

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 FEB 11 A 11:20

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	2. FEC IDENTIFICATION NUMBER C00274431
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
6. Covering Period	07/01/99 through 12/31/99		
8. (a)	Cash on Hand January 1, 19 99		\$ 133,256.68
(b)	Cash on Hand at Beginning of Reporting Period	\$ 125,885.10	
(c)	Total Receipts (from Line 18)	\$ 62,101.97	\$ 95,331.39
(d)	Subtotal (add Lines 8(b) and 8(c) for Column A and Lines 8(a) and 8(c) for Column B)	\$ 177,987.07	\$ 228,587.07
7.	Total Disbursements (from Line 30)	\$ 30,000.00	\$ 80,600.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 8(d))	\$ 147,987.07	\$ 147,987.07
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact Federal Election Commission 990 E. Brook, NW Washington, DC 20463 Toll Free 800-424-6530 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
Patrick J. Erlandson

Signature of Treasurer

Patrick J. Erlandson

Date

1-21-2000

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

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FEC FORM 3X

(revised 9/99)

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

(revised 1/1/81)

NAME OF COMMITTEE United HealthCare Corporation Political Fund		REPORT COVERING PERIOD FROM 07/01/99 TO: 12/31/99	
		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)		34,810.96	50,280.34
ii. Unitemized		17,291.01	46,051.05
iii. Total (add i and ii) >		52,101.97	95,331.39
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions (add a ii, b and c) >		52,101.97	95,331.39
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) >		52,101.97	95,331.39
20. Total Federal Receipts (subtract line 18 from line 19) >		52,101.97	95,331.39
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 a i, a ii, and b) >		0.00	0.00
22. Transfers to Affiliated/Other Party Committees		30,000.00	80,600.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		0.00	0.00
24. Independent Expenditures (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0.00	0.00
26. Loan Repayments Made		0.00	0.00
27. Loans Made			
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		0.00	0.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contribution Refunds (add a, b and c) >		0.00	0.00
29. Other Disbursements		30,000.00	80,600.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		30,000.00	80,600.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		30,000.00	80,600.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		52,101.97	95,331.39
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		52,101.97	95,331.39
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >		0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** 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 Thomas H. Kean 36 Madison Ave Madison, NJ 07940	Name of Employer Occupation President, Drew University	Date (month, day, year) 07/02/99	Amount of Each Receipt this Period 750.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 750.00	
B. Full Name, Mailing Address and ZIP Code William W. McGulra 9900 Bran Road East MN008-8092 Minnetonka, MN 55343	Name of Employer United HealthGroup Occupation President, CEO & Chairman	Date (month, day, year) 07/05/99	Amount of Each Receipt this Period 5,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 6,000.00	
C. Full Name, Mailing Address and ZIP Code Frank R. Mascia 2307 W Cone Blvd NC010-3750 Greensboro, NC 27408	Name of Employer United HealthGroup Occupation CEO UHC of NC	Date (month, day, year) 07/08/99	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 Marshall V. Rozzi One South Wacker IL014-0300 Chicago, IL 60606	Name of Employer United HealthCare Corporation Occupation Pres/CEO UHC of IL	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 115.38 (\$38.46 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 616.36	
E. Full Name, Mailing Address and ZIP Code Robert J. Backes 9900 Bran Road E MN008-8317 Minnetonka, MN 55343	Name of Employer United HealthCare Corporation Occupation Vice President - Human Resources	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 1,200.00 (\$100.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 1,750.00	
F. Full Name, Mailing Address and ZIP Code Marc E. Beckon 2 Penn Plaza, 7th Floor NY36-1000 New York, NY 10121	Name of Employer United HealthCare Corporation Occupation Sales Vice-President	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 182.00 (\$24.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 462.79	
G. Full Name, Mailing Address and ZIP Code Tracy L. Bahl 450 Columbus Blvd Uniprise Towers, 12NB Hartford, CT 06115	Name of Employer United HealthCare Corporation Occupation President, Strategic Services Group	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 461.52 (\$38.46 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 961.50	

SUBTOTAL of Receipts This Page (optional)

7,968.90

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 **2** OF **19**
FOR LINE NUMBER **11 & I**

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

A. Full Name, Mailing Address and ZIP Code Steven Baker MD 10701 W. Research Dr P.O. Box 28649 (WI030-5360) Milwaukee, WI 53226-0649	Name of Employer United HealthCare Corporation Occupation Senior Medical Director	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 230.76 (\$19.23 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 480.75		
B. 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 Occupation CEO - Syracuse	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 124.98 (\$41.66 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 666.56		
C. 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	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 180.00 (\$16.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 375.00		
D. Full Name, Mailing Address and ZIP Code R. Edward Bergmark 6300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427	Name of Employer United HealthCare Corporation Occupation Vice President CEO IHR (OPTUM)	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 461.64 (\$36.47 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 861.75		
E. 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 240.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
F. Full Name, Mailing Address and ZIP Code John M. Brasch 2717 N 118th Circle NE010-3700 Omaha, NE 68164	Name of Employer United HealthCare Corporation Occupation CEO - UHCM	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 240.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code John A. Breviu 9900 Bren Road East MN008-W216 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 225.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 440.00		

