

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Jan 22 11 07 AM '93

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) United HealthCare Corporation Political Fund	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9900 Bren Road East P.O. Box 1459	2. FEC IDENTIFICATION NUMBER 000274431
CITY, STATE and ZIP CODE Minneapolis, MN 55440-1459	3. <input type="checkbox"/> This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

4. TYPE OF REPORT

- (a) April 15 Quarterly Report Monthly Report Due On:
- February 20 June 20 October 20
 July 15 Quarterly Report March 20 July 20 November 20
 October 15 Quarterly Report April 20 August 20 December 20
 January 31 Year End Report May 20 September 20 January 31
- July 31 Mid Year Report (Non-election Year Only)
- 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 _____
- Termination Report
- (b) Is this Report an Amendment? YES NO

SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>1/1/93</u> through <u>6/30/93</u>		
6. (a) Cash on Hand January 1, 19 <u>93</u>		\$ 3300.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 3300.00	
(c) Total Receipts (from Line 1B)	\$ -0-	\$ -0-
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 3300.00	\$ 3300.00
7. Total Disbursements (from Line 3D)	\$ 2000.00	\$ 2000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 1300.00	\$ 1300.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 888 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David P. Koppe	
Signature of Treasurer 	Date 7/19/93

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 Political Fund	REPORT COVERING PERIOD FROM 1/1/93 TO: 6/30/93	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A).....	-0-	-0-
ii. Unitemized.....	-0-	-0-
iii. Total..... (add i and ii) >	-0-	-0-
b. Political Party Committees.....	-0-	-0-
c. Other Political Committees (such as PACs).....	-0-	-0-
d. Total Contributions..... (add a iii, b and c) >	-0-	-0-
12. Transfers From Affiliated/Other Party Committees.....	-0-	-0-
13. All Loans Received.....	-0-	-0-
14. Loan Repayments Received.....	-0-	-0-
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....	-0-	-0-
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	-0-	-0-
17. Other Federal Receipts (Dividends, Interest, etc.).....	-0-	-0-
18. Transfers from Nonfederal Account for Joint Activity.....	-0-	-0-
19. Total Receipts..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	-0-	-0-
20. Total Federal Receipts..... (subtract line 18 from line 19) >	-0-	-0-
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share.....	-0-	-0-
ii. Non-Federal Share.....	-0-	-0-
b. Other Federal Operating Expenditures.....	-0-	-0-
c. Total Operating Expenditures..... (add a i, a ii, and b) >	-0-	-0-
22. Transfers to Affiliated/Other Party Committees.....	-0-	-0-
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	2000.00
24. Independent Expenditures (use Schedule E).....	-0-	-0-
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441 a(d)) (use Schedule F) ..	-0-	-0-
26. Loan Repayments Made.....	-0-	-0-
27. Loans Made.....	-0-	-0-
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees.....	-0-	-0-
b. Political Party Committees.....	-0-	-0-
c. Other Political Committees (such as PACs).....	-0-	-0-
d. Total Contribution Refunds..... (add a, b and c) >	-0-	-0-
29. Other Disbursements.....	-0-	-0-
30. Total Disbursements..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	2000.00	2000.00
31. Total Federal Disbursements..... (subtract line 21 a ii from line 30) >	2000.00	2000.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d).....	-0-	-0-
33. Total Contribution Refunds (from line 28d).....	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32).....	-0-	-0-
35. Total Federal Operating Expenditures..... (add 21 a i and 21 b) >	-0-	-0-
36. Offsets to Operating Expenditures (from line 15).....	-0-	-0-
37. Net Operating Expenditures..... (subtract line 36 from 35) >	-0-	-0-

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER

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



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A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sabo Volunteer Committee 655 North Carolina Avenue South Washington, DC 20002	Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify): Off Elec year contribution	4/13/93	1000.00
B. Full Name, Mailing Address and ZIP Code Friends of Senator Mathews P.O. Box 2481 Knoxville, TN 37901	Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	6/16/93	1000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	2000.00

**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 type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7/19/03
<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
 PREPARER	 DATE PREPARED

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