

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
COMMUNICATIONS SECTION

2. FEC IDENTIFICATION NUMBER
C00274431

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

4. TYPE OF REPORT

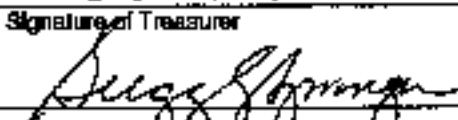
- (a) April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 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	11/24/98 through 12/31/98		
6. (a) Cash on Hand January 1, 19 98			\$ 105,122.73
(b) Cash on Hand at Beginning of Reporting Period		\$ 124,761.13	
(c) Total Receipts (from Line 19)		\$ 8,494.56	\$ 79,632.95
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 133,255.68	\$ 184,765.68
7. Total Disbursements (from Line 30)		\$ 0.00	\$ 51,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 133,255.68	\$ 133,255.68
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 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)		\$ 0.00	

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
1-28-99

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

DETAILED SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

(revised 1/1/93)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
United HealthCare Corporation Political Fund	FROM 11/24/98	TO: 12/31/98	
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)	6,932.41	40,348.73	11(a)(i)
ii. Unitemized	1,552.14	39,284.22	11(a)(ii)
iii. Total (add i and ii) >	8,484.55	79,632.95	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 ii, b and c) >	8,484.55	79,632.95	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) >	8,484.55	79,632.95	19
20. Total Federal Receipts (subtract line 16 from line 19) >	8,484.55	79,632.95	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	0.00	49,000.00	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. Individuals/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	2,500.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	0.00	51,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	0.00	51,500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	8,484.55	79,632.95	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,484.55	79,632.95	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 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 21
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

<p>A. Full Name, Mailing Address and ZIP Code Marc E. Backon One Penn Plaza, 37th Floor NY36-1000 New York, NY 10121</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 Sales Vice-President</p> <p>Aggregate Year-to-Date > \$ 541.58</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>62.49 (\$20.83) Biweekly</p>
<p>B. Full Name, Mailing Address and ZIP Code Tamara A. Smith 750 First Street, NE, Ste 1120 DC020-1000 Washington, DC 20002</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, Marketing & Gov't Relations</p> <p>Aggregate Year-to-Date > \$ 300.04</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>34.62 (\$11.54) Biweekly</p>
<p>C. Full Name, Mailing Address and ZIP Code James M. Messina 450 Columbe Blvd CT030-04BB 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 Customer Service Administration</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>30.00 (\$10.00) Biweekly</p>
<p>D. Full Name, Mailing Address and ZIP Code Travers H. Wills 9900 Bren Road East MN008-W301 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation Chief Operating Officer</p> <p>Aggregate Year-to-Date > \$ 1,300.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>150.00 (\$50.00) Biweekly</p>
<p>E. 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 > \$ 620.00</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 Louise Short MD 2970 Clairmont Road, Ste #300 GA010-3300 Atlanta, GA 30029-1634</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 Medical Director</p> <p>Aggregate Year-to-Date > \$ 300.04</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>34.62 (\$11.54) Biweekly</p>
<p>G. Full Name, Mailing Address and ZIP Code Richard J. Miglion 475 Kilvert St RI010-3400 Warwick, RI 02886</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 GEO UHC New England</p> <p>Aggregate Year-to-Date > \$ 988.96</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>115.38 (\$38.46) Biweekly</p>