SUBTOTAL of Receipts This Page (optional)

1,702.38

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
Robert B Broadfoot Jr. 12125 Woodcrest Exec Dr. S320 MO075-3835 St. Louis, MO 63141	United HealthCare Corporation	Payroll Deduction	165.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Care Management		(\$15.00)
	Aggregate Year-to-Date > \$ 360.00		Biweekly
Cicily B. Brogan 6601 Centerville Business Pkwy OH010-3005 Dayton, OH 45475-1090	United HealthGroup	Payroll Deduction	235.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Administration/Operations		(\$20.00)
	Aggregate Year-to-Date > \$ 430.00		Biweekly
Ronald B. Colby 9900 Bren Rd East MN008-E211 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP, Insurance & Product Mgmt		(\$50.00)
	Aggregate Year-to-Date > \$ 1,030.00		Biweekly
David De Lorenzo 5300 NW 33 Ave Suite 107 Ft Lauderdale, FL 33309	United HealthCare Corporation	Payroll Deduction	230.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager, Medical Management		(\$19.23)
	Aggregate Year-to-Date > \$ 480.75		Biweekly
Michael Dertziński 10701 W. Research Dr. W030-3550 Milwaukee, WI 53226	United HealthCare Corporation	Payroll Deduction	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Marketing and Sales		(\$20.00)
	Aggregate Year-to-Date > \$ 500.00		Biweekly
David G. Devereaux 3838 N. Central Ave Suite 500 AZ030-1000 Phoenix, AZ 85012	United HealthCare Corporation	Payroll Deduction	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President		(\$20.00)
	Aggregate Year-to-Date > \$ 500.00		Biweekly
Frederick C. Dunlap 9900 Bren Road E. MN008-W200 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO - Public Division		(\$20.00)
	Aggregate Year-to-Date > \$ 600.00		Biweekly

SUBTOTAL of Receipts This Page (optional)

1,960.76

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 4 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leonard A. Farr 8900 Bren Road East MN008-8310 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	720.00 (\$60.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Corporate Vice President	Aggregate Year-to-Date: \$ 1,284.60	
William D. Felsing 10701 W. Research Drive WI130-H420 Milwaukee, WI 53226-0649	United HealthGroup	Payroll Deduction	224.00 (\$19.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP&COO PrimeCare HealthPlan Inc.	Aggregate Year-to-Date: \$ 419.00	
Ronald S. Franzese Terrace Plaza, 250 Morris Ave MI013-3250 Muskegon, MI 49440-1143	United HealthCare Corporation	Payroll Deduction	480.00 (\$40.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO, PHP of West MI	Aggregate Year-to-Date: \$ 1,000.00	
Elise Anne Gemelnhardt 1620 L St. NY #800 DC030-1000 Washington, DC 20036	United HealthCare Corporation	Payroll Deduction	461.52 (\$38.46 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Federal Affairs	Aggregate Year-to-Date: \$ 961.50	
Johnny Gore 3700 Colonnade Pkwy AL001 Birmingham, AL 35243	United HealthCare Corporation	Payroll Deduction	259.66 (\$28.85 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Medical Director	Aggregate Year-to-Date: \$ 634.70	
Robert G. Harmon MD 10467 White Granite Dr. Suite 300, VA31-1000 Oakton, VA 22124-0450	United HealthCare Corporation	Payroll Deduction	240.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: National Medical Director	Aggregate Year-to-Date: \$ 500.00	
Andria Herr 800 N. Magnolia #600 Orlando Orlando, FL 32803	United HealthCare Corporation	Payroll Deduction	180.00 (\$15.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Sales, Orlando	Aggregate Year-to-Date: \$ 375.00	

SUBTOTAL of Receipts This Page (optional)

2,585.17

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
Ken L. Hoveman 3650 Olentangy River Rd OH020-3010 Columbus, OH 43214-1138	United HealthCare Corporation	Payroll Deduction	360.00 (\$30.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: COO UHC Ohio	Aggregate Year-to-Date: \$ 750.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick W. Irvine 6300 Olson Memorial Highway MN10-S201 Golden Valley, MN 55427	United HealthCare Corporation	Payroll Deduction	300.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: National Medical Director	Aggregate Year-to-Date: \$ 625.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Anthony J. Kazlauskas 475 Kilvert St, Suite 310 RI010-3400 Warwick, RI 02886-1392	United HealthCare Corporation	Payroll Deduction	240.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Director	Aggregate Year-to-Date: \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Koshler 106 Farmers Alley, Suite 400 MI012-3200 Kalamazoo, MI 49005-0271	United HealthCare Corporation	Payroll Deduction	480.00 (\$40.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO PHP Southwest Michigan	Aggregate Year-to-Date: \$ 1,000.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shella T. Leatherman 9900 Bren Road E. MN008-W312 Minnetonka, MN 55343	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: Executive Vice President	Aggregate Year-to-Date: \$ 480.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Lubben 9900 Bren Rd East Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	2,307.72 (\$192.31 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: General Counsel	Aggregate Year-to-Date: \$ 3,289.25	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas A. Mahowald 9900 Bren Road E MN008-W212 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	200.00 (\$50.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Public Affairs Director	Aggregate Year-to-Date: \$ 650.00	

