

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

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

ADDRESS (number and street) Check if different than previously reported
9900 Bren Road East

CITY, STATE and ZIP CODE
Minnetonka, MN 55343

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Jul 23 1 36 PM '99

2. FEC IDENTIFICATION NUMBER
C00274431

3. This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	01/01/99 through 06/30/99		
6. (a) Cash on Hand January 1, 19 99			\$ 133,255.68
(b) Cash on Hand at Beginning of Reporting Period		\$ 133,255.68	
(c) Total Receipts (from Line 19)		\$ 43,229.42	\$ 43,229.42
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 176,485.10	\$ 176,485.10
7. Total Disbursements (from Line 30)		\$ 60,600.00	\$ 60,600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 126,885.10	\$ 126,885.10
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 20483 Toll Free 800-424-9630 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

Gregory J. Springer

Signature of Treasurer



Date

7-15-99

NOTE: Submission of false, fraudulent 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 9/90)

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM SX

(revised 1/1/81)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
United HealthCare Corporation Political Fund	FROM	TO	06/30/88
	COLUMN A	COLUMN B	
	Total This Period	Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	15,469.38	15,469.38	11(a)(i)
ii. Unitemized	27,760.04	27,760.04	11(a)(ii)
iii. Total (add i and ii) >	43,229.42	43,229.42	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) >	43,229.42	43,229.42	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	43,229.42	43,229.42	19
20. Total Federal Receipts (subtract line 18 from line 19) >	43,229.42	43,229.42	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	50,600.00	50,600.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	50,600.00	50,600.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	50,600.00	50,600.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	43,229.42	43,229.42	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans) (subtract line 33 from line 32)	43,229.42	43,229.42	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from line 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **3**
FOR LINE NUMBER **11 a 1**

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
Robert J. Sheehy 9900 Bren Road East MN008-w301 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	450.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO United HealthCare	Aggregate Year-to-Date > \$ 850.00	(\$60.00) Biweekly
David S. Barker 5015 Campuswood Drive NY032-1000 East Syracuse, NY 13057	United HealthCare Corporation	Payroll Deduction	374.94
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO - Syracuse	Aggregate Year-to-Date > \$ 641.58	(\$41.66) Biweekly
Richard J. Migliori 475 Kilvert St RI010-3400 Warwich, RI 02886	United HealthCare Corporation	Payroll Deduction	307.58
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO UHC New England	Aggregate Year-to-Date > \$ 499.98	(\$38.46) Biweekly
Jaannie M. Rivet 9900 Bren Road E. MN008-W315 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	320.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO of Health Plans	Aggregate Year-to-Date > \$ 520.00	(\$40.00) Biweekly
Ronald S. Franzese Terrace Plaza, 250 Morris Ave MI013-3260 Muskegon, MI 49440-1143	United HealthCare Corporation	Payroll Deduction	320.00
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 > \$ 520.00	(\$40.00) Biweekly
Michael J. Koehler 106 Farmers Alley, Suite 400 MI012-3200 Kalamazoo, MI 49005-0271	United HealthCare Corporation	Payroll Deduction	320.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO PHP Southwest Michigan	Aggregate Year-to-Date > \$ 520.00	(\$40.00) Biweekly
Leonard A. Farr 9900 Bren Road East MN008-8310 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	372.30
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Corporate Vice President	Aggregate Year-to-Date > \$ 564.60	(\$60.00) Biweekly