SUBTOTAL of Receipts This Page (optional) 467.11

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 21
FOR LINE NUMBER 11a1

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

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

<p>A. Full Name, Mailing Address and ZIP Code Jeannie M. Rivet 9900 Bren Road E. MND08-W315 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation COO of Health Plans</p> <p>Aggregate Year-to-Date > \$ 1,040.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>120.00 (\$40.00) Biweekly</p>
<p>B. Full Name, Mailing Address and ZIP Code James Moniz Jr. 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)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>30.00 (\$10.00) Biweekly</p>
<p>C. Full Name, Mailing Address and ZIP Code Thomas E. Burton 450 Columbus Boulevard 15NB-A/CT30-1030 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 Accountant</p> <p>Aggregate Year-to-Date > \$ 216.58</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>24.99 (\$8.33) Biweekly</p>
<p>D. Full Name, Mailing Address and ZIP Code Michael Gross 450 Columbus Boulevard 15NB-A Hartford, CT 06115-0460</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 & Actuary, Pricing</p> <p>Aggregate Year-to-Date > \$ 208.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>24.00 (\$8.00) Biweekly</p>
<p>E. Full Name, Mailing Address and ZIP Code Brian Bellows 1175 Post Rd East Westport, CT 06880</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 Sales Strategic Serv</p> <p>Aggregate Year-to-Date > \$ 390.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>45.00 (\$15.00) Biweekly</p>
<p>F. Full Name, Mailing Address and ZIP Code R. Channing Wheeler 2 Penn Plaza New York, NY 12204</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 Northeast Plans Coach</p> <p>Aggregate Year-to-Date > \$ 988.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>114.00 (\$38.00) Biweekly</p>
<p>G. Full Name, Mailing Address and ZIP Code Cathie J. Beausoleil 450 Columbus Blvd P.O. Box 150460 7NB 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, Utilization Mgmt</p> <p>Aggregate Year-to-Date > \$ 312.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>36.00 (\$12.00) Biweekly</p>

SUBTOTAL of Receipts This Page (optional) 393.99

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 21
FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Stevenson 450 Columbus Blvd 5NB-B Hartford, CT 06115-0450	United HealthCare Corporation	Payroll Deduction	29.40 (\$9.80 Biweekly)
	Occupation: Associate General Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 254.80		
Martha R. Nolan 450 Columbus Blvd Hartford, CT 06115	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
	Occupation: Government Relations Counsel		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
Paul J Grandpre 450 Columbus Blvd 3NB-A Hartford, CT 06115-0450	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
	Occupation: Director, Customer Admin Svcs		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
Marc E Rothbart 5015 Campuswood Drive NY032-1000 East Syracuse, NY 13057-0450	United HealthCare Corporation	Payroll Deduction	57.69 (\$19.23 Biweekly)
	Occupation: VP Commercial Sales		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 499.98		
Brian M. Quigley 450 Columbus Blvd 5NB-A Hartford, CT 06115-0450	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
	Occupation: Vice President, Gov't Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
Dennis Shea 450 Columbus Blvd 5NB-A Hartford, CT 06115-0450	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 Biweekly)
	Occupation: Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
Cliff Kiel 145 S. State College Blvd #620 Brea, CA 92821	United HealthCare Corporation	Payroll Deduction	28.83 (\$9.61 Biweekly)
	Occupation: Strategic Sales Exec.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 249.86		

SUBTOTAL of Receipts This Page (optional) 235.92

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 21

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 John A. Dwyer 460 Columbus Blvd 15NB-A 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 Pricing Small Group</p> <p>Aggregate Year-to-Date > \$ 280.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>30.00</p> <p>(\$10.00)</p> <p>Biweekly</p>
<p>B. 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 > \$ 520.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>60.00</p> <p>(\$20.00)</p> <p>Biweekly</p>
<p>C. Full Name, Mailing Address and ZIP Code John A Kennedy 2970 Clairmont Rd, Suite 300 GA010-3300 Atlanta, GA 30329</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, Government Programs</p> <p>Aggregate Year-to-Date > \$ 280.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>30.00</p> <p>(\$10.00)</p> <p>Biweekly</p>
<p>D. Full Name, Mailing Address and ZIP Code Stephen Matheson 450 Columbus Blvd 12NB-B CT030-12BB 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 > \$ 520.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>60.00</p> <p>(\$20.00)</p> <p>Biweekly</p>
<p>E. Full Name, Mailing Address and ZIP Code John E. Bloom 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 Medical Director</p> <p>Aggregate Year-to-Date > \$ 280.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>30.00</p> <p>(\$10.00)</p> <p>Biweekly</p>
<p>F. Full Name, Mailing Address and ZIP Code Ronald S. Franzoso Terrace Plaza, 250 Morris Ave MI013-3260 Muskegon, MI 49440-1143</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, PHP of West MI</p> <p>Aggregate Year-to-Date > \$ 1,040.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>120.00</p> <p>(\$40.00)</p> <p>Biweekly</p>
<p>G. Full Name, Mailing Address and ZIP Code Kenneth D. Roberts 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 National Account Executive</p> <p>Aggregate Year-to-Date > \$ 325.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>37.50</p> <p>(\$12.50)</p> <p>Biweekly</p>

