

UNITEDhealthcare

RECEIVED
FEDERAL ELECTION
COMMISSION

3900 Iron Road East
P.O. Box 1459
Minneapolis, MN 55449-1459

MAR 19 10 33 AM '98

March 18, 1998

Ms. Andrea Wilkens
Reports Analyst
Reports Analysis Division
Federal Election Committee
999 E. Street NW
Washington, DC 20463

Dear Ms. Wilkens:

Enclosed please find our revised 1997 year end report of receipts and disbursements of the United HealthCare Corporate Political Fund. As per your request, the report has been amended to include the occupations of all individuals who contributed more than \$200 to our political fund last year.

If you have any questions about this information, please contact Terri Smith, United HealthCare's PAC Administrator, at 612/936-7351.

Sincerely yours,



David P. Koppe
Treasurer
United HealthCare Corporation Political Fund

DK/ts

Enclosures

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION COMMISSION

MAR 19 10 30 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 Bren 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)
 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
5. 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	\$ 79,840.38
(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	\$ 139,122.73
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	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. Koppe

Signature of Treasurer 

Date 3/18/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X

(Revised 9/93)

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 Travers H. Willis 9900 Bren Road East MN008-W301 Minnetonka, MN 55343	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 650.00 (\$50.00 Biweekly)
	Occupation Chief Operating Officer	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,300.00		
B. Full Name, Mailing Address and Zip Code Anthony J. Kazlauskas 475 Kilvert St, Suite 310 RI010-3400 Warwick, RI 02886-1392	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 260.00 (\$20.00 Biweekly)
	Occupation Medical Director	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 520.00		
C. Full Name, Mailing Address and Zip Code Ronald S. Franzese Terrace Plaza, 250 Morris Ave MI013-3250 Muskegon, MI 49440-1143	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 520.00 (\$40.00 Biweekly)
	Occupation CEO	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 1,040.00		
D. Full Name, Mailing Address and Zip Code Henry R. Loubet 425 Market St, 13th Floor CA035-1000 San Francisco, CA 94105	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 499.98 (\$38.46 Biweekly)
	Occupation SVP, Regional Operations CA	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 999.96		
E. Full Name, Mailing Address and Zip Code Carla M. Muggio 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 249.99 (\$19.23 Biweekly)
	Occupation VP Operations	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 499.98		
F. Full Name, Mailing Address and Zip Code Sheila T. Leatherman 9900 Bren Road E. MN008-W312 Minnetonka, MN 55343	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 260.00 (\$20.00 Biweekly)
	Occupation Executive Vice President	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 529.96		
G. Full Name, Mailing Address and Zip Code Edward R. Ricker 5901 Lincoln Drive MN012-S215 Edina, MN 55436	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 195.00 (\$15.00 Biweekly)
	Occupation Product Developer	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 390.00		

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

<p>A. Full Name, Mailing Address and Zip Code George D. Shafer 6601 Centerville business Pkwy OH010-3005 Dayton, OH 45459-8028</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 CEO Dayton Ohio Plan</p> <p>Aggregate Year-to-date > \$ 520.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 260.00 (\$20.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and Zip Code Clely B. Brogan 6601 Centerville Business Pkwy OH010-3005 Dayton, OH 45459-8028</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation Director, Customer/Professional Services</p> <p>Aggregate Year-to-date > \$ 390.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 195.00 (\$15.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and Zip Code Ken L. Hoyerman 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 COO UHC Ohio</p> <p>Aggregate Year-to-date > \$ 750.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 390.00 (\$30.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and Zip Code Ronald B. Colby 5901 Lincoln Drive MN012-N140 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 Senior VP, Insurance & Product Mgmt</p> <p>Aggregate Year-to-date > \$ 780.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 390.00 (\$30.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and Zip Code Robert J. Sheehy 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 COO PHO Ohio</p> <p>Aggregate Year-to-date > \$ 1,300.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 650.00 (\$50.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and Zip Code Michael J. Knohler 106 Farmers Alley, Suite 400 MI012-3200 Kalamazoo, MI 49005-0271</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 CEO</p> <p>Aggregate Year-to-date > \$ 1,040.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 520.00 (\$40.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and Zip Code William D. Felsing 10701 W. Research Drive WI030-3550 Milwaukee, WI 53226-0649</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&COO PrimeCare HealthPlan Inc.</p> <p>Aggregate Year-to-date > \$ 390.00</p>	<p>Date (Month day, Year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 195.00 (\$15.00 Biweekly)</p>

