



FEDERAL ELECTION COMMISSION

WASHINGTON, D.C. 20463

RQ-2

JUL 20 1994

David Koppe, Treasurer
United Healthcare Corporation
Political Fund
300 Opus Center
Minnetonka, MN 55343

Identification Number: C00274431

Reference: Year End Report (7/1/93-12/31/93)

Dear Mr. Koppe:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-On Schedule A supporting Line 11(a)(1) of the Detailed Summary Page, your report disclosed contributions from individuals that omit the aggregate year-to-date totals. Please amend your report by supplying the information. 11 CFR §104.3(a)(4)(1)

-Your report disclosed a category of financial activity that has been reflected on the wrong line of the Detailed Summary Page. Contributions to a federal candidate's legal defense fund that is not involved in federal elections should be properly disclosed on a separate Schedule B, supporting Line 29 of the Detailed Summary Page. Please refer to the instructions contained on the forms to determine the proper categorization when preparing your next filing.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,

Kenneth A. Davis, Jr.
Reports Analyst
Reports Analysis Division

94039172449

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full) United HealthCare Corporation Political Fund		2. FEC IDENTIFICATION NUMBER COO274431
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9900 Bren Road East P.O. Box 1459		
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
 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 _____

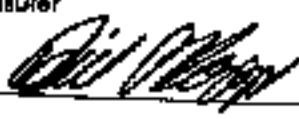
(b) Is this Report an Amendment? YES NO

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
7/1/93 through 12/31/93		
6. (a) Cash on Hand January 1, 1993		\$ 3,300.00
(b) Cash on Hand at Beginning of Reporting Period	\$ 1,300.00	
(c) Total Receipts (from Line 19)	\$ 10,190.00	\$ 10,190.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 11,490.00	\$ 13,490.00
7. Total Disbursements (from Line 30)	\$ 4,600.00	\$ 6,600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 6,890.00	\$ 6,890.00
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 800 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 **1/28/94**

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

9 4 0 3 9 1 7 4 4 5 0

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

(revised 1/1/91)

NAME OF COMMITTEE
United HealthCare Corporation Political Fund

REPORT COVERING PERIOD
 FROM **7/1/93** TO: **12/31/93**

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).....	9,500.00	9,500.00
ii. Unitemized.....	690.00	690.00
iii. Total..... (add i and ii) >	10,190.00	10,190.00
b. Political Party Committees.....	-0-	-0-
c. Other Political Committees (such as PACs).....	-0-	-0-
d. Total Contributions..... (add a ii, b and c) >	10,190.00	10,190.00
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) >	10,190.00	10,190.00
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.....	-0-	-0-
24. Independent Expenditures (use Schedule E).....	4,600.00	6,600.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(f)) (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) >	4,600.00	6,600.00
31. Total Federal Disbursements..... (subtract line 21 a ii from line 30) >	4,600.00	6,600.00

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from line 11d).....	10,190.00	10,190.00
33. Total Contribution Refunds (from line 28d).....	-0-	-0-
34. Net Contributions (other than loans) (subtract line 33 from line 32).....	10,190.00	10,190.00
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 line 35) >	-0-	-0-

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 2
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

94039172452

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Walworth Jr. 5070 Country Drive Okemos, MI 48864	United HealthCare	10/14/93	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO HRP - Mid Michigan	Aggregate Year-to-Date > \$ 1000.00	
Dr. Edward Bergmark 747 Evergreen Knolls Mendota Heights, MN 55118	United HealthCare	10/18/93	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO HRP for Human Resources	Aggregate Year-to-Date > \$ 1000.00	
Colin Gardner 1529 Arlington Drive Salt Lake City, UT 84103	United HealthCare	10/18/93	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO UHC of Utah	Aggregate Year-to-Date > \$ 1000.00	
William Pogue 7405 Fielding Trail Maple Plain, MN 55359	United HealthCare	10/15/93	1000.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr VP Sales, Mktg & Prod Dev	Aggregate Year-to-Date > \$ 1000.00	
James Eppel 4118 Sunnyside Road Edina, MN 55424	Medica	10/20/93	250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Marketing - Medica	Aggregate Year-to-Date > \$ 250.00	
Leonard Grover 10242 Brookcrest Circle South Jordan, UT 84065	United HealthCare	10/19/93	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Mkt - UHC Utah	Aggregate Year-to-Date > \$ 300.00	
William Ballard Jr. P.O. Box 1438 Louisville, Ky 40201		10/19/93	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Board Member (non-employee)	Aggregate Year-to-Date > \$ 500.00	