SUBTOTAL of Receipts This Page (optional) 367.50

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 21
FOR LINE NUMBER 11 a

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

<p>A. Full Name, Mailing Address and ZIP Code Robert W. Hattfield 450 Columbus Blvd P.O. BOX 150450 13NB-A 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 Director, Pricing</p> <p>Aggregate Year-to-Date > \$ 215.58</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 24.99</p> <p>(\$8.33 Biweekly)</p>
<p>B. 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 > \$ 520.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 60.00</p> <p>(\$20.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Elizabeth C. Cabot 5901 Lincoln Drive MN012-5214 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 State Government Program Manager</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 30.00</p> <p>(\$10.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Jose M. Cruz 1200 SW 1 Street FL011-1011 Miami, FL 33012-3315</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 Physician</p> <p>Aggregate Year-to-Date > \$ 249.86</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 28.83</p> <p>(\$9.61 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Andria Herr 800 N. Magnolia #600 Orlando Orlando, FL 32803</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation VP Sales, Orlando</p> <p>Aggregate Year-to-Date > \$ 390.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 45.00</p> <p>(\$15.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Henry R. Loubel 425 Market St. 13th Floor CA035-1000 San Francisco, CA 94105</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 SVP, Regional Operations CA</p> <p>Aggregate Year-to-Date > \$ 999.96</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 115.38</p> <p>(\$38.46 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Marshall V. Rozzi One South Wacker IL014-0300 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 Corporation</p> <p>Occupation Pres/CEO UHC of IL</p> <p>Aggregate Year-to-Date > \$ 999.96</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 115.38</p> <p>(\$38.46 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) **419.58**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and ZIP Code 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 > \$ 520.00</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 William D. Saunders 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/Coach, National Acco</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>30.00 (\$10.00) Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Elise Anna Gamainhardt 1820 L St. NY #800 DC030-1000 Washington, DC 20036</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 Federal Affairs</p> <p>Aggregate Year-to-Date > \$ 999.96</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>115.38 (\$38.46) Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code James G. Carlson 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 Executive VP Field Operations</p> <p>Aggregate Year-to-Date > \$ 480.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00 (\$60.00) Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Lester Gony One S. Nacher Dr Chicago, IL 60615</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 Key Accounts</p> <p>Aggregate Year-to-Date > \$ 520.00</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 William C. Lamoreaux 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 Director, Provider Relations/Contra</p> <p>Aggregate Year-to-Date > \$ 380.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>45.00 (\$15.00) Biweekly)</p>
<p>G. 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 > \$ 520.00</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>

SUBTOTAL of Receipts This Page (optional)

390.38

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Frederick C. Dunlap 9900 Bren Road E. MN008-W200 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: CEO - Public Division Aggregate Year-to-Date > 6 520.00	Payroll Deduction	60.00 (\$20.00 Biweekly)
Cheryl A. Popeck 800 N Magnolia Ave., S#600 FL029-1029 Orlando, FL 32803 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Director of Operations Aggregate Year-to-Date > 3 260.00	Payroll Deduction	30.00 (\$10.00 Biweekly)
Carla M. Muggio One South Wacker IL014-3605 Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: VP Operations Aggregate Year-to-Date > 5 499.98	Payroll Deduction	57.69 (\$19.23 Biweekly)
William Bannon 450 Columbus Blvd 5-GB Hartford, CT 06103-1801 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: V.P. Government Blvd - Medicare Aggregate Year-to-Date > 3 300.04	Payroll Deduction	34.62 (\$11.54 Biweekly)
Mary Chasin Five Post Oak Park ste 550 TX35-1000 Houston, TX 77027 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Human Resources Manager Aggregate Year-to-Date > 3 208.00	Payroll Deduction	24.00 (\$8.00 Biweekly)
William Young 800 N. Magnolia Ave Ste 600 FL029-1029 Orlando, FL 32803 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Sr. Medical Director Aggregate Year-to-Date > 3 249.86	Payroll Deduction	28.83 (\$9.61 Biweekly)
David De Loranzo 5300 NW 33 Ave Suite 107 Ft Lauderdale, FL 33309 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Manager, Medical Management Aggregate Year-to-Date > 6 499.98	Payroll Deduction	57.69 (\$19.23 Biweekly)