SUBTOTAL of Receipts This Page (optional)	4,107.72
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Matheson 450 Columbus Blvd 12NB-B CT030-12BB Hartford, CT 06115	United HealthCare Corporation	Payroll	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President, Rural Market	Deduction	(\$20.00)
	Aggregate Year-to-Date > 6	500.00	Biweekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard J. Migliori 475 Kilvert St RI010-3400 Warwick, RI 02886	United HealthCare Corporation	Payroll	461.52
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO UHC New England	Deduction	(\$38.46)
	Aggregate Year-to-Date > \$	961.50	Biweekly)
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carla M. Muggio One South Wacker IL014-3605 Chicago, IL 60606	United HealthCare Corporation	Payroll	230.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Operations	Deduction	(\$18.23)
	Aggregate Year-to-Date > 6	480.75	Biweekly)
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Terry Nimnicht 6251 Greenwood Plaza Blvd Suite 200 CO030-1000 Englewood, CO 80111-4910	United HealthCare Corporation	Payroll	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President - UHC of Colorado,	Deduction	(\$20.00)
	Aggregate Year-to-Date > \$	500.00	Biweekly)
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Keith Noblitt 2970 Clairmont Rd #660 Atlanta, GA 30329-1634	United HealthCare Corporation	Payroll	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Strategic Account Executive	Deduction	(\$20.00)
	Aggregate Year-to-Date > \$	500.00	Biweekly)
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert K. Patton 4500 E. Pacific Coast Highway Suite 300 (CA33-1000) Long Beach, CA 90804-3273	United HealthCare Corporation	Payroll	275.00
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 > \$	600.00	Biweekly)
G. 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-N420 Milwaukee, WI 53226-0649	United HealthGroup	Payroll	308.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO PrimeCare	Deduction	(\$38.50)
	Aggregate Year-to-Date > \$	646.50	Biweekly)

SUBTOTAL of Receipts This Page (optional)

1,995.28

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

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 Jeannie M. Rivet 9900 Bren Road E. MN008-W315 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 COO of Health Plans</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>480.00 (\$40.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Marc E Rothbart 5015 Campuswood Drive NY032-1000 East Syracuse, NY 13057-0450</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 VP Commercial Sales</p> <p>Aggregate Year-to-Date > \$ 365.37</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>115.38 (\$19.23 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code George D. Shafer 6601 Centerville business Pkwy OH010-3006 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 > \$ 500.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>240.00 (\$20.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Robert J. Sheehy 9900 Bren Road East MN008-W301 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 COO United HealthCare/President</p> <p>Aggregate Year-to-Date > \$ 1,450.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>800.00 (\$90.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Meg Sternberg 2307 W. Cone Blvd NC10-3750 Greensboro, NC 27408</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthGroup</p> <p>Occupation VP Corp Affairs & Gov't Programs</p> <p>Aggregate Year-to-Date > \$ 425.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>230.00 (\$20.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code William Tracy 9300 W. 110th Ste 350 Overland, KS 66210</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 Sales</p> <p>Aggregate Year-to-Date > \$ 825.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>300.00 (\$25.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Barbara Wahrobea 1 So. Wacker Chicago, IL 60614</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 Corp V.P. of Sales</p> <p>Aggregate Year-to-Date > \$ 625.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>300.00 (\$25.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional)

2,465.38

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 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
James Watson 2717 N. 118th Lucile Omaha, NE 68164	United HealthCare Corporation	Payroll	230.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Govt Relations, UHC Midlands	Deduction	(\$19.23)
	Aggregate Year-to-Date > \$ 480.75		Biweekly)
R. Channing Wheeler 450 Columbus Blvd CT030-12BB Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	480.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Business Segment CEO	Deduction	(\$40.00)
	Aggregate Year-to-Date > \$ 978.00		Biweekly)
Betsy Whitaker 849 International Drive #125 MD052-1052 Linthicum, MD 21090	United HealthCare Corporation	Payroll	230.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Corporate Marketing Manager	Deduction	(\$19.23)
	Aggregate Year-to-Date > \$ 480.75		Biweekly)
Richard C. Zoretic 8330 Boone Blvd, Suite 300 VA030-1030 Vienna, VA 22182-2624	United HealthCare Corporation	Payroll	240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP National Sales	Deduction	(\$20.00)
	Aggregate Year-to-Date > \$ 500.00		Biweekly)
Richard H. Watt 6300 Olson Memorial Hwy. MN010-5269 Golden Valley, MN 55427-4981	United HealthCare Corporation	07/16/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director URN	Aggregate Year-to-Date > \$ 300.00	
Michael Harrington 6300 Olson Memorial Hwy MN10-S203 Golden Valley, MN 55427	United HealthCare Corporation	Payroll	275.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Optum-Sales	Deduction	(\$25.00)
	Aggregate Year-to-Date > \$ 480.00		Biweekly)
William P. Whitely One South Wacker IL014-0810 Chicago, IL 60606	United HealthGroup	Payroll	846.12
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO, United HealthCare of Illinois	Deduction	(\$76.92)
	Aggregate Year-to-Date > \$ 999.96		Biweekly)