SUB TOTAL of Receipts This Page (Optional).....> **2,600.00**

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
Larry A. Rambo 10701 W. Research Drive WI030-3550 Milwaukee, WI 53226-0649	United HealthCare Corporation	Payroll	325.00
	Occupation CEO PrimeCare	Deduction	(\$25.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
	Occupation Director, Care Management	Deduction	(\$15.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 390.00		Biweekly)
Leonard A. Farr 9900 Bren Road East MN008-8310 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	499.98
	Occupation Corporate Vice President	Deduction	(\$38.46)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 999.96		Biweekly)
John A. Brevin 9900 Bren Road East MN008-W216 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	195.00
	Occupation Assistant General Counsel	Deduction	(\$15.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 390.00		Biweekly)
Robert J. Backes 9900 Bren Road E MN008-8317 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	325.00
	Occupation Vice President - Human Resources	Deduction	(\$25.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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
	Occupation National Medical Director	Deduction	(\$25.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 650.00		Biweekly)
Thomas A. Mahowald 9900 Bren Road E MN008-W212 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	390.00
	Occupation Public Affairs Director	Deduction	(\$30.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	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

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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		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Director Liaison Service/GenCare/PHP	Payroll Deduction	499.98 (\$38.46) Biweekly)
	Aggregate Year-to-date > \$	999.96	
Mary A. Warne 2550 University Ave W, S#401S MN040-2500 St. Paul, MN 55114-1904	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Clinical Treat Leader	Payroll Deduction	130.00 (\$10.00) Biweekly)
	Aggregate Year-to-date > \$	324.56	
R. Edward Hergmark 6300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Vice President CEO IHR (OPTUM)	Payroll Deduction	501.13 (\$38.47) Biweekly)
	Aggregate Year-to-date > \$	1,000.22	
Frederick C. Dunlap 9900 Bren Road E. MN008-W200 Minnetonka, MN 55343	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation CEO - Public Division	Payroll Deduction	260.00 (\$-20.00) Biweekly)
	Aggregate Year-to-date > \$	540.00	
Rafael P Perez 75 Valencia Ave FL010-1010 Coral Gables, FL 33134	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP - Operations	Payroll Deduction	325.00 (\$25.00) Biweekly)
	Aggregate Year-to-date > \$	650.00	
Blair R. Sullentrop 3700 Colonnade Parkway AL001-1001 Birmingham, AL 35243	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation President UHC South	Payroll Deduction	499.98 (\$38.46) Biweekly)
	Aggregate Year-to-date > \$	999.96	
Marshall V. Rozzi One South Wacker IL014-0300 Chicago, IL 60606	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Pres/CEO UHC of IL	Payroll Deduction	499.98 (\$38.46) Biweekly)
	Aggregate Year-to-date > \$	999.96	