SUBTOTAL of Receipts This Page (optional) 292.83

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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
Sheila T. Leatherman 9900 Bron Road E. MN008-W312 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Executive Vice President Aggregate Year-to-Date > \$ 520.00	Payroll Deduction	60.00 (\$20.00) Biweekly
Linda E. Huber 77 W Port Plaza, Suite 500 MO010-3350 St. Louis, MO 63146 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: VP Sales & Marketing Aggregate Year-to-Date > \$ 249.86	Payroll Deduction	28.83 (\$9.61) Biweekly
James T. Braun 8330 Boone Blvd VA30-1030 Vienna, VA 22182-2624 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Vice President Aggregate Year-to-Date > \$ 440.00	Payroll Deduction	-20.00 (\$20.00) Biweekly
Edward R. Ricker 5901 Lincoln Drive MN012-S215 Edina, MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Product Developer Aggregate Year-to-Date > \$ 390.00	Payroll Deduction	45.00 (\$15.00) Biweekly
Dolph Mariotti 1401 N. Westshore Blvd Suite 500 Tampa, FL 33607 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Director of Operations Aggregate Year-to-Date > \$ 260.00	Payroll Deduction	30.00 (\$10.00) Biweekly
George D. Shafer 6801 Centerville business Pkwy OH010-3005 Dayton, OH 45459-8028 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: CEO Dayton Ohio Plan Aggregate Year-to-Date > \$ 520.00	Payroll Deduction	60.00 (\$20.00) Biweekly
Kevin J. Esval 9040 Executive Park Drive TN005-1005 Knoxville, TN 37923 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Marketing/Sales Director Aggregate Year-to-Date > \$ 249.85	Payroll Deduction	28.83 (\$9.61) Biweekly

SUBTOTAL of Receipts This Page (optional) **232.66**

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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 Enrique Cue-Galvez 11200 W Flager St. FL035-1035 Miami, FL 33128 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Physician	Payroll Deduction \$ 260.00	30.00 (\$10.00 Biweekly)
B. Full Name, Mailing Address and ZIP Code Elvira C. Lagoa 4047 Okeechobee Blvd FL016-1016 West Palm Beach, FL 33409 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Senior Administrator	Payroll Deduction \$ 260.00	30.00 (\$10.00 Biweekly)
C. Full Name, Mailing Address and ZIP Code Allan J. Weiss 5901 Lincoln Drive Edina, MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Finance, Senior Management	Payroll Deduction \$ 312.00	36.00 (\$12.00 Biweekly)
D. Full Name, Mailing Address and ZIP Code Brett L. Baby 3650 Olentangy River Rd. OH020-3010 Columbus, OH 43214-1138 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Director, Provider Relations/Contra	Payroll Deduction \$ 300.04	34.62 (\$11.54 Biweekly)
E. Full Name, Mailing Address and ZIP Code Mollie Chapman 4504 Erskine Road OH036-3036 Cincinnati, OH 45242 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Manager, Provider Relations	Payroll Deduction \$ 260.00	30.00 (\$10.00 Biweekly)
F. Full Name, Mailing Address and ZIP Code Phillip H. Dall 6300 Olson Memorial Hwy MN010-8203 Golden Valley, MN 55427 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Marketing Executive	Payroll Deduction \$ 390.00	46.00 (\$15.00 Biweekly)
G. Full Name, Mailing Address and ZIP Code Claudia Bjerra 26555 Evergreen Suite 1320 MI031-1000 Southfield/Hartford, MI 48076 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Director, Delivery Sys Mgmt	Payroll Deduction \$ 325.00	37.50 (\$12.50 Biweekly)

