

UNITEDhealthcare

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JUL

9900 Brent Road East
P.O. Box 1459
Minneapolis, MN 55440-1459

Federal Election Commission
Reports Analysis Division
999 E Street, N.W.
Washington, D.C. 20463

July 7, 1997

Identification Number: C00274431

Reference: Year End Report (11/25/96-12/31/96)

As requested by your letter dated June 4, 1997, I have attached an amendment to our 1996 Year End Report. Along with the amendment, we have submitted a request to use Computerized Filing in future filings. Any questions or concerns you can contact me at (612) 992-5301.

Sincerely,



Scott E. Theisen
Director, Corporate Accounting

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION JUL 11 1997

JUL 9 11 30 AM '97

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 checked="" 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 <u>11/25/96</u> through <u>12/31/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 27,489.90
(b) Cash on Hand at Beginning of Reporting Period	\$ 53,216.26	
(c) Total Receipts (from Line 10)	\$ 6,546.09	\$ 67,377.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 59,762.35	\$ 94,867.35
7. Total Disbursements (from Line 30)	\$ 500.00	\$ 35,605.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 59,262.35	\$ 59,262.35
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 999 E Street, NW Washington, DC 20485 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
<i>I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.</i>		
Type or Print Name of Treasurer David P. Koppe		
Signature of Treasurer		
		Date 7/7/97

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 8/93)

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 11/25/96 TO 12/31/96	
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	3,995.15	33,982.72
ii. Unitemized	2,550.94	31,809.40
iii. Total (add i and ii) >	6,546.09	65,792.12
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add a iii, b and c) >	6,546.09	65,792.12
12. Transfers From Affiliated/Other Party Committees	0.00	1,585.33
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) >	6,546.09	67,377.45
20. Total Federal Receipts (subtract line 18 from line 19) >	6,546.09	67,377.45
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	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	500.00	35,605.00
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	0.00	0.00
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	0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	500.00	35,605.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	500.00	35,605.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11d)	6,546.09	65,792.12
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	6,546.09	65,792.12
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 9
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leonard A. Farr 9900 Bren Road East MN008-8310 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	115.38 (\$38.46 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President, Corp. Aggregate Year-to-Date > \$ 769.20		
B. 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 MN008-W301 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	150.00 (\$50.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chief Operating Officer Aggregate Year-to-Date > \$ 1,270.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Sheila Leatherman 9900 Bren Road East MN008-8093 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	62.49 (\$20.83 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive VP Aggregate Year-to-Date > \$ 416.60		
D. 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 East MN008-W212 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	75.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Public Affairs Director Aggregate Year-to-Date > \$ 590.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Frederick C. Dunlap 9900 Bren Road East MN008-W200 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	60.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO Public Division Aggregate Year-to-Date > \$ 300.00		
F. 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 MN010-S201 Golden Valley, MN 55427	United HealthCare Corporation	Payroll Deduction	75.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: URG Specialty Co. Admin Aggregate Year-to-Date > \$ 650.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John A. Breviu 9900 Bren Road East MN008-W216 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	45.00 (\$15.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Assistant General Counsel Aggregate Year-to-Date > \$ 355.00		

SUBTOTAL of Receipts This Page (optional)

582.87

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 J. Backes 9900 Bren Road East MN008-8317 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	75.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President - HR	Aggregate Year-to-Date > \$ 590.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Joe A. Nakai 5901 Lincoln Drive MN012-8255 Edina, MN 55436-1611	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Medicare Sales	Aggregate Year-to-Date > \$ 260.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allan J. Weiss 5901 Lincoln Drive MN012-S242 Edina, Mn 55436-1611	United HealthCare Corporation	Payroll Deduction	36.00 (\$12.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP - Treasurer & Financial	Aggregate Year-to-Date > \$240.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sandra M. Larson 5901 Lincoln Drive MN012-S159 Edina, MN 55436-1611	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir, Group Services Admin	Aggregate Year-to-Date > \$ 260.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence A. Rivers 5901 Lincoln Drive MN012-N188 Edina, MN 55436-1611	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, IS	Aggregate Year-to-Date > \$ 260.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David F. Dolph 969 Executive Parkway St. Louis, MO 63141	United HealthCare Corporation	Payroll Deduction	115.38 (\$38.46 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir Liaison Ser GenCare	Aggregate Year-to-Date > \$ 730.74	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Zorumski 77 West Port Plaza, Suite 500 MO010-3350 St. Louis, MO 63146	United HealthCare Corporation	Payroll Deduction	124.98 (\$41.66 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP UHC Region	Aggregate Year-to-Date > \$533.20	

SUBTOTAL of Receipts This Page (optional) 441.36

TOTAL This Period (last page this line number only)