SUB TOTAL of Receipts This Page (Optional).....> 2,715.05

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
Michael F. Ferris 450 Columbus Blvd 12NB-B Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	260.00
	Occupation Underwriting Manager	Deduction	(\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 520.00		Biweekly
Thomas P. McDonough 8330 Boone Blvd VA030-1030 Vienna, VA 22182	United HealthCare Corporation	Payroll	406.25
	Occupation Senior VP - Claim Services Administration	Deduction	(\$31.25)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ \$12.50		Biweekly
R. Channing Wheeler 2 Penn Plaza New York, NY 12204	United HealthCare Corporation	Payroll	494.00
	Occupation Northeast Plans Coach	Deduction	(\$38.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 988.00		Biweekly
Marc E Rothbart 5015 Campuswood Drive NY032-1000 East Syracuse, NY 13057-0450	United HealthCare Corporation	Payroll	249.99
	Occupation VP Commercial Sales	Deduction	(\$19.23)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 499.98		Biweekly
Jack A. Wickens 450 Columbus Blvd Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	195.00
	Occupation CEO, Field Operations	Deduction	(\$15.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 390.00		Biweekly
Richard C. Zarets 8330 Boone Blvd, Suite 300 VA030-1030 Vienna, VA 22182-2624	United HealthCare Corporation	Payroll	260.00
	Occupation Senior VP National Sales	Deduction	(\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 520.00		Biweekly
James G. Carlson 8330 Boone Blvd, Suite 300 VA030-1030 Vienna, VA 22182-2624	United HealthCare Corporation	Payroll	260.00
	Occupation Executive VP Field Operations	Deduction	(\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 520.00		Biweekly
SUB TOTAL of Receipts This Page (Optional).....>			2,125.24
TOTAL this Period (Last page this line number only).....>			

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

PAGE 6 OF 19
FOR LINE NUMBER 11 a f

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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. Braun 8330 Boone Blvd VA30-1030 Vienna, VA 22182-2624	United HealthCare Corporation	Payroll	260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Vice President	Deduction	(\$20.00)
Aggregate Year-to-date > \$		520.00	Biweekly)
Robert G. Harmon MD 10467 White Granite Dr. Suite 300, VA31-1000 Oakton, VA 22124-0450	United HealthCare Corporation	Payroll	260.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation National Medical Director	Deduction	(\$20.00)
Aggregate Year-to-date > \$		520.00	Biweekly)
David S. Barker 5015 Campuswood Drive NY032-1000 East Syracuse, NY 13057	United HealthCare Corporation	Payroll	541.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation CEO - Syracuse	Deduction	(\$41.66)
Aggregate Year-to-date > \$		1,083.16	Biweekly)
Robert K. Patton 4500 E. Pacific Coast Highway Suite 300 (CA33-1000) Long Beach, CA 90804-3273	United HealthCare Corporation	Payroll	325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP UHC of California	Deduction	(\$25.00)
Aggregate Year-to-date > \$		650.00	Biweekly)
Marc E. Beckon One Penn Plaza, 37th Floor NY36-1000 New York, NY 10121	United HealthCare Corporation	Payroll	270.79
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Sales Vice-President	Deduction	(\$20.83)
Aggregate Year-to-date > \$		541.58	Biweekly)
James T. Kerr 2 Penn Plaza Suite 700 NY036-1000 New York, NY 10121	United HealthCare Corporation	Payroll	325.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP Govt Programs - NY Tristate	Deduction	(\$25.00)
Aggregate Year-to-date > \$		650.00	Biweekly)
William C. Lamoreaux 450 Columbus Blvd Hartford, CT 06115	United HealthCare Corporation	Payroll	195.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Director, Provider Relations/Contracting	Deduction	(\$15.00)
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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
Russell M. Hostetler 1401 N. WestShore Blvd, 8th, fl FL 067-1000 Tampa, FL 33607	United HealthCare Corporation Occupation Medical Director	07/14/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Richard O'Connor 201 Executive Center Drive Suite 300 Columbia, SC 29210-8348	United HealthCare Corporation Occupation Physicians Health Plan Medical Director	07/14/97	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		300.00
Richard H. Watt 6300 Olson Memorial Hwy, MN 010-5269 Golden Valley, MN 55427-4981	United HealthCare Corporation Occupation Medical Director URN	07/14/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
William E. Martin PHP Inc, 201 Executive Center D Suite 300 (SC010-3450) Columbia, SC 29210-8438	United HealthCare Corporation Occupation Health Plan CEO	07/14/97	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		600.00
Paul Lambdin 80 CottonTralllane NJ 030-1000 Somerset, NJ 08873-1133	United HealthCare Corporation Occupation Sales Coach	07/14/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$		250.00
Joseph W. Mollen Jr. 425 Market St. San Francisco, CA 94405	United HealthCare Corporation Occupation Regional VP, Strategic Services	07/14/97	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
Lawrence J. Kissner 5300 NW 33rd Ave Suite 102 Ft. Lauderdale, FL 33309	United HealthCare Corporation Occupation Vice President Sales & Marketing	07/14/97	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