SUBTOTAL of Receipts This Page (optional) **243.12**

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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 Peter A. Ramirez 369 W. First St., #300 OH074-3882 Dayton, OH 45402	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Physician	Payroll Deduction (\$10.00)	30.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00		
B. Full Name, Mailing Address and ZIP Code Cicily B. Brogan 6601 Centerville Business Pkwy OH010-3005 Dayton, OH 45459-8028	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Director, Customer/Professional Ser	Payroll Deduction (\$15.00)	45.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 390.00		
C. Full Name, Mailing Address and ZIP Code Robert G Adams 7910 South 3500 East UT010-3500 Salt Lake City, UT 84121	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Western Ops - Sr Mgmt	Payroll Deduction (\$10.00)	30.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00		
D. Full Name, Mailing Address and ZIP Code Ken L. Hoverman 3650 Olentangy River Rd OH020-3010 Columbus, OH 43214-1138	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation COO UHC Ohio	Payroll Deduction (\$30.00)	90.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 780.00		
E. Full Name, Mailing Address and ZIP Code Ronald B. Colby 6901 Lincoln Drive MN012-N140 Edina, MN 55436	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Senior VP, Insurance & Product Mgmt	Payroll Deduction (\$30.00)	90.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 780.00		
F. Full Name, Mailing Address and ZIP Code Keith Noblitt 2970 Clairmont Rd #650 Atlanta, GA 30329-1634	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Strategic Account Executive	Payroll Deduction (\$20.00)	60.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 520.00		
G. Full Name, Mailing Address and ZIP Code Edward R. Griese One South Wacker IL014-3605 Chicago, IL 60606	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation VP Medical Delivery Sys	Payroll Deduction (\$10.00)	30.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00		

SUBTOTAL of Receipts This Page (optional) **375.00**

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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 Robert G. Harmon MD 10467 White Granite Dr. Suite 300, VA31-1000 Oakton, VA 22124-0450	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt this Period 60.00
	Occupation National Medical Director	Deduction (\$20.00)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 520.00	Biweekly	
B. Full Name, Mailing Address and ZIP Code Richard Lahman Lahman 1900 E. Golf Rd Ste 200 IL35-1000 Schaumburg, IL 60102	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt this Period 24.00
	Occupation Director	Deduction (\$8.00)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 208.00	Biweekly	
C. Full Name, Mailing Address and ZIP Code Tom Taylor 425 Market St 11th floor San Francisco, CA 94105	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt this Period 30.00
	Occupation VP Sales and Marketing	Deduction (\$10.00)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00	Biweekly	
D. Full Name, Mailing Address and ZIP Code Douglas B. McCarthy 9900 Bran Road E MN008-W212 Minnetonka, MN 55343	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt this Period 30.00
	Occupation Director, Government Programs	Deduction (\$10.00)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00	Biweekly	
E. Full Name, Mailing Address and ZIP Code Kaveh T. Safavi One South Wacker IL14-3605 Chicago, IL 60606	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt this Period 34.62
	Occupation VP Medical Affairs	Deduction (\$11.54)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 311.58	Biweekly	
F. Full Name, Mailing Address and ZIP Code Robert J. Steil 1820 L. St N.W. #800 DC30-1000 Washington, DC 20036	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt this Period 28.83
	Occupation State Affairs Counsel	Deduction (\$9.61)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 249.86	Biweekly	
G. Full Name, Mailing Address and ZIP Code Daniel Donohue 450 Columbus Blvd CT030-1030 Hartford, CT 06115-0450	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt this Period 30.00
	Occupation VP, Developing Market Group	Deduction (\$10.00)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 260.00	Biweekly	