SUBTOTAL of Receipts This Page (optional) **2,464.92**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David Lubben 9900 Bren Rd East Minnetonka, MN 55343	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Counsel	Payroll Deduction	769.23 (\$192.31)
	Aggregate Year-to-Date > \$	961.53	Biweekly
R. Edward Bergmark 6300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President CEO IHR (OPTUM)	Payroll Deduction	307.76 (\$38.47)
	Aggregate Year-to-Date > \$	500.11	Biweekly
Marshall V. Rozzi One South Wacker IL014-0300 Chicago, IL 60606	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres/CEO UHC of IL	Payroll Deduction	307.68 (\$38.46)
	Aggregate Year-to-Date > \$	499.98	Biweekly
R. Channing Wheeler 450 Columbus Blvd CT030-12BB Hartford, CT 06115-0450	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Business Segment CEO	Payroll Deduction	308.00 (\$40.00)
	Aggregate Year-to-Date > \$	498.00	Biweekly
Elise Anne Gemainhardt 1620 L St. NY #800 DC030-1000 Washington, DC 20036	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Federal Affairs	Payroll Deduction	307.68 (\$38.46)
	Aggregate Year-to-Date > \$	499.98	Biweekly
Tracy L. Bahl 450 Columbus Blvd Uniprise Towers, 12NB Hartford, CT 06116	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President, Strategic Services Group	Payroll Deduction	307.68 (\$38.46)
	Aggregate Year-to-Date > \$	499.98	Biweekly
Henry R. Loubat 425 Market St. 13th Floor CA035-1000 San Francisco, CA 94105	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP, Regional Operations CA	Payroll Deduction	230.76 (\$38.46)
	Aggregate Year-to-Date > \$	423.06	Biweekly
SUBTOTAL of Receipts This Page (optional)			2,538.79
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 3 OF 8
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
David E. Dolph 989 Executive Parkway, S#100 MO050-1000 St. Louis, MO 63141	United HealthCare Corporation	Payroll	230.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Liaison Services/GenCare/PH	Deduction	(\$38.48)
	Aggregate Year-to-Date > \$	423.06	Biweekly
Ken L. Hoverman 3660 Cienfuegos River Rd OH020-3010 Columbus, OH 43214-1138	United HealthCare Corporation	Payroll	210.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO UHC Ohio	Deduction	(\$30.00)
	Aggregate Year-to-Date > \$	390.00	Biweekly
Ronald B. Colby 9900 Bren Rd East MN008-E211 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP, Insurance & Product Mgmt	Deduction	(\$50.00)
	Aggregate Year-to-Date > \$	430.00	Biweekly
Thomas A. Mahowald 9900 Bren Road E MN008-W212 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	270.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Public Affairs Director	Deduction	(\$50.00)
	Aggregate Year-to-Date > \$	450.00	Biweekly
Johnny Gore 3700 Colonnade Pkwy AL001 Birmingham, AL 36243	United HealthCare Corporation	Payroll	201.95
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Medical Director	Deduction	(\$28.85)
	Aggregate Year-to-Date > \$	375.05	Biweekly
Larry A. Rambo 10701 W. Research Drive WI030-N420 Milwaukee, WI 53225-0649	United HealthGroup	Payroll	138.50
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 > \$	338.50	Biweekly
Barbara Wahlrobe 1 So. Wacker Chicago, IL 60614	United HealthCare Corporation	Payroll	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Corp V.P. of Sales	Deduction	(\$25.00)
	Aggregate Year-to-Date > \$	325.00	Biweekly

SUBTOTAL of Receipts This Page (optional) 1,426.21

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 8
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
Robert J. Backes 8900 Bren Road E MN008-B317 Minnetonka, MN 55343	United HealthCare Corporation	Payroll	350.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President - Human Resources	Deduction	(\$100.00)
	Aggregate Year-to-Date > \$ 550.00		Biweekly)
Patrick W. Irvine 6300 Olson Memorial Highway MN10-S201 Golden Valley, MN 55427	United HealthCare Corporation	Payroll	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation National Medical Director	Deduction	(\$26.00)
	Aggregate Year-to-Date > \$ 325.00		Biweekly)
William Tracy 9300 W. 110th Ste 350 Overland, KS 66210	United HealthCare Corporation	Payroll	125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Sales	Deduction	(\$25.00)
	Aggregate Year-to-Date > \$ 325.00		Biweekly)
Robert K. Patton 4500 E. Pacific Coast Highway Suite 300 (CA33-1000) Long Beach, CA 90804-3273	United HealthCare Corporation	Payroll	125.00
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 > \$ 325.00		Biweekly)
Marc E. Backon 2 Penn Plaza, 7th Floor NY36-1000 New York, NY 10121	United HealthCare Corporation	Payroll	83.32
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales Vice-President	Deduction	(\$20.83)
	Aggregate Year-to-Date > \$ 270.79		Biweekly)
Elizabeth A. Malkerson 8900 Bren Road East MN008-W314 Minnetonka, MN 55345	United HealthCare Corporation	05/18/99	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP & Senior Communications Officer		
	Aggregate Year-to-Date > \$ 250.00		
Carla M. Muggio One South Wacker IL014-3605 Chicago, IL 60606	United HealthCare Corporation	Payroll	57.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Operations	Deduction	(\$19.23)
	Aggregate Year-to-Date > \$ 249.98		Biweekly)