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

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FOR LINE NUMBER
11 a i

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

A. Full Name, Mailing Address and Zip Code	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
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 Vice President/Coach, National Accts	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 > \$	234.54
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	07/14/97	115.32
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	07/14/97	168.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Vice President, Utilization Mgmt	Aggregate Year-to-date > \$	327.46
Kathy R. Longworth 601 Office Center Drive PA020-1000 Ft. Washington, PA 19034	United HealthCare Corporation	07/14/97	220.00
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

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and Zip Code 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	
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 National Account Executive		Deduction (\$12.50)		Biweekly	
D. Full Name, Mailing Address and Zip Code Claudia Bjerre 26555 Evergreen Suite 1320 MI031-1000 SouthfieldHartford, 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 Director, Delivery Sys Mgmt		Deduction (\$12.50)		Biweekly	
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 Medical Director		Deduction (\$12.50)		Biweekly	
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 Vice President, Commercial Sales		Deduction (\$12.50)		Biweekly	
G. Full Name, Mailing Address and Zip Code Steven E. Card 501 U.S. Hwy 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	

SUB TOTAL of Receipts This Page (Optional)..... > **945.00**

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
Brett L. Baby 3650 Olentangy River Rd. OH020-3010 Columbus, OH 43214-1138	United HealthCare Corporation	Payroll	103.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Director, Provider Relations/Contracting	Deduction	(\$11.54)
Aggregate Year-to-date > \$		300.04	Biweekly
Kaych T. Safavi One South Wacker IL14-3605 Chicago, IL 60606	United HealthCare Corporation	Payroll	103.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP Medical Affairs	Deduction	(\$11.54)
Aggregate Year-to-date > \$		300.04	Biweekly
Jennifer A. McGill 5901 Lincoln Dr. MN012-N230 Edina, MN 55436	United HealthCare Corporation	Payroll	135.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Vice President Underwriting	Deduction	(\$15.00)
Aggregate Year-to-date > \$		330.00	Biweekly
David Lubben 9900 Iren Rd East Mnka, MN 55343	United HealthCare Corporation	Payroll	346.14
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation General Counsel	Deduction	(\$38.46)
Aggregate Year-to-date > \$		538.44	Biweekly
William B. Green 1110 Montlmar Dr, Suite 400 AL006-1006 Mobile, AL 36609	United HealthCare Corporation	Payroll	103.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP/General Manager UHC South	Deduction	(\$11.54)
Aggregate Year-to-date > \$		300.04	Biweekly
Michael Fulk 3700 Colonnade Parkway AL001-1001 Birmingham, AL 35243	United HealthCare Corporation	Payroll	103.86
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Senior VP Sales & Marketing	Deduction	(\$11.54)
Aggregate Year-to-date > \$		300.04	Biweekly
Elise Anne Gemelhardt 1620 L St. NW #800 DC030-1000 Washington, DC 20036	United HealthCare Corporation	Payroll	346.14
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP Federal Affairs	Deduction	(\$38.46)
Aggregate Year-to-date > \$		538.44	Biweekly