SUBTOTAL of Receipts This Page (optional) **237.45**

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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
Peter J. Young 2970 Clairmont Rd, Suite 300 GA010-3300 Atlanta, GA 30329	United HealthCare Corporation	Payroll Deduction	20.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Finance	Aggregate Year-to-Date > \$ 250.00	
Janice D. Messeroff 4701 Cox Road VA037-1000 Glen Allan, VA 23060	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 UHC of Virginia	Aggregate Year-to-Date > \$ 520.00	
Steven Baker MD 10701 W. Research Dr P.O. Box 26649 (WI030-5360) Milwaukee, WI 53226-0649	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: Senior Medical Director	Aggregate Year-to-Date > \$ 480.75	
Robert J. Sheehy 3650 Olentangy River Rd. OH020-3010 Columbus, OH 43214-1138	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: COO PHO Ohio	Aggregate Year-to-Date > \$ 1,300.00	
Michael J. Koshler 106 Farmers Alley, Suite 400 MI012-3200 Kalamazoo, MI 49005-0271	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 PHP Southwest Michigan	Aggregate Year-to-Date > \$ 1,040.00	
David S. Barker 5016 Campuswood Drive NY032-1000 East Syracuse, NY 13057	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: GEO - Syracuse	Aggregate Year-to-Date > \$ 1,063.16	
William D. Felsing 10701 W. Research Drive WI030-3550 Milwaukee, WI 53226-0649	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: VP&COO PrimaCare HealthPlan Inc.	Aggregate Year-to-Date > \$ 390.00	

SUBTOTAL of Receipts This Page (optional) **577.67**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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
Larry A. Rambo 10701 W. Research Drive WI030-3550 Milwaukee, WI 53226-0649	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO PrimeCare	Payroll Deduction	75.00 (\$25.00 Biweekly)
	Aggregate Year-to-Date > \$ 650.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas J. Okonek 5901 Lincoln Drive MN012-5159 Edina, MN 55436	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, CSA-UHC	Payroll Deduction	28.83 (\$9.61 Biweekly)
	Aggregate Year-to-Date > \$ 249.86		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Dardzinski 10701 W. Research Dr. WI030-3650 Milwaukee, WI 53226	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Marketing and Sales	Payroll Deduction	60.00 (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ 440.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Amy Sheyer 1 S. Wacker Dr. 9th fl Chicago, IL 60606	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir of Communications	Payroll Deduction	28.83 (\$9.61 Biweekly)
	Aggregate Year-to-Date > \$ 249.86		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tom Owan 5901 Lincoln Drive MN012-N230 Edina, MN 55436	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President - Underwriting	Payroll Deduction	30.00 (\$10.00 Biweekly)
	Aggregate Year-to-Date > \$ 250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
William B. Green 1110 Montlmar Dr. Suite 490 AL006-1006 Mobile, AL 36609	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP/General Manager UHC South	Payroll Deduction	11.54 (\$11.54 Biweekly)
	Aggregate Year-to-Date > \$ 276.96		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert B Broadfoot Jr. 12125 Woodcrest Exec Dr. S320 MO075-3836 St. Louis, MO 63141	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Care Management	Payroll Deduction	46.00 (\$15.00 Biweekly)
	Aggregate Year-to-Date > \$ 390.00		