TOTAL of Receipts This Page (optional)

TOTAL This Period (list page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 2
FOR LINE NUMBER

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

34039172453

A. Full Name, Mailing Address and ZIP Code

James Savage
3787 Crooked Creek
Okemos, MI 48864

Receipt For: Other (specify): Primary General

Name of Employer United HealthCare	Date (month, day, year) 10/20/93	Amount of Each Receipt this Period 1000.00
Occupation CEO HRP Inc.	Aggregate Year-to-Date \$ 1000.00	

B. Full Name, Mailing Address and ZIP Code

Robert Backes
5824 Ewing Avenue South
Edina, MN 55410

Receipt For: Other (specify): Primary General

Name of Employer United HealthCare	Date (month, day, year) 10/22/93	Amount of Each Receipt this Period 500.00
Occupation VP Human Resources Admin Svcs	Aggregate Year-to-Date \$ 500.00	

C. Full Name, Mailing Address and ZIP Code

Michael Koehler
6036 Island Drive
Richland, MI 49083

Receipt For: Other (specify): Primary General

Name of Employer United HealthCare	Date (month, day, year) 10/22/93	Amount of Each Receipt this Period 1000.00
Occupation Exec Dir HRP SW Michigan	Aggregate Year-to-Date \$ 1000.00	

D. Full Name, Mailing Address and ZIP Code

Ken Hoverman
6149 Grey Friar Way
Dublin, OH 43017

Receipt For: Other (specify): Primary General

Name of Employer United HealthCare	Date (month, day, year) 11/5/93	Amount of Each Receipt this Period 250.00
Occupation VP Mtg UHC - Ohio	Aggregate Year-to-Date \$ 250.00	

E. Full Name, Mailing Address and ZIP Code

William Martia
253 Wooklands West
Columbia, SC 29223

Receipt For: Other (specify): Primary General

Name of Employer United HealthCare	Date (month, day, year) 11/10/93	Amount of Each Receipt this Period 200.00
Occupation CEO HRP S. Carolina	Aggregate Year-to-Date \$ 200.00	

F. Full Name, Mailing Address and ZIP Code

Jeannine Rivet
26050 Shorewood Oaks Drive
Shorewood, MN 55331

Receipt For: Other (specify): Primary General

Name of Employer United HealthCare	Date (month, day, year) 11/14/93	Amount of Each Receipt this Period 1500.00
Occupation VP Health Services Operations	Aggregate Year-to-Date \$ 1500.00	

G. Full Name, Mailing Address and ZIP Code

Receipt For: Other (specify): Primary General

Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Occupation	Aggregate Year-to-Date \$	

This Page (optional)

Use this line number only

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

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

24039172454

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Minge For Congress 7800 Normandale Boulevard Minneapolis, MN 55119	Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	9/16/93	500.00
B. Full Name, Mailing Address and ZIP Code Gephart For Congress	Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/1/93	500.00
C. Full Name, Mailing Address and ZIP Code Friends of Dennis Newinski 1944 E. Minnehaha St. Paul, MN 55119	Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/19/93	100.00
D. Full Name, Mailing Address and ZIP Code Stupek For Congress National Democratic Club 30 Ivy Street SE Washington, DC 20016	Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/1/93	500.00
E. Full Name, Mailing Address and ZIP Code Earl Poneroy for Congress 729 Second Avenue South Minneapolis, MN 55402	Political Contribution Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/13/93	500.00
F. Full Name, Mailing Address and ZIP Code Salute to Dave Durenburger	Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Legal Fund	12/8/93	2500.00
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 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 (list page this line number only)	2100.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

United HealthCare Corporation Political Fund

94039172455

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Salute to Dave Durenburger	Political Contribution Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Legal Fund	12/8/93	2500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	2500.00

**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 8-17-94
<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 17
<i>St. G.</i> PREPARER	8-18-94 DATE PREPARED

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