SUBTOTAL of Receipts This Page (optional)

2,802.64

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 19
FOR LINE NUMBER 11 & J

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lois Quam 9900 Bren Road East MND08-T300 Minnetonka, MN 55343	United HealthGroup		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO, Ovations	Payroll Deduction	800.00
	Aggregate Year-to-Date > \$ 960.00		(\$80.00 Biweekly)
Edward R. Ricker 5901 Lincoln Drive MN012-S219 Edina, MN 55436	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Product Developer	Payroll Deduction	76.90
	Aggregate Year-to-Date > \$ 272.66		(\$7.68 Biweekly)
Allan J. Weiss 5901 Lincoln Drive MN012-N221 Edina, MN 55436	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Treasurer	Payroll Deduction	150.00
	Aggregate Year-to-Date > \$ 342.00		(\$15.00 Biweekly)
Lynne Montague-Clouse 12125 Technology Drive MN002-0161 Eden Prairie, MN 55344	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation International HealthCare Consultan	Payroll Deduction	200.00
	Aggregate Year-to-Date > \$ 390.00		(\$20.00 Biweekly)
Eric Bergen 5901 Lincoln Drive MN012-S249 Edina, MN 55436	United HealthGroup		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HealthCare Svcs Ops Sr Mgrnt	Payroll Deduction	180.00
	Aggregate Year-to-Date > \$ 380.00		(\$20.00 Biweekly)
Kenneth D. Roberts 450 Columbus Blvd Hartford, CT 06115	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation National Account Executive	Payroll Deduction	112.50
	Aggregate Year-to-Date > \$ 312.50		(\$12.50 Biweekly)
Carol Schneewels 6300 Olson Memorial Hwy MN010-S201 Golden Valley, MN 55427	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HealthCare	Payroll Deduction	135.00
	Aggregate Year-to-Date > \$ 325.00		(\$15.00 Biweekly)

SUBTOTAL of Receipts This Page (optional) **1,654.40**

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
Gary Schultz 13821 N.W. 12 Street FL075-1000 Sunrise, FL 33323	United HealthGroup		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO - South Florida	Payroll Deduction	360.00 (\$40.00 Biweekly)
	Aggregate Year-to-Date > \$	560.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Taylor 425 Market St, 13th Floor CA035-1000 San Francisco, CA 94105	United HealthGroup		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Western Region Vice President	Payroll Deduction	180.00 (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$	380.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David S. Wichmann 9900 Bran Road East MN008-W304 Minnetonka, MN 55343	United HealthGroup		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP - Corporate Development	Payroll Deduction	1,080.00 (\$120.00 Biweekly)
	Aggregate Year-to-Date > \$	1,200.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Alexander 425 Market St 27th floor San Francisco, CA	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Intake/San Francisco	Payroll Deduction	92.32 (\$11.54 Biweekly)
	Aggregate Year-to-Date > \$	288.50	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John P. Anton 2970 Clairmont Rd Suite 650 GA010-3380 Atlanta, GA 30329-1634	United HealthGroup		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Payroll Deduction	307.88 (\$38.46 Biweekly)
	Aggregate Year-to-Date > \$	499.98	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brett L. Baby 3850 Olentangy River Rd. OH020-3010 Columbus, OH 43214-1138	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Provider Relations/Contra	Payroll Deduction	92.32 (\$11.54 Biweekly)
	Aggregate Year-to-Date > \$	288.50	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William Bannon 450 Columbus Blvd 5-GB Hartford, CT 06103-1801	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Government Blvd - Medicare	Payroll Deduction	80.78 (\$11.54 Biweekly)
	Aggregate Year-to-Date > \$	276.96	

SUBTOTAL of Receipts This Page (optional)