SUBTOTAL of Receipts This Page (optional) **1,116.01**

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 5 OF 8
FOR LINE NUMBER 11a

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

<p>A. Full Name, Mailing Address and ZIP Code Sheila T. Leatherman 9900 Bran Road E. MN008-W312 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 Executive Vice President</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>B. Full Name, Mailing Address and ZIP Code George D. Shafer 6601 Centerville business Pkwy OH010-3005 Dayton, OH 45459-8028</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation CEO Dayton Ohio Plan</p> <p>Aggregate Year-to-Date > \$ 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>C. Full Name, Mailing Address and ZIP Code Steven Baker MD 10701 W. Research Dr P.O. Box 26649 (WI030-5360) Milwaukee, WI 53228-0649</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation Senior 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>
<p>D. Full Name, Mailing Address and ZIP Code Michael Derdzinski 10701 W. Research Dr. WI030-3650 Milwaukee, WI 53225</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 V.P. Marketing and Sales</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>E. Full Name, Mailing Address and ZIP Code Joe Berry 5901 Lincoln Drive MN012-S249 Edina, MN 55436</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation National Medical Director</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 Frederick C. Dunlap 9900 Bran Road E. MN008-W200 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 CEO - Public Division</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>G. Full Name, Mailing Address and ZIP Code David De Lorenzo 5300 NW 33 Ave Suite 107 Ft Lauderdale, FL 33309</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 Manager, Medical Management</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>67.89 (\$19.23) Biweekly</p>

SUBTOTAL of Receipts This Page (optional) **415.38**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

PAGE 8 OF 8
FOR LINE NUMBER 11 a i

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

<p>A. Full Name, Mailing Address and ZIP Code Keith Noblitt 2970 Clairmont Rd #650 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 HealthCare Corporation</p> <p>Occupation Strategic Account Executive</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>B. Full Name, Mailing Address and ZIP Code Anthony J. 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 > \$ 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>C. 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 > \$ 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 Stephen Matheson 460 Columbus Blvd 12NB-B CT030-1288 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 Senior Vice President, Rural Market</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>E. Full Name, Mailing Address and ZIP Code Richard C. Zoretic 8330 Boone Blvd, Suite 300 VA030-1030 Vienna, VA 22182-2624</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation Senior VP National Sales</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 Katherine B. Hatting 601 Office Center Drive Ft. Washington, PA 19102</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation Director, Claims, AARP Div</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>40.00 (\$20.00) Biweekly</p>
<p>G. Full Name, Mailing Address and ZIP Code Betsy Whitaker 849 International Drive #125 MD052-1052 Linthicum, MD 21090</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 Corporate Marketing Manager</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) 395.38

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules) for each category of the Detailed Summary Page

PAGE 7 OF 8
FOR LINE NUMBER 11 a i

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

<p>A. Full Name, Mailing Address and ZIP Code Robert G. Harmon MD 10467 White Granite Dr. Suite 300, VA31-1000 Oakton, VA 22124-0450</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 National Medical Director</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>B. Full Name, Mailing Address and ZIP Code Janice D. Messeroff 4701 Cox Road VA037-1000 Glen Allen, VA 23060</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 UHC of Virginia</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>40.00 (\$20.00) Biweekly</p>
<p>C. Full Name, Mailing Address and ZIP Code David G. Devereaux 3838 N. Central Ave Suite 600 AZ030-1000 Phoenix, AZ 85012</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation Senior Vice President</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>D. Full Name, Mailing Address and ZIP Code Terry Nimmicht 6251 Greenwood Plaza Blvd Suite 200 CO030-1000 Englewood, CO 80111-4910</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 President - UHC of Colorado,</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>E. Full Name, Mailing Address and ZIP Code John M. Braasch 2717 N 118th Circle NE010-3700 Omaha, NE 68164</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 - UHCM</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 James Watson 2717 N. 118th Lucia Omaha, NE 68164</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 V.P. Govt Relations, UHC Midlands</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 T. Burke 3962 Tomahawk Trail Medina, MN 55340</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation Director, UHC</p> <p>Aggregate Year-to-Date > \$ 2,600.00</p>	<p>Date (month, day, year) 06/03/99</p>	<p>Amount of Each Receipt This Period</p> <p>2,500.00</p>

