha R. Nolan 450 Columbus Blvd Hartford, CT 06115	United HealthCare Corporation	Payroll	30.00
	Occupation	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > 6 230.00		(\$10.00 Biweekly)
Beth A. Jackson 450 Columbus Blvd Hartford, CT 06115	United HealthCare Corporation	Payroll	25.11
	Occupation	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > 6 217.62		(\$8.37 Biweekly)
Thomas E. Burton 450 Columbus Boulevard 15NB-A/CT30-1030 Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	16.66
	Occupation Accountant	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > 6 216.58		(\$8.33 Biweekly)
Richard W. Ray 450 Columbus Blvd Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	16.66
	Occupation	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > 6 216.58		(\$8.33 Biweekly)
Stephen Matheson 450 Columbus Blvd 12NB-B CT030-12BB Hartford, CT 06115	United HealthCare Corporation	Payroll	40.00
	Occupation	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > 6 240.00		(\$20.00 Biweekly)
Robert W. Hatfield 450 Columbus Blvd P.O. BOX 150450 13NB-A Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	16.66
	Occupation Underwriting	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > 6 216.58		(\$8.33 Biweekly)
SUB TOTAL of Receipts This Page (Optional).....>			220.09
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

<p>A. Full Name, Mailing Address and Zip Code Joe Berry 5901 Lincoln Drive MN012-S249 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 National Medical Director</p> <p>Aggregate Year-to-date > \$ 220.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 20.00 (\$20.00) Biweekly)</p>
<p>B. Full Name, Mailing Address and Zip Code Maria C. Christu 9900 Breen Road E. 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 Assistant General Counsel</p> <p>Aggregate Year-to-date > \$ 208.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 8.00 (\$8.00) Biweekly)</p>
<p>C. Full Name, Mailing Address and Zip Code Michael Gross 450 Columbus Boulevard 15NB-A Hartford, CT 06115-0450</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 Pricing-Rating</p> <p>Aggregate Year-to-date > \$ 208.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 8.00 (\$8.00) Biweekly)</p>
<p>D. Full Name, Mailing Address and Zip Code Brian Bellows 1175 Post Rd East Westport, CT 06880</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 Sales Strategic Services</p> <p>Aggregate Year-to-date > \$ 210.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 15.00 (\$15.00) Biweekly)</p>
<p>E. Full Name, Mailing Address and Zip Code Robert Grunsky 1610 Arden Way ste 275 Sacramento, CA 98515</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 Sales Manager</p> <p>Aggregate Year-to-date > \$ 215.32</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 15.38 (\$15.38) Biweekly)</p>
<p>F. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-date > \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and Zip Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-date > \$</p>	<p>Date (Month day, Year)</p>	<p>Amount of Each Receipt this Period</p>
<p>SUB TOTAL of Receipts This Page (Optional).....></p>			<p>66.38</p>
<p>TOTAL this Period (Last page this line number only).....></p>			<p>27,831.07</p>

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
Burr for Congress P.O. Box 5732 Winston-Salem, NC 27113	Richard M. Burr, U.S. HOUSE 5th NC Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/23/97	500.00
Coverdell Good Government Committee 1010 Wisconsin Avenue, N.W. Suite 200 Washington, DC 20007	Paul Coverdell, U.S. SENATE GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	09/11/97	1,000.00
Deutsch for Congress P.O. Box 817689 Hollywood, FL 33081	Peter Deutsch, U.S. HOUSE 20th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/17/97	500.00
Friends of Jennifer Dunn P.O. Box 40110 Bellevue, WA 98015	Jennifer Dunn, U.S. HOUSE 8th WA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	500.00
People for English Committee P.O. Box 1940 Erie, PA 16507	Phil English, U.S. HOUSE 21st PA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/17/97	1,000.00
Friends of Newt Gingrich Post Office Box 1399 Roswell, GA 30077	Newt Gingrich, U.S. HOUSE 6th GA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	10/03/97	1,000.00
Friends of Bob Graham 233 Constitution Ave. NE Washington, DC	Bob Graham, U.S. SENATE FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/02/97	1,000.00
Hastert for Congress Committee P.O. Box 625 Batavia, IL 60510	Dennis Hastert, U.S. HOUSE 14th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	07/02/97	1,000.00
Luther for Congress Volunteer Commi 1399 Geneva Ave. Suite 103 Oakdale, MN 55128	William P. "Bill" Luther, U.S. HOUSE 6th MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	11/12/97	500.00

SUB TOTAL of Disbursements this page (Optional).....>	7,000.00
TOTAL this Period (Last page this line number only).....>	

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	2	2
FOR LINE NUMBER		
23		

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 Minge for Congress PO Box 71 Granite Falls, MN 56241	Purpose of Disbursement David Minge, U.S. HOUSE 2nd MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 11/12/97	Amount of Each Disb. this Period 500.00
B. Full Name, Mailing Address and Zip Code New Democrat Network 501 Capitol Court N.E. Suite 200 Washington, DC 20002	Purpose of Disbursement New Democratic Network Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1997	Date (Month day, Year) 11/17/97	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code Jim Ramstad Volunteer Committee 8100 Penn Avenue South Suite #104 Bloomington, MN 55431	Purpose of Disbursement Jim Ramstad, U.S. HOUSE 3rd MN Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 10/03/97	Amount of Each Disb. this Period 500.00
D. Full Name, Mailing Address and Zip Code Friends of Cliff Stearns P.O. Box 308 Silver Springs, FL 34489-9986	Purpose of Disbursement Cliff Stearns, U.S. HOUSE 6th FL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 10/15/97	Amount of Each Disb. this Period 500.00
E. Full Name, Mailing Address and Zip Code Voinovich for Senate Committee 8 E. Broad St, 8th Floor Columbus, OH 43215	Purpose of Disbursement Voinovich, U.S. SENATE OH Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 07/01/97	Amount of Each Disb. this Period 2,000.00
F. Full Name, Mailing Address and Zip Code Gerald C. "Jerry" Weller for Congress P.O. Box 687 Morris, IL 60450	Purpose of Disbursement Gerald C. "Jerry" Weller, U.S. HOUSE 11th IL Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	Date (Month day, Year) 10/23/97	Amount of Each Disb. this Period 500.00
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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....	5,000.00
TOTAL this Period (Last page this line number only).....	12,000.00

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>1-30-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SEP</i> PREPARER	<i>1-30-98</i> DATE PREPARED