2,193.10

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
Robert Hussay 8330 Boone Blvd Ste 300 VA30-1030 Vienna, VA 22182-2824	United HealthGroup	Payroll	153.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Public Policy & Comm Ovations	Deduction	(\$19.23)
	Aggregate Year-to-Date > \$ 338.45		Biweekly
Arnold H. Kaplan 9900 Bren Road E MN008-8315 Minnetonka, MN 55343	United HealthGroup	Payroll	615.36
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CFO	Deduction	(\$76.92)
	Aggregate Year-to-Date > \$ 789.20		Biweekly
Kaveh T. Safavi One South Wacker IL14-3605 Chicago, IL 60606	United HealthCare Corporation	Payroll	92.32
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 > \$ 288.50		Biweekly
Louise Short MD 2970 Clairmont Road, Ste #300 GA010-3300 Atlanta, GA 30029-1634	United HealthCare Corporation	Payroll	92.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Deduction	(\$11.54)
	Aggregate Year-to-Date > \$ 288.50		Biweekly
Tamara A. Smith 750 First Street, NE, Ste 1120 DC020-1000 Washington, DC 20002	United HealthCare Corporation	Payroll	92.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Marketing & Gov't Relations	Deduction	(\$11.54)
	Aggregate Year-to-Date > \$ 288.50		Biweekly
Stephn C. Spurgeon 13855 Riverport Drive Maryland Heights, MO 63043	United HealthGroup	Payroll	230.80
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Deduction	(\$28.85)
	Aggregate Year-to-Date > \$ 403.90		Biweekly
Saul Feldman 406 Market Street CA038-2701 San Francisco, CA 94105	United HealthGroup	Payroll	538.44
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO United Behavioral Health	Deduction	(\$76.92)
	Aggregate Year-to-Date > \$ 692.28		Biweekly

SUBTOTAL of Receipts This Page (optional) 1,815.40

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 12 OF 19
FOR LINE NUMBER 11 a

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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 Falk 2 Penn Plaza Ste 700 NY036-1000 New York, NY 10121	United HealthCare Corporation	Payroll Deduction	87.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Director	Aggregate Year-to-Date > \$ 282.50	(\$12.50 Biweekly)
Gregory Springer 6901 Lincoln Drive MN012-N282 Edina, MN 55436-1611	United HealthCare	Payroll Deduction	175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Controller UHC	Aggregate Year-to-Date > \$ 375.00	(\$25.00 Biweekly)
John Ellingboe 9900 Bren Road East MN008-T300 Minnetonka, MN 55343	United HealthGroup	Payroll Deduction	403.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior VP Ovations	Aggregate Year-to-Date > \$ 576.90	(\$57.69 Biweekly)
Judith Murphy 9900 Bren Road E. MN008-W302 Minnetonka, MN 55343	United HealthGroup	Payroll Deduction	175.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Business Segment CIO	Aggregate Year-to-Date > \$ 375.00	(\$25.00 Biweekly)
Ruth Kaplan 425 Market St. 27th Floor CA035-2707 San Francisco, CA 94105	United HealthGroup	Payroll Deduction	69.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: UBH VP of Employer Svcs	Aggregate Year-to-Date > \$ 265.34	(\$11.54 Biweekly)
Dianna Grant 889 Ridge Lake Blvd, Suite 212 TN001-1001 Memphis, TN 38120	United HealthGroup	Payroll Deduction	115.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Director	Aggregate Year-to-Date > \$ 311.67	(\$19.23 Biweekly)
Patricia R. Sauro 9900 Bren Road East MN008-T300 Minnetonka, MN 55343	United HealthGroup	Date (month, day, year): 10/15/99	300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir Product Development AARP	Aggregate Year-to-Date > \$ 300.00	

SUBTOTAL of Receipts This Page (optional)

1,325.95

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
James M. Messina 450 Columbus Blvd CT030-04BB Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Customer Service Administration	Deduction	(\$10.00)
	Aggregate Year-to-Date > \$ 260.00		Biweekly
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Stevenson 450 Columbus Blvd 5NB-B Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	49.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate General Counsel	Deduction	(\$9.80)
	Aggregate Year-to-Date > \$ 246.00		Biweekly
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Paul J Grandpa 450 Columbus Blvd 3NB-A Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Customer Admin Svcs	Deduction	(\$10.00)
	Aggregate Year-to-Date > \$ 260.00		Biweekly
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Brian M. Quigley 450 Columbus Blvd 5NB-A Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Gov't Relations	Deduction	(\$10.00)
	Aggregate Year-to-Date > \$ 250.00		Biweekly
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dennis Shea 450 Columbus Blvd BNB-A Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Deduction	(\$10.00)
	Aggregate Year-to-Date > \$ 250.00		Biweekly
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Cliff Kiel 145 S. State College Blvd #620 Brea, CA 92821	United HealthCare Corporation	Payroll	48.05
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Strategic Sales Exec.	Deduction	(\$9.81)
	Aggregate Year-to-Date > \$ 240.26		Biweekly
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John A. Dwyer 450 Columbus Blvd 15NB-A Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pricing Small Group	Deduction	(\$10.00)
	Aggregate Year-to-Date > \$ 250.00		Biweekly

SUBTOTAL of Receipts This Page (optional)