SUB TOTAL of Receipts This Page (Optional).....>	1,242.72
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
Barbara C. Buenemann 969 Executive Parkway MO050-1000 St. Louis, MO 63141	United HealthCare Corporation Occupation COO UHC of the Midwest, Inc.	09/18/97	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 250.00		
Stephen J. Hemsley 9900 Bren Road East MN008-8092 Minnetonka, MN 55343	United HealthCare Corporation Occupation Sr. Executive Vice President	09/18/97	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		
William W. Mc.Guire 9900 Bren Road East MN008-8092 Minnetonka, MN 55343	United HealthCare Corporation Occupation President, CEO & Chairman	09/19/97	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		
Richard J. Migliori 475 Kilvert St RI010-3400 Warwick, RI 02886	United HealthCare Corporation Occupation CEO UHC New England	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 307.68 (\$38.46)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 499.98		Biweekly)
Antonio Fernandez Rex W Office Park Buchanan, PR	United HealthCare Corporation Occupation CEO, UHC Plans of Puerto Rico	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 307.68 (\$38.46)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 499.98		Biweekly)
Johnny Gore 3700 Colonnade Pkwy AL001 Birmingham, AL 35243	United HealthCare Corporation Occupation Sr. Medical Director	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 201.95 (\$28.85)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 375.05		Biweekly)
James Moniz Jr. 475 Kilvert St, Suite 310 RI010-3400 Warwick, RI 02886-1392	United HealthCare Corporation Occupation VP, Commercial Sales	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 60.00 (\$10.00)
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).....> 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	Name of Employer	Date (Month day, Year)	Amount of Each Receipt this Period
John A. Kennedy 2970 Clairmont Rd, Suite 300 GA010-3300 Atlanta, GA 30329	United HealthCare Corporation Occupation: Director, Government Programs	Payroll Deduction	60.00 (\$10.00)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 260.00 Biweekly)
John E. Bloum 6601 Centerville Business Pkwy OH010-3005 Dayton, OH 45459-8028	United HealthCare Corporation Occupation: Medical Director	Payroll Deduction	60.00 (\$10.00)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 260.00 Biweekly)
Linda E. Huber 77 W Port Plaza, Suite 500 MO010-3350 St. Louis, MO 63146	United HealthCare Corporation Occupation: VP Sales & Marketing	Payroll Deduction	57.66 (\$9.61)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 249.86 Biweekly)
Edward R. Grlese One South Wacker IL014-3605 Chicago, IL 60606	United HealthCare Corporation Occupation: VP Medical Delivery Sys	Payroll Deduction	60.00 (\$10.00)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 260.00 Biweekly)
Douglas B. McCarthy 9900 Bren Road E MN008-W212 Minnetonka, MN 55343	United HealthCare Corporation Occupation: Director, Government Programs	Payroll Deduction	60.00 (\$10.00)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 260.00 Biweekly)
Peter J. Young 2970 Clairmont Rd, Suite 300 GA010-3300 Atlanta, GA 30329	United HealthCare Corporation Occupation: Director, Finance	Payroll Deduction	60.00 (\$10.00)
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Aggregate Year-to-date > \$ 260.00 Biweekly)
Sandra M. Larson 5901 Lincoln Drive MND12-S159 Edina, MN 55436-1611	United HealthCare Corporation Occupation: Director, Group Services Administration	Payroll Deduction	60.00 (\$10.00)
	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

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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 Director, Information Systems	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 Director, Group Services Admin	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 Director, Finance	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 Vice President, Medicare	Deduction	(\$9.61)
Aggregate Year-to-date > \$		249.86	Biweekly
Joe A. Nakai 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 Montague-Chouse 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 Director, Product Management	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