SUBTOTAL of Receipts This Page (optional)

2,837.69

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 **8**
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NAME OF COMMITTEE (in Full)
United HealthCare Corporation Political Fund

<p>A. Full Name, Mailing Address and ZIP Code William G. Spears 45 Rockefeller Plaza, 33RD Fl New York, NY 10111</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 Investment Manager</p> <p>Aggregate Year-to-Date > \$ 2,500.00</p>	<p>Date (month, day, year) 08/09/99</p>	<p>Amount of Each Receipt this Period 2,500.00</p>
<p>B. Full Name, Mailing Address and ZIP Code William C. Ballard Jr. 3300 National City Tower 101 So. 5th 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 HealthGroup</p> <p>Occupation Director of United HealthGroup</p> <p>Aggregate Year-to-Date > \$ 750.00</p>	<p>Date (month, day, year) 08/10/99</p>	<p>Amount of Each Receipt this Period 750.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Mary Mundinger 617 W 168 ST New York, NY 10032</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 Member Board of Directors</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 06/12/99</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>D. Full Name, Mailing Address and ZIP Code John A. Breviu 9900 Bran Road East MND08-W216 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 Assistant General Counsel</p> <p>Aggregate Year-to-Date > \$ 215.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 25.00 (\$25.00 Blweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) 4,275.00

TOTAL This Period (last page this line number only) 15,469.38

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
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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
The Majority Leaders Fund 4451 Brookfield Corp Dr. Suite 200 Chantilly, VA 20151	Support for Republican Candidates to US House Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	01/15/99	5,000.00
B. Full Name, Mailing Address and ZIP Code Lieberman 2000 601 Capitol Ct. NE. #200 Wash, DC 20002	Purpose of Disbursement Joseph I. Lieberman, U.S. SENATE CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/26/99	1,000.00
C. Full Name, Mailing Address and ZIP Code Frist 2000 4205 Hillsboro Road S 306 Nashville, TN 37215	Purpose of Disbursement Bill Frist, U.S. SENATE TN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/25/99	1,000.00
D. Full Name, Mailing Address and ZIP Code Keep Our Majority PAC 1275 Pennsylvania Ave, NW 10th Floor Washington, DC 20004	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	01/26/99	5,000.00
E. Full Name, Mailing Address and ZIP Code Luther for Congress Volunteer Commi 1399 Geneva Ave. Suite 103 Oakdale, MN 55128	Purpose of Disbursement William P. Luther, U.S. HOUSE 6th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/25/99	500.00
F. Full Name, Mailing Address and ZIP Code Friends Of Mark Foley For Congress 3507 Village Blvd #5-304 West Palm Beach, FL 33409	Purpose of Disbursement Mark Foley, U.S. HOUSE 16th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/03/99	600.00
G. Full Name, Mailing Address and ZIP Code Carnahan for Senate P.O. Box 4708 St Louis, MO 63108	Purpose of Disbursement Mel Carnahan, MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/08/99	1,000.00
H. Full Name, Mailing Address and ZIP Code Carnahan for Senate P.O. Box 4708 St Louis, MO 63108	Purpose of Disbursement Mel Carnahan, MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/08/99	1,000.00
I. Full Name, Mailing Address and ZIP Code The Reed Committee P.O. Box 8628 Cranston, RI 02920	Purpose of Disbursement Jack Reed, U.S. SENATE RI Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement 1990	02/08/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

16,000.00

TOTAL This Period (last page this line number only)