347.05

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

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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
John A Kennedy 2970 Clairmont Rd, Suite 300 GA010-3300 Atlanta, GA 30329	United HealthCare Corporation	Payroll Deduction	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Government Programs	Aggregate Year-to-Date > \$ 250.00	(\$10.00 Biweekly)
John E. Bloom 6601 Centerville Business Pkwy OH010-3005 Dayton, OH 45459-8028	United HealthCare Corporation	Payroll Deduction	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Director	Aggregate Year-to-Date > \$ 250.00	(\$10.00 Biweekly)
William O. Saunders 450 Columbus Blvd Hartford, CT 06116-0450	United HealthCare Corporation	Payroll Deduction	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President/Coach, National Acco	Aggregate Year-to-Date > \$ 250.00	(\$10.00 Biweekly)
Cheryl A. Popeck 800 N Magnolia Ave., S#600 FL029-1029 Orlando, FL 32803	United HealthCare Corporation	Payroll Deduction	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of Operations	Aggregate Year-to-Date > \$ 250.00	(\$10.00 Biweekly)
William Young 800 N. Magnolia Ave Ste 600 FL029-1029 Orlando, FL 32803	United HealthCare Corporation	Payroll Deduction	48.05
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Medical Director	Aggregate Year-to-Date > \$ 240.25	(\$9.61 Biweekly)
Dolph Markott 1401 N. Westshore Blvd Suite 500 Tampa, FL 33607	United HealthCare Corporation	Payroll Deduction	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of Operations	Aggregate Year-to-Date > \$ 250.00	(\$10.00 Biweekly)
Kevin J. Eoval 9040 Executive Park Drive TN005-1006 Knoxville, TN 37923	United HealthCare Corporation	Payroll Deduction	48.05
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Marketing/Sales Director	Aggregate Year-to-Date > \$ 240.25	(\$9.61 Biweekly)

BUBTOTAL of Receipts This Page (optional)

346.10

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 Mollie Chapman 4501 Erskine Road OH035-3035 Cincinnati, OH 45242	Name of Employer United HealthCare Corporation Occupation Manager, Provider Relations	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 50.00 (\$10.00 Biweekly)
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 Robert G Adams 7910 South 3500 East UT010-3500 Salt Lake City, UT 84121	Name of Employer United HealthCare Corporation Occupation Western Ops - Sr Mgmt	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 50.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		
C. Full Name, Mailing Address and ZIP Code Karl Kendall 6300 Olson Memorial Hwy MN010-W126 Golden Valley, MN 55427	Name of Employer United HealthCare Corporation Occupation VP, Computer Operations & Services	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 48.05 (\$9.61 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.25		
D. Full Name, Mailing Address and ZIP Code Thomas J. Okonek 6901 Lincoln Drive MN012-S159 Edina, MN 55436	Name of Employer United HealthCare Corporation Occupation Vice President, CSA-UHC	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 48.05 (\$9.61 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.25		
E. Full Name, Mailing Address and ZIP Code Tom Owen 6901 Lincoln Drive MN012-N230 Edina, MN 55436	Name of Employer United HealthCare Corporation Occupation Vice President - Underwriting	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 50.00 (\$10.00 Biweekly)
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 Rhonda Bagby 795 Woodlands Pkwy ste 101 MS001-1001 Ridgeland, MS 39157	Name of Employer United HealthCare Corporation Occupation Dir. of Finance	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 48.05 (\$9.61 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.25		
G. Full Name, Mailing Address and ZIP Code Michael Hawkins 1250 Capital of Tx Hwy S. Bldg I, Ste 400 Austin, TX 78746	Name of Employer United HealthCare Corporation Occupation Medical Director	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 50.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 250.00		

SUBTOTAL of Receipts This Page (optional) 344.15

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 Diane Flottemesch 5901 Lincoln Dr. MN012-N220 Edina, MN 55436	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 50.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Tax & Risk Mgmt Aggregate Year-to-Date > \$ 250.00	(\$10.00)
B. Full Name, Mailing Address and ZIP Code Charles Weber 9705 Data Park Drive MN006-0252 Minnetonka, MN 55343	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 50.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Systems Aggregate Year-to-Date > \$ 250.00	(\$10.00)
C. Full Name, Mailing Address and ZIP Code Lawrence A. Rivers 5901 Lincoln Drive MN012-N188 Edina, MN 55436	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 50.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Information Systems Aggregate Year-to-Date > \$ 250.00	(\$10.00)
D. Full Name, Mailing Address and ZIP Code David B. Smith 5901 Lincoln Drive MN012-N230 Edina, MN 55436	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 50.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Underwriting Aggregate Year-to-Date > \$ 250.00	(\$10.00)
E. Full Name, Mailing Address and ZIP Code Pamela A. Tyler 1949 E. Sunshine, Suite 300 MO015-1000 Springfield, MO 65804	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 50.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Group Services Admin Aggregate Year-to-Date > \$ 250.00	(\$10.00)
F. Full Name, Mailing Address and ZIP Code Marilyn Nevin 5901 Lincoln Drive MN012-N220 Edina, MN 55436	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 50.00
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Risk Management Aggregate Year-to-Date > \$ 250.00	(\$10.00)
G. Full Name, Mailing Address and ZIP Code Thomas L. Anderson 5901 Lincoln Drive MN012-S161 Edina, MN 55343	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 48.08
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Medicare Aggregate Year-to-Date > \$ 240.25	(\$9.61)

SUBTOTAL of Receipts This Page (optional)	348.05
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