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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 Thor E. Anderson 77 West Port Plaza MO010-3350 St. Louis, MO 63146</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 Medicare, GenCare</p> <p>Aggregate Year-to-Date > \$400.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt This Period 60.00 (\$20.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Robert J. Sheehy 4946 Sheffield Ave. Powell, OH 43065</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation COO PHO Ohio</p> <p>Aggregate Year-to-Date > \$1,300.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt This Period 150.00 (\$50.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code James Moniz 475 Kilvert St, Suite 310 RI010-3400 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 Corporation</p> <p>Occupation VP, Commercial Sales</p> <p>Aggregate Year-to-Date > \$260.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt This Period 30.00 (\$10.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Max L. Powell III 475 Kilvert St, Suite 310 RI010-3400 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 Corporation</p> <p>Occupation CEO UHPME, Rhode Island</p> <p>Aggregate Year-to-Date > \$720.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt This Period 90.00 (\$30.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Anthony Kazlauskas 475 Kilvert St, Suite 310 RI010-3400 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 Corporation</p> <p>Occupation Medical Director</p> <p>Aggregate Year-to-Date > \$520.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt This Period 60.00 (\$20.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code John E. Bloom 6601 Centerville Business Pkwy Dayton, OH 45459-2918</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 Health Services</p> <p>Aggregate Year-to-Date > \$260.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt This Period 30.00 (\$10.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Cicily B. Brogan 6601 Centerville Business Pkwy 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 Dir Customer/Professional</p> <p>Aggregate Year-to-Date > \$390.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt This Period 45.00 (\$15.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) 465.00

TOTAL This Period (last page this line number only)

SCHEDULE 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
Ronald S. Franzese 2474 Hathaway Court North Shore, MI 49441	United HealthCare Corporation	Payroll Deduction	120.00 (\$40.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$1,040.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Koehler 6736 Island Drive Richland, MI 49083	United HealthCare Corporation	Payroll Deduction	120.00 (\$40.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director	Aggregate Year-to-Date > \$1,040.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mary L. Snider 2307 W. Cone Blvd, Suite 200 Greensboro, NC 27408	United HealthCare Corporation	Payroll Deduction	46.14 (\$15.38 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Health Affairs	Aggregate Year-to-Date > \$292.22	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Larry A. Rambo 10701 W Research Drive WI030-3550 Milwaukee, WI 53226-0649	United HealthCare Corporation	Payroll Deduction	75.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO PrimeCare	Aggregate Year-to-Date > \$50.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
R. Edward Bergmark 6300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427	United HealthCare Corporation	Payroll Deduction	115.41 (\$38.47 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP CEO IHR(Optum)	Aggregate Year-to-Date > \$769.40	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ronald B. Colby 5901 Lincoln Drive MN012-N216 Edina, MN 55436-1611	United HealthCare Corporation	Payroll Deduction	90.00 (\$30.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Insurance & Product Management	Aggregate Year-to-Date > \$780.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lyn Montague-Clouse 5901 Lincoln Drive MN012-N140 Edina, MN 55436	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation UH&L Admin	Aggregate Year-to-Date > \$260.00	

SUBTOTAL of Receipts This Page (optional) 596.55

TOTAL This Period (last page this line number only)

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

A. Full Name, Mailing Address and ZIP Code Edward R. Ricker 5901 Lincoln Drive MN012-N217 Edina, MN 55436	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 45.00 (\$15.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Product Development	Aggregate Year-to-Date > \$ 360.00	
B. Full Name, Mailing Address and ZIP Code Mary A. Warne 2550 University Avenue West Suite 401 (MN040-2500) St. Paul, MN 55114-1904	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 46.14 (\$15.38 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Geriatric Nurse Practitioner	Aggregate Year-to-Date > \$ 307.60	
C. Full Name, Mailing Address and ZIP Code Robert Broadfoot Jr. 1111 Northshore Drive MR1075-3873 Knoxville, TN 37019	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 45.00 (\$15.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Dir, UBS	Aggregate Year-to-Date > \$ 360.00	
D. Full Name, Mailing Address and ZIP Code Kaveh T. Safavi 1 So. Wacker Drive IL014-0300 Chicago, IL 60606	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 34.62 (\$11.54 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical-Dir, UHC Illinois	Aggregate Year-to-Date > \$ 230.80	
E. Full Name, Mailing Address and ZIP Code Carla M. Muggio 1 South Wacker Drive IL014-0910 Chicago, IL 60606	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 57.69 (\$19.23 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Finance UHC ILLINOIS	Aggregate Year-to-Date > \$ 249.99	
F. Full Name, Mailing Address and ZIP Code Marshall V. Rozzi 1 South Wacker Drive IL014-0300 Chicago, IL 60606	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 115.39 (\$38.46 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Health Plan CEO	Aggregate Year-to-Date > \$ 730.74	
G. Full Name, Mailing Address and ZIP Code Angel F. Mendez 1200 SW 1st St. FL011-1011 Miami, FL 33135	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 30.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Aggregate Year-to-Date > \$ 260.00	