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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
Christine H. Nye 3700 Colonnade Parkway AL001-1001 Birmingham, AL 35243	United HealthCare Corporation	Payroll	57.66
	Occupation VP, Government Programs	Deduction	(\$9.61)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 249.86		Biweekly)
Cheryl A. Popeck 800 N Magnolia Ave., S#600 FL029-1029 Orlando, FL 32803	United HealthCare Corporation	Payroll	60.00
	Occupation Director of Operations	Deduction	(\$10.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Biweekly)
Kevin J. Esval 9040 Executive Park Drive TN005-1005 Knoxville, TN 37923	United HealthCare Corporation	Payroll	57.66
	Occupation Marketing/Sales Director	Deduction	(\$9.61)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 249.86		Biweekly)
Enrique Cde-Galvez 11200 W Flager St. FL035-1035 Miami, FL 33125	United HealthCare Corporation	Payroll	60.00
	Occupation Physician	Deduction	(\$10.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Biweekly)
Elvira C. Lagoa 4047 Okeechobee Blvd FL016-1016 West Palm Beach, FL 33409	United HealthCare Corporation	Payroll	60.00
	Occupation Senior Administrator	Deduction	(\$10.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Biweekly)
Angel F. Mendez 1200 SW 1st St FL011-1011 Miami, FL 33135	United HealthCare Corporation	Payroll	60.00
	Occupation Physician in Charge	Deduction	(\$10.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Biweekly)
John Stevenson 450 Columbus Blvd 5NB-B Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	58.80
	Occupation Associate General Counsel	Deduction	(\$9.80)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 254.80		Biweekly)

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

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 Paul J Grandpre 450 Columbus Blvd 3NB-A Hartford, CT 06115-0450	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00 (\$10.00)
	Occupation Director, Customer Admin Svcs	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 Brian M. Quigley 450 Columbus Blvd 5NB-A Hartford, CT 06115-0450	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00 (\$10.00)
	Occupation Vice President, Gov't Relations	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 John A. Dwyer 450 Columbus Blvd 1SNB-A Hartford, CT 06115-0450	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00 (\$10.00)
	Occupation Pricing Small Group	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 260.00		Biweekly)
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) Payroll	Amount of Each Receipt this Period 60.00 (\$10.00)
	Occupation Vice President/Coach, National Accounts	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 Dolph Mariotti 1401 N. Westshore Blvd Suite 500 Tampa, FL 33607	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00 (\$10.00)
	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		Biweekly)
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) Payroll	Amount of Each Receipt this Period 60.00 (\$10.00)
	Occupation National Account Executive	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 William Nonnan 450 Columbus Blvd Hartford, CT 06115	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 60.00 (\$10.00)
	Occupation Senior Account Manager	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).....> **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	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
Frederic C. Larsen 60 E. Main Nanticoke, PA 18634	United HealthCare Corporation	Payroll	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Director, Government Operations	Deduction	(\$10.00)
Aggregate Year-to-date > \$		260.00	Biweekly)
Mollie Chapman 4501 Erskine Road OH035-3035 Cincinnati, OH 45242	United HealthCare Corporation	Payroll	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Manager, Provider Relations	Deduction	(\$10.00)
Aggregate Year-to-date > \$		260.00	Biweekly)
Phillip H. Dell 6300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427	United HealthCare Corporation	Payroll	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Marketing Executive	Deduction	(\$15.00)
Aggregate Year-to-date > \$		270.00	Biweekly)
William Tracy 9300 W. 110th Ste 350 Overland, KS 66210	United HealthCare	Payroll	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation VP Sales	Deduction	(\$25.00)
Aggregate Year-to-date > \$		325.00	Biweekly)
Agustin Bel 1200 SW 1st St. FJ.011-1011 Miami, FL 33135	United HealthCare Corporation	Payroll	38.44
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Physician	Deduction	(\$9.61)
Aggregate Year-to-date > \$		230.64	Biweekly)
Lester Coney One S. Nacher Dr Chicago, IL 60615	United HealthCare Corporation	Payroll	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation Director Key Accounts	Deduction	(\$20.00)
Aggregate Year-to-date > \$		280.00	Biweekly)
Janice D. Messeroff 4701 Cox Road VA037-1000 Glen Allen, VA 23060	United HealthCare Corporation	Payroll	80.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Occupation CEO	Deduction	(\$20.00)
Aggregate Year-to-date > \$		280.00	Biweekly)