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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
Herbert L. Whetsline 513 Eaton St MN003-1000 St. Paul, MN 55107	United HealthCare Corporation	Payroll Deduction	48.05
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Aviation Department Manager	Aggregate Year-to-Date > \$ 240.25	(\$9.61 Biweekly)
Mary A. Warno 2550 University Ave W, S#401S MN040-2500 St. Paul, MN 55114-1904	United HealthCare Corporation	Payroll Deduction	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Clinical Team Leader	Aggregate Year-to-Date > \$ 250.00	(\$10.00 Biweekly)
Sharon Swan 6251 Greenwood Plaza Blvd Englewood, CO 80206	United HealthCare Corporation	Payroll Deduction	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Director - Govt Programs	Aggregate Year-to-Date > \$ 250.00	(\$10.00 Biweekly)
John McCreehy 128 Sea Hammock Way Ponte Vedra Beach, FL 32082	United HealthCare Corporation	Payroll Deduction	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Sales/Services	Aggregate Year-to-Date > \$ 250.00	(\$10.00 Biweekly)
Edward R. Griese One South Wacker IL014-3605 Chicago, IL 60606	United HealthCare Corporation	Payroll Deduction	50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Medical Delivery Sys	Aggregate Year-to-Date > \$ 250.00	(\$10.00 Biweekly)
Jack A. Wickens 278 Franklin Rd, Suite 260 TN007-1000 Brentwood, TN 37024	United HealthCare Corporation	Payroll Deduction	76.92
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SVP Regional Operations	Aggregate Year-to-Date > \$ 269.22	(\$19.23 Biweekly)
Eugene Cavanaugh 450 Columbus Blvd CT030-12NB-8B Hartford, CT 06115	United HealthGroup	Payroll Deduction	153.84
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CFO Unprise	Aggregate Year-to-Date > \$ 346.14	(\$38.46 Biweekly)

SUBTOTAL of Receipts This Page (optional) **478.81**

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 B. Thomas Palmer 1900 E. Golf Road Suite 400 IL035-1000 Schaumburg, IL 60173</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthGroup</p> <p>Occupation Regional Vice President</p> <p>Aggregate Year-to-Date > \$ 269.22</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>76.92 (\$19.23 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code James Scott Garrett 2970 Clairmont Rd, Suite 300 GA010-3300 Atlanta, GA 30329-1634</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthGroup</p> <p>Occupation Sr. Director Network Management</p> <p>Aggregate Year-to-Date > \$ 269.22</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>76.92 (\$19.23 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Brian K. Bentrner 9900 Bran Road East MN008-T202 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 HealthGroup</p> <p>Occupation Deputy General Counsel</p> <p>Aggregate Year-to-Date > \$ 249.99</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>57.69 (\$19.23 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Lawrence J. Kissner 13621 NW 12Th Street FL075-1000 Sunrise, FL 33323</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthGroup</p> <p>Occupation Vice President Sales & Marketing</p> <p>Aggregate Year-to-Date > \$ 249.99</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>57.69 (\$19.23 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Paul Lefort 860 Saddlewood Drive Glen Ellyn, IL 60137</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthGroup</p> <p>Occupation Senior VP & CIO</p> <p>Aggregate Year-to-Date > \$ 260.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>60.00 (\$20.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Shella Letscher 9900 Bran Road East MN008-T203 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 HealthGroup</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 249.99</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>57.69 (\$19.23 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Richard J. Raskin MD 1375 E 9th St., Suite 1100 OH030-3015 Cleveland, OH 44114</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthGroup</p> <p>Occupation Medical Director</p> <p>Aggregate Year-to-Date > \$ 249.99</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>57.69 (\$19.23 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) **444.60**

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
Walter W. Wakefield 2409 Harrodsburg Road KY020-1000 Lexington, KY 40504	United HealthGroup		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO United HealthCare of Kentucky	Payroll Deduction	60.00
	Aggregate Year-to-Date > \$	280.00	(\$20.00 Biweekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <td>Amount of Each Receipt this Period</td>	Amount of Each Receipt this Period
Thomas H. Lindquist 9900 Bren Road East MN008-T300 Minnetonka, MN 55343	United HealthGroup		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President, AARP Division, Ovarians	Payroll Deduction	38.46
	Aggregate Year-to-Date > \$	230.76	(\$19.23 Biweekly)
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <td>Amount of Each Receipt this Period</td>	Amount of Each Receipt this Period
David Sandkuhl 3660 Orientangy River Road OH020-0260 Columbus, OH 43214	United HealthGroup		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Medical Sales & Marketing	Payroll Deduction	40.00
	Aggregate Year-to-Date > \$	240.00	(\$20.00 Biweekly)
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <td>Amount of Each Receipt this Period</td>	Amount of Each Receipt this Period
Thomas E. Burton 450 Columbus Boulevard 15NB-A/CT30-1030 Hartford, CT 06115-0450	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Accountant	Payroll Deduction	8.33
	Aggregate Year-to-Date > \$	208.25	(\$8.33 Biweekly)
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <td>Amount of Each Receipt this Period</td>	Amount of Each Receipt this Period
Robert W. Hattfield 450 Columbus Blvd P.O. BOX 150450 13NB-A Hartford, CT 06115-0450	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Pricing	Payroll Deduction	8.33
	Aggregate Year-to-Date > \$	208.25	(\$8.33 Biweekly)
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <td>Amount of Each Receipt this Period</td>	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 > \$		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year) <td>Amount of Each Receipt this Period</td>	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 > \$		