SUBTOTAL of Receipts This Page (optional) 373.83

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 6 OF 9
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Elvira C. Lagoa 10431 S. W 40 St. FL019 Miami, FL 33165	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Senior Administrator Aggregate Year-to-Date > \$ 230.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
James J. Broderick 800 N. Magnolia Ave #600 FL029-1029 Orlando, FL 32751	United HealthCare Corporation	Payroll Deduction	57.69 (\$19.23 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Management Aggregate Year-to-Date > \$ 384.60		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Enrique Cue-Galvez, M.D. 11200 W Flagler St. 30091 CAC UHC Miami, FL 33165	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician Aggregate Year-to-Date > \$ 230.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rafael P. Perez 75 Valencia Ave Coral Gables, FL 33134	United HealthCare Corporation	Payroll Deduction	75.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP - Operations Aggregate Year-to-Date > \$560.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Blair R. Suellentrop 2160 Highland Ave AL001-1001 Birmingham, AL 35205	United HealthCare Corporation	Payroll Deduction	115.38 (\$38.46 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HealthCare Executive Aggregate Year-to-Date > \$ 919.20		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Fulk 2160 Highland Ave AL001-1001 Birmingham, AL 35205	United HealthCare Corporation	Payroll Deduction	34.62 (\$11.54 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: SR. VP Sales & Marketing Aggregate Year-to-Date > \$ 230.80		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William B. Green 1110 Montclair Drive #490 Mobile, AL 36608	United HealthCare Corporation	Payroll Deduction	34.62 (\$11.54 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP/General Manager UHC So. Aggregate Year-to-Date > \$ 288.52		

SUBTOTAL of Receipts This Page (optional) 377.31

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

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 Thomas P. McDonough 8330 Boone Blvd VA030-1030 Vienna, VA 22182	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 93.75 (\$31.25 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. VP - Claim Services	Aggregate Year-to-Date > \$ 375.00	
B. Full Name, Mailing Address and ZIP Code R. Channing Wheeler 450 Columbus Blvd Hartford, CT 06115	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 114.00 (\$38.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 456.00	
C. Full Name, Mailing Address and ZIP Code John V. Halldin Sr. 450 Columbus Blvd CT030-1030 Hartford, CT 06115-0450	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 62.49 (\$20.83 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. VP Real Estate	Aggregate Year-to-Date > \$ 249.96	
D. Full Name, Mailing Address and ZIP Code David S. Barker 501S Campus Wood Dr. East Syracuse, NY 13057	Name of Employer United HealthCare Corporation	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):	Occupation CEO - Syracuse	Aggregate Year-to-Date > \$ 499.92	
E. Full Name, Mailing Address and ZIP Code Robert K. Patton 4500 E. Pacific Coast Highway Suite 300 (CA033-1000) Long Beach, CA 90804-3273	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 75.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP UHC So. California	Aggregate Year-to-Date > \$ 300.00	
F. Full Name, Mailing Address and ZIP Code Leroy A. Volberding 4500 E. Pacific Coast Highway Suite 300 (CA033-1000) Long Beach, CA 90804-3273	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 50.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President UHC California	Aggregate Year-to-Date > \$ 275.00	
G. Full Name, Mailing Address and ZIP Code Marc E. Backon One Penn Plaza, 37th Floor NY; NY 10121	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 62.49 (\$20.83 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Sales	Aggregate Year-to-Date > \$ 249.96	

SUBTOTAL of Receipts This Page (optional)

582.71

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 9
FOR LINE NUMBER 11a1

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

<p>A. Full Name, Mailing Address and ZIP Code James T. Kerr 450 Columbus Blvd Hartford, CT 06115</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 Govt Prgms- NY Tristate</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 75.00 (\$25.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Agustin Bel M.D. 1200 S. W. 1st Street Miami, FL 33135</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 General Practice</p> <p>Aggregate Year-to-Date > \$ 210.59</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 28.83 (\$9.61 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Michael F. Ferris 450 Columbus Blvd 12NB-B Hartford, CT 06115-0450</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 Underwriting</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$20.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Marc E. Rothbart 450 Columbus Blvd Hartford CT 06115,0450</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 of Sales</p> <p>Aggregate Year-to-Date > \$ 230.76</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 57.69 (\$19.23 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Richard G. Zoretic 450 Columbus Blvd Hartford, CT 06115-0450</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 Sr. VP of Sales</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$20.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code James G. Carlson 450 Columbus Blvd Hartford, CT 06115-0450</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 Field Operations</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$20.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code James T. Brain 450 Columbus Blvd Hartford, CT 06115-0450</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 Vice President</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 60.00 (\$20.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) 401.52