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

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
	17	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 James Watson 2717 N. 118th Lucille Omaha, NE 68164	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 76.92 (\$19.23)
	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		Biweekly)
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)
	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		Biweekly)
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)
	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		Biweekly)
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)
	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		Biweekly)
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)
	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		Biweekly)
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)
	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		Biweekly)
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)
	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		Biweekly)

SUB TOTAL of Receipts This Page (Optional).....> **530.76**

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

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

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 Wahlrobe 1 So. Wacker Chicago, IL 60614	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 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 > \$ 275.00		(\$25.00) Biweekly
B. Full Name, Mailing Address and Zip Code Martha R. Nolan 450 Columbus Blvd Hartford, CT 06115	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 30.00
	Occupation Government Relations Counsel	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 230.00		(\$10.00) Biweekly
C. Full Name, Mailing Address and Zip Code Beth A. Jackson 450 Columbus Blvd Hartford, CT 06115	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 25.11
	Occupation Manager, Member Services	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 217.62		(\$8.37) Biweekly
D. Full Name, Mailing Address and Zip Code Thomas E. Burton 450 Columbus Boulevard 15NB-A/CT30-1030 Hartford, CT 06115-0450	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 16.66
	Occupation Accountant	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 216.58		(\$8.33) Biweekly
E. Full Name, Mailing Address and Zip Code Richard W. Ray 450 Columbus Blvd Hartford, CT 06115-0450	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 16.66
	Occupation Manager, Business Operations	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 216.58		(\$8.33) Biweekly
F. Full Name, Mailing Address and Zip Code Stephen Matheson 450 Columbus Blvd 12NB-B CT030-12BB Hartford, CT 06115	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 40.00
	Occupation Senior Vice President, Rural Markets	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 240.00		(\$20.00) Biweekly
G. Full Name, Mailing Address and Zip Code Robert W. Hottfield 450 Columbus Blvd P.O. BOX 150450 13NB-A Hartford, CT 06115-0450	Name of Employer United HealthCare Corporation	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 16.66
	Occupation Director, Pricing	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 216.58		(\$8.33) Biweekly

SUB TOTAL of Receipts This Page (Optional).....> **2211.09**

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

PAGE **19** OF **19**
FOR LINE NUMBER **11 a 1**

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

A. Full Name, Mailing Address and Zip Code Joe Berry 5901 Lincoln Drive MN012-S249 Edina, MN 55436	Name of Employer United HealthCare Corporation Occupation National Medical Director	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 20.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 220.00		Biweekly
B. Full Name, Mailing Address and Zip Code Maria C. Christu 9900 Bren Road E. Minnetonka, MN 55343	Name of Employer United HealthCare Corporation Occupation Assistant General Counsel	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 8.00 (\$8.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 208.00		Biweekly
C. Full Name, Mailing Address and Zip Code Michael Gross 450 Columbus Boulevard 15NB-A Hartford, CT 06115-0450	Name of Employer United HealthCare Corporation Occupation Vice President & Actuary, Pricing	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 8.00 (\$8.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 208.00		Biweekly
D. Full Name, Mailing Address and Zip Code Brian Bellows 1175 Post Rd East Westport, CT 06880	Name of Employer United HealthCare Corporation Occupation Vice President Sales Strategic Services	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 15.00 (\$15.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 210.00		Biweekly
E. Full Name, Mailing Address and Zip Code Robert Grunsky 1610 Arden Way ste 275 Sacramento, CA 98515	Name of Employer United HealthCare Corporation Occupation Manager, Commercial Sales	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 15.38 (\$15.38)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Aggregate Year-to-date > \$ 215.32		Biweekly
F. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Occupation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period
Aggregate Year-to-date > \$			
G. Full Name, Mailing Address and Zip Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Name of Employer Occupation	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period
Aggregate Year-to-date > \$			

SUB TOTAL of Receipts This Page (Optional).....> **66.38**

TOTAL this Period (last page the line number only).....> **27,831.07**

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>3-20-98</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>3-23-98</i> DATE PREPARED