BUBTOTAL of Receipts This Page (optional)	155.12
TOTAL This Period (last page this line number only)	34,810.96

SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
EHRlich FOR CONGRESS COMMITTEE 1527 York Road Lutherville, MD 21093	Robert L. Ehrlich, U.S. HOUSE 2nd MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/07/99	500.00
Roth Senate Committee P.O. Box 105 Wilmington, DE 19899	William V. Roth, U.S. SENATE DE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/21/99	1,000.00
Kerrey for U.S. Senate Campaign Committee 301 4th St NE Suite 201 Washington, DC 20002	Bob Kerrey, U.S. SENATE NE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/22/99	1,000.00
Democratic Leader's Victory Fund 2000 P.O. Box 15849 Washington, DC 20003	Gephardt in Congress Committee Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	08/11/99	5,000.00
Vision for America 1155 21st Street NW Suite 300 Washington, DC 20036	Tillis Fowler, U.S. HOUSE 4th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/11/99	500.00
Minnesota Democratic-Farmer-Labor Party 352 Wacouta Street St. Paul, MN 55101	For Federal Use Only - General Fundraiser Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	09/01/99	500.00
Ed Bryant for Congress 889 Ridge Lake Blvd, Ste212 Memphis, TN 38120	Ed Bryant, U.S. HOUSE 7th TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/10/99	1,000.00
Friends Of John Boehner 7908-I Cincinnati Dayton Road West Chester, OH 45069	John A. Boehner, U.S. HOUSE 6th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/10/99	1,000.00
EHRlich FOR CONGRESS COMMITTEE 1527 York Road Lutherville, MD 21093	Robert L. Ehrlich, U.S. HOUSE 2nd MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/16/99	500.00

SUBTOTAL of Disbursements This Page (optional) 11,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Frist 2000 4205 Hilleboro Road S 306 Nashville, TN 37215	Bill Frist, U.S. SENATE TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/16/99	1,000.00
Friends of Cliff Stearns P.O. Box 308 Silver Springs, FL 34489-9986	Cliff Stearns, U.S. HOUSE 6th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/16/99	1,000.00
J.D. Hayworth for Congress P.O. Box 14273 Scottsdale, AZ 85267	J.D. Hayworth, U.S. HOUSE 6th AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/16/99	1,000.00
ANNE NORTHUP FOR CONGRESS 3340 LEXINGTON ROAD LOUISVILLE, KY 40206	Anne M. Northup, U.S. HOUSE 3rd KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/01/99	500.00
Adam Smith For Congress 27030 47th Ave S #104 Kent, WA 98032	Adam Smith, U.S. HOUSE 9th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/01/99	500.00
SOUTH DAKOTA DEMOCRATIC PARTY C/O Dash PAC 424 C Street NE Washington, DC 20002	Support for candidates at Federal Level Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/01/99	1,000.00
The Republican Majority Fund 425 Second Street NE Washington, DC	Support for Leadership PAC Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/01/99	2,500.00
Lieberman 2000 501 Capitol Ct. NE. #200 Wash, DC 20002	Joseph I. Lieberman, U.S. SENATE CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/21/99	2,000.00
The Freedom Project 111 E Street SE Washington, DC 20003	House of Representatives Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	10/26/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

10,500.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Burr for Congress P.O. Box 5732 Winston-Salem, NC 27113	Richard M. Burr, U.S. HOUSE 5th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/26/99	2,000.00
Peterson for Congress P.O. Box 265 Detroit Lake, MN 56502	Collin C. Peterson, U.S. HOUSE 7th MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/04/99	500.00
The Dick Arney Campaign P.O. Box 85 Lewisville, TX 75067	Dick Arney, U.S. HOUSE 26th TX Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/08/99	2,500.00
Ashcroft 2000 8229 Clayton Rd #200 St. Louis, MO 63117	John Ashcroft, U.S. SENATE MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/10/99	1,000.00
CPCPAC P.O. Box 22614 Alexandria, VA 22304	Leadership PAC support Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/10/99	1,000.00
Fletcher for Congress P.O. Box 4703 Lexington, KY 40544	Ernest (Ernie) Fletcher, U.S. HOUSE 6th KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/11/99	500.00
Grams for Senate 507 Capitol Court, NE Ste 100 Washington, DC 20002	Rod Grams, U.S. SENATE MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	11/11/99	1,000.00
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)	8,500.00
TOTAL This Period (last page this line number only)	30,000.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 1-21-00
<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>See</i> PREPARER	2-14-00 DATE PREPARED