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 9
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert C. Harmon 450 Columbus Blvd Hartford, CT 06115-0450	United HealthCare Corporation	Payroll Deduction	60.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation National Medical Dir	Aggregate Year-to-Date > \$ 240.00	
Maria C. Christu 9900 Bren Road E. Minnetonka, MN 55440-1459	United HealthCare Corporation	Payroll Deduction	24.00 (\$8.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assistant General Counsel	Aggregate Year-to-Date > \$ 208.00	
David B. Smith 5901 Lincoln Drive Edina, MN 55436	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Underwriting	Aggregate Year-to-Date > \$ 200.00	
Pamela A. Tyler 4614 Mike Colalillo Drive Duluth, MN 55807	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Claims Director	Aggregate Year-to-Date > \$ 200.00	
Edward R. Griese 1 S. Wacker Drive Chicago, IL 60606	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Medical Delivery Svs	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) 174.00

TOTAL This Period (last page this line number only) 3,995.15

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Watkins for Congress Box NW Stillwater, OK 74076	Wes Watkins, U.S. Senate OK Debt Retirement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 1996 Debt Retirement	12/02/96	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

**UNITED HEALTHCARE CORPORATION
POLITICAL ACTION COMMITTEE**

**MEMBERSHIP FORM
(UHC PAC)**

(Please Print)

NAME: _____

OCCUPATION: _____

SOCIAL SECURITY NUMBER: _____

EMPLOYEE IDENTIFICATION NO: _____

BUSINESS ADDRESS: _____

CITY, STATE, ZIP CODE: _____

WORK LOCATION/ MAIL ROUTE: _____

Please check the appropriate box.

PAYROLL DEDUCTION

New Payroll Deduction Revised Payroll Deduction

I hereby consent to United Health Care Corporation deducting the sum of \$ _____ from my salary each pay period on a continuous basis, and paying to the United HealthCare Political Fund all amounts deducted. This authorization shall remain in effect until I become ineligible to participate, or I cancel such authorization by notifying UHC PAC in writing of my wish to terminate.

LUMP SUM CONTRIBUTION

I am making my contribution in a lump sum. Enclosed is my check payable to the United HealthCare Corporation Political Fund for \$ _____.

ADDITIONAL INFORMATION

I have questions or need more information about UHC PAC. Please contact me.

UNABLE TO PARTICIPATE AT THIS TIME

No, thank you, I do not wish to join UHC PAC at this time. Please contact me in the future.

AFTER COMPLETING THIS APPLICATION, PLEASE SIGN AND DATE.

Signature: _____ Date: _____

Call Michele Petitti at (202) 659-8059 with any questions about completing this membership form.

**RETURN THIS FORM TO UHC PAC, MN12-5222, P.O. Box 1459,
Minneapolis, MN 55440-1459**



EXPLANATION OF PAYROLL SYSTEMS FOR EMPLOYEES CHOOSING TO CONTRIBUTE BY PAYROLL DEDUCTION

To date, three different payroll systems are in operation at United HealthCare in which employees are paid on either a monthly, semi-monthly, or bi-weekly basis. The following charts are designed to help you determine your contribution to UHC PAC, based on your current payroll cycle.

Former MetLife (MetraHealth)	Monthly	12 pay periods per year
Former Travelers (MetraHealth)	Semi-Monthly	24 pay periods per year
United HealthCare	Bi-Weekly	26 pay periods per year

Annual Gift	Monthly	Semi-Monthly	Bi-Weekly
\$1,000	\$83.33	\$41.66	\$38.46
\$750	\$62.50	\$31.25	\$28.85
\$500	\$41.66	\$20.83	\$19.23
\$400	\$33.33	\$16.66	\$15.38
\$300	\$25.00	\$12.50	\$11.54
\$250	\$20.83	\$10.42	\$9.61
\$200	\$16.66	\$8.33	\$7.69
\$100	\$8.32	\$4.17	\$3.85

The three payroll systems will be consolidated later this year so that all employees will be paid on a bi-weekly basis. If you are currently being paid on a monthly or semi-monthly basis, at the time that your payroll system is converted, your UHC PAC contribution will be automatically updated to reflect the change. For example, if you choose to contribute \$20.83 to UHC PAC on a monthly basis, your payroll deduction will be changed to \$9.61 per pay period when you are switched to a bi-weekly payroll system.

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.

Hand Delivered

DATE OF RECEIPT

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First Class Mail

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and Registration

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Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

ES.
PREPARER

7/10/97
DATE PREPARED