

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 19 2 12 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) United HealthCare Corporation Political Fund	2. FEC IDENTIFICATION NUMBER C00274431
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9900 Bren Road East	3. <input type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)
CITY, STATE and ZIP CODE Minnetonka, MN 55343	

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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

Twelfth day report preceding _____
(Type of Election)

election on _____ in the State of _____

Thirtieth day report following the General Election on _____
in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period _____ through _____		
6. (a) Cash on Hand January 1, 19 96 _____		\$ 27,489.90
(b) Cash on Hand at Beginning of Reporting Period _____	\$ 40,161.07	
(c) Total Receipts (from Line 19) _____	\$ 21,029.87	\$ 36,901.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) _____	\$ 61,190.94	\$ 64,390.94
7. Total Disbursements (from Line 30) _____	\$ 4,405.00	\$ 7,605.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) _____	\$ 56,785.94	\$ 56,785.94
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 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) _____	\$ -0-	
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

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 9/93)

**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 04/01/96	TO: 06/30/96
	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)	10,078.64	19,928.64
ii. Unitemized	10,951.23	15,387.07
iii. Total (add i and ii) >	21,029.87	35,315.71
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contributions (add a iii, b and c) >	21,029.87	35,315.71
12. Transfers From Affiliated/Other Party Committees	0	1,585.33
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) >	21,029.87	36,901.04
20. Total Federal Receipts (subtract line 18 from line 19) >	21,029.87	36,901.04
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	4,405.00	7,605.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) >	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	4,405.00	7,605.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	4,405.00	7,605.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	21,029.87	35,315.71
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	21,029.87	35,315.71
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0

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
Travers H. Wills 9900 Bren Road East MN08-W301 Minnetonka, MN 55343	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Operating Officer	Payroll Deduction	350.00 (\$50.00 Biweekly)
	Aggregate Year-to-Date	> \$ 620.00	
Thomas A. Mahowald 9900 Bren Road East MN08-W212 Minnetonka, MN 55343	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Public Affairs Dir	Payroll Deduction	175.00 (\$25.00 Biweekly)
	Aggregate Year-to-Date	> \$ 265.00	
Ted Mondale 3800 France Avenue S. St. Louis Park, MN 55416	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP - Public Relations	Payroll Deduction	175.00 (\$25.00 Biweekly)
	Aggregate Year-to-Date	> \$ 325.00	
Robert J. Backes 4701 Dunberry Lane Edina, MN 55435	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, HR&Admin Services	Payroll Deduction	175.00 (\$25.00 Biweekly)
	Aggregate Year-to-Date	> \$ 265.00	
Robert J. Sheehy 4946 Sheffield Ave. Powell, OH 43065	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO PHP Ohio	Payroll Deduction	350.00 (\$50.00 Biweekly)
	Aggregate Year-to-Date	> \$ 650.00	
Anthony Kazlauskas 66 Laurel Hill Road East Greenwich, RI 02818	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Dir, URP NE	Payroll Deduction	140.00 (\$20.00 Biweekly)
	Aggregate Year-to-Date	> \$ 260.00	
Leonard Grover 10242 Brookcrest Circle South Jordan, UT 84065	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Sales/Marketing	Payroll Deduction	175.00 (\$25.00 Biweekly)
	Aggregate Year-to-Date	> \$ 325.00	

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 2 OF 4
FOR LINE NUMBER 11a1

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

A. Full Name, Mailing Address and ZIP Code Ronald Franzeze 2474 Hathaway Court North Shore, MI 49441 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Occupation CEO Aggregate Year-to-Date > \$520.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 280.00 (\$40.00 Biweekly)
B. Full Name, Mailing Address and ZIP Code Michael Koehler 7284 Hidden Cove Kalamazoo, MI 49009 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Occupation Exec Dir, SW MI Aggregate Year-to-Date > \$520.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 280.00 (\$40.00 Biweekly)
C. Full Name, Mailing Address and ZIP Code Larry Rambo 35306 Pabst Road Deconomoc, WI 53066 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Occupation President/CEO PrimeCare Aggregate Year-to-Date > \$325.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 175.00 (\$25.00 Biweekly)
D. Full Name, Mailing Address and ZIP Code Ronald Colby 5605 Burl Oaka Court Minnetrista, MN 55364 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Occupation President, UH&L Aggregate Year-to-Date > \$390.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 210.00 (\$30.00 Biweekly)
E. Full Name, Mailing Address and ZIP Code Patrick Irvine 100 Washington Square #106 Minneapolis, MN 55401 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Occupation Medical Dir, Evercare Aggregate Year-to-Date > \$325.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 175.00 (\$25.00 Biweekly)
F. Full Name, Mailing Address and ZIP Code Blair Suellentrop 1017 Greymoor Road Birmingham, AL 35242 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Occupation CEO Aggregate Year-to-Date > \$ 419.22	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 269.22 (\$38.46 Biweekly)
G. Full Name, Mailing Address and ZIP Code Thomas J. Zorumski 77 West Port Plaza, Ste 500 MN10-3350 St. Louis, MO 63146 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Occupation Senior VP UHC Region Aggregate Year-to-Date > \$ 291.62	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 291.62 (\$41.66 Biweekly)