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
Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Bill Thomas, U.S. HOUSE 21st CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/19/99	1,000.00
Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Bill Thomas, U.S. HOUSE 21st CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/22/99	600.00
Minge for Congress PO Box 71 Granite Falls, MN 56241	David Minge, U.S. HOUSE 2nd MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/03/99	600.00
Jim Ramstad Volunteer Committee 8100 Penn Avenue South Suite #104 Bloomington, MN 55431	Jim Ramstad, U.S. HOUSE 3rd MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/03/99	1,000.00
Re-Elect Nancy Johnson to Congress P.O. Box 1986 New Britain, CT 06050	Nancy L. Johnson, U.S. HOUSE 8th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/26/99	1,500.00
Gerald C. "Jerry" Weller for Congress P.O. Box 687 Morris, IL 60450	Gerald C. Weller, U.S. HOUSE 11th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/30/99	1,000.00
Democratic Congressional Campaign Committee 430 South Capitol St. SE Washington, DC 20003	Supports Democratic Candidates in US Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	04/05/99	2,500.00
Jim Ramstad Volunteer Committee 8100 Penn Avenue South Suite #104 Bloomington, MN 55431	Jim Ramstad, U.S. HOUSE 3rd MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/06/99	2,000.00
Cardin for Congress 6306 York Road Baltimore, MD 21212	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/05/99	1,000.00

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) 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
Volunteers For Vento 1601 Duluth St Saint Paul, MN 55106	Bruce F. Vento, U.S. HOUSE 4th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/05/99	500.00
A Lot of People for Dave Obey 1212 Grand Avenue Wausau, WI 54401	David R. Obey, U.S. HOUSE 7th WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/16/99	100.00
DeWine for Senate 8 E Broud St. Columbus, OH 43215	Mike DeWine, U.S. SENATE OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/21/99	1,000.00
Enzi for U.S. Senate Committee	Michael B. Enzi, U.S. SENATE WY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/21/99	1,000.00
Jeffords for Vermont P.O. Box 246 Montpelier, VT 05602	James M. Jeffords, U.S. SENATE VT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/21/99	1,000.00
PORTER FOR CONGRESS COMMITTEE 1625 SHERIDAN ROAD #406 WILMETTE, IL 60091	John Edward Porter, U.S. HOUSE 10th IL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/21/99	500.00
Trent Lott for Mississippi P.O. Box 22824 Jackson, MS 39225	Trent Lott, U.S. SENATE MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/29/99	6,000.00
Friends of Jennifer Dunn P.O. Box 40110 Bellevue, WA 98015	Jennifer Dunn, U.S. HOUSE 8th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/05/99	1,000.00
Democratic Senatorial Campaign Committee 430 S Capitol Washington, DC 20003	Support Democrats for Election to Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	05/07/99	2,500.00

SUBTOTAL of Disbursements This Page (optional)

12,600.00

TOTAL This Period (last page this line number only)

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
Sabo for Congress Volunteer Cmte 1901 EMERSON AVENUE SOUTH #102 MINNEAPOLIS, MN 55403	Martin Olav Sabo, U.S. HOUSE 8th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/14/99	1,000.00
B. Full Name, Mailing Address and ZIP Code Friends Of John Boehner 7908-I Cincinnati Dayton Road West Chester, OH 45069	John A. Boehner, U.S. HOUSE 8th OH Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/14/99	1,000.00
C. Full Name, Mailing Address and ZIP Code ARMPAC 1275 Pennsylvania Ave NW Washington, DC 20004	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	06/04/99	2,000.00
D. Full Name, Mailing Address and ZIP Code Lazio For Congress 126 South Windsor Avenue Brightwaters, NY 11718	Rick A. Lazio, U.S. HOUSE 2nd NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/10/99	1,000.00
E. Full Name, Mailing Address and ZIP Code Ryan for Congress Janesville, WI 53547-1919	Paul Ryan, U.S. HOUSE WI Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/11/99	500.00
F. Full Name, Mailing Address and ZIP Code Hatch Election Committee 555 13th Street NW Suite 600 East Washington, DC 20004-1109	Orin G. Hatch, U.S. SENATE UT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/18/99	1,000.00
G. Full Name, Mailing Address and ZIP Code Congressional Majority Committee 4100 Truxton Ave Suite 210 Bakersfield, CA 93309	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1999	06/21/99	2,600.00
H. Full Name, Mailing Address and ZIP Code 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	06/23/99	1,000.00
I. Full Name, Mailing Address and ZIP Code Mike Billrakis for Congress P.O. Box 1077 Tarpon Springs, FL 34688	Michael Billrakis, U.S. HOUSE 9th FL Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/23/99	1,000.00

SUBTOTAL of Disbursements This Page (optional)

11,000.00

TOTAL This Period (last page this line number only)

50,600.00