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

SCHEDULE A

ITEMIZED RECEIPTS

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

<p>A. Full Name, Mailing Address and ZIP Code R. Edward Bergmark 6300 Olson Memorial Hwy MN10-S203 Golden Valley, MN 55427</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare</p> <p>Occupation VP/CEO IHR(OPTUM)</p> <p>Aggregate Year-to-Date > \$ 269.29</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 269.29 (\$38.47 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code David R. Dolph 969 Executive Parkway St. Louis MO 63141</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare</p> <p>Occupation PHP/GenCare Director</p> <p>Aggregate Year-to-Date > \$ 269.29</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 269.29 (\$38.47 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Marshall V. Rozzi 1S. Walker Drive Chicago, IL 60606</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare</p> <p>Occupation HealthPlan CEO</p> <p>Aggregate Year-to-Date > \$ 269.29</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 269.22 (\$38.46 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Donald A. Powers 475 Kilvert Street, Suite 310 Warwick, RI 02886-1392</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare</p> <p>Occupation VP Finance&Admin</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) 05/21/96</p>	<p>Amount of Each Receipt this Period 300.00</p>
<p>E. Full Name, Mailing Address and ZIP Code Paul S. Lambdin 40 Chestnut Ave. Bernardsville, NJ 07924</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 04/29/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>F. Full Name, Mailing Address and ZIP Code V. Rob Herrdon, III 415 N. McKinley, Suite 820 Little Rock, AR 72205</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare</p> <p>Occupation CEO, UHC OF AR</p> <p>Aggregate Year-to-Date > \$250.00</p>	<p>Date (month, day, year) 05/17/96</p>	<p>Amount of Each Receipt this Period 250.00</p>
<p>G. Full Name, Mailing Address and ZIP Code William C. Ballard, Jr. 3300 National City Tower 101 S. Fifth St. Louisville, KY 40202</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$ 750.00</p>	<p>Date (month, day, year) 03/19/96</p>	<p>Amount of Each Receipt this Period 750.00</p>

SUBTOTAL of Receipts This Page (optional)

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 4
FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bernard J. Mansheim 11027 Birdfoot LN Reston, VA 22091	United HealthCare	04/06/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 250.00			
B. Full Name, Mailing Address and ZIP Code Jeannine M. Rivet 4305 Trillium Way Minnetrista, MN 55364	United HealthCare	04/04/96	3000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
Aggregate Year-to-Date > \$ 3000.00			
C. Full Name, Mailing Address and ZIP Code Robert P. Brook 453 Higheroft Road Wayzata, MN 55391	United HealthCare	04/17/96	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	VP Sales-HealthCare		
Aggregate Year-to-Date > \$ 250.00			
D. Full Name, Mailing Address and ZIP Code William M. McGuire 1270 French Creek Drive Wayzata, MN 55391	United HealthCare	03/30/96	1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Executive		
Aggregate Year-to-Date > \$ 1000.00			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	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 > \$			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	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)	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 > \$			

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

10,078.64

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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 Disb. this Period
Mike Bilirakis for Congress P.O. Box 1077 Turpon Springs, FL 34688	Michael Bilirakis, U.S. HOUSE 9th FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/18/96	1,000.00
Tom DeLay Congressional Committee 10707 Corporate Drive Suite #130 Stafford, TX 77477	Tom DeLay, U.S. HOUSE 22nd TX Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/09/96	1,000.00
Fazio for Congress P.O. Box 990 Washington, DC 20044-0990	Vic Fazio, U.S. HOUSE 3rd CA Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	04/19/96	1,000.00
Sam Gejdenson Re-Election Committee P.O. Box 75214 Washington, DC 20013-5214	Sam Gejdenson, U.S. HOUSE 2nd CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/03/96	500.00
P.O. Box 990 Washington, DC 20044-0990	Sander M. Levin, U.S. HOUSE 12th MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	06/25/96	500.00
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 Disb. 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 Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
SUB TOTAL of Disbursements this page (Optional).....>			4,000.00
TOTAL this Period (Last page this line number only).....>			4,000.00

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SCHEDULE B

ITEMIZED DISBURSEMENTS

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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 Disb. this Period
MR. STREET DELL 1101 Connecticut Ave., NW Washington, DC	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/29/96	405.00 (In-Kind)
B. Full Name, Mailing Address and Zip Code Nelson for Senate P.O. Box 265 Baystowm, NE 68010	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	05/29/96	405.00 (Memo In-Kind)
C. Full Name, Mailing Address and Zip Code	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
D. Full Name, Mailing Address and Zip Code	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
E. Full Name, Mailing Address and Zip Code	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
F. Full Name, Mailing Address and Zip Code	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
G. Full Name, Mailing Address and Zip Code	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	Date (Month day, Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional.....)	405.00
TOTAL this Period (Last page this line number only).....	405.00