SUBTOTAL of Receipts This Page (optional) 279.20

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code Rhonda Bagby 795 Woodlands Pkwy ste 101 MS001-1001 Ridgeland, MS 39157 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation Dir. of Finance Aggregate Year-to-Date > \$ 249.86	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 28.83 (\$9.61 Biweekly)
B. Full Name, Mailing Address and ZIP Code Leonard A. Farr 9900 Bren Road East MN008-8310 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation Corporate Vice President Aggregate Year-to-Date > \$ 999.96	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 115.38 (\$38.46 Biweekly)
C. Full Name, Mailing Address and ZIP Code David Falk 2 Penn Plaza Ste 700 NY036-1000 New York, NY 10121 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation Medical Director Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 30.00 (\$10.00 Biweekly)
D. Full Name, Mailing Address and ZIP Code Michael Hawkins 1250 Capital of Tx Hwy S. Bldg I, Ste 400 Austin, TX 78746 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation Medical Director Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 30.00 (\$10.00 Biweekly)
E. Full Name, Mailing Address and ZIP Code Johnny Gore 3700 Colonnada Pkwy AL001 Birmingham, AL 35243 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation Sr. Medical Director Aggregate Year-to-Date > \$ 750.10	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 86.55 (\$28.85 Biweekly)
F. Full Name, Mailing Address and ZIP Code William Noonan 450 Columbus Blvd Hartford, CT 06116 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation Senior Account Manager Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 30.00 (\$10.00 Biweekly)
G. Full Name, Mailing Address and ZIP Code Timothy C. Tucker 1250 Capital of Texas Hwy S. Bldg One, Suite 400 Austin, TX 78746 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation V.P. of Sales Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 45.00 (\$15.00 Biweekly)

SUBTOTAL of Receipts This Page (optional) 365.76

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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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
Joe Berry 6901 Lincoln Drive MN012-S249 Edina, MN 55436	United HealthCare Corporation	Payroll Deduction	60.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: National Medical Director		(\$20.00)
	Aggregate Year-to-Date > \$ 520.00		Biweekly
Diane Flotemesch 5901 Lincoln Dr. MN012-N220 Edina, MN 55436	United HealthCare Corporation	Payroll Deduction	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Tax & Risk Mgmt		(\$10.00)
	Aggregate Year-to-Date > \$ 260.00		Biweekly
Barbara Wahlrobe 1 So. Wacker Chicago, IL 60614	United HealthCare Corporation	Payroll Deduction	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Corp V.P. of Sales		(\$25.00)
	Aggregate Year-to-Date > \$ 550.00		Biweekly
John A. Breviu 9800 Bron Road East MN008-W216 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	45.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Assistant General Counsel		(\$15.00)
	Aggregate Year-to-Date > \$ 390.00		Biweekly
Sandra M. Larson 5901 Lincoln Drive MN012-S159 Edina, MN 55438-1511	United HealthCare Corporation	Payroll Deduction	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Group Services Administra		(\$10.00)
	Aggregate Year-to-Date > \$ 260.00		Biweekly
Steven V. Teynor 7090 Union Park Ave, Ste 200 UT075-3985 Midvale, UT 84047	United HealthCare Corporation	Payroll Deduction	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Physician		(\$10.00)
	Aggregate Year-to-Date > \$ 260.00		Biweekly
Charles Weber 9706 Data Park Drive MN008-0262 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Information Systems		(\$10.00)
	Aggregate Year-to-Date > \$ 260.00		Biweekly

SUBTOTAL of Receipts This Page (optional) **300.00**

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 **16** OF **21**
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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
Michael Harrington 6300 Olson Memorial Hwy MN10-S203 Golden Valley, MN 65427	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Optum-Sales	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 260.00		(\$10.00 Biweekly)
John M. Braasch 2717 N 118th Circle NE010-3700 Omaha, NE 68164	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO - UHCM	Payroll Deduction	60.00
	Aggregate Year-to-Date > \$ 520.00		(\$20.00 Biweekly)
Lawrence A. Rivers 5901 Lincoln Drive MN012-N188 Edina, MN 55436	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Information Systems	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 260.00		(\$10.00 Biweekly)
Carol Schneeweis 6300 Olson Memorial Hwy MN010-S201 Golden Valley, MN 55427	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HealthCare	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 260.00		(\$10.00 Biweekly)
David B. Smith 5901 Lincoln Drive MN012-N230 Edina, MN 55436	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Underwriting	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 260.00		(\$10.00 Biweekly)
Robert J. Backes 9900 Bran Road E MN008-8317 Minnetonka, MN 55343	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President - Human Resources	Payroll Deduction	75.00
	Aggregate Year-to-Date > \$ 650.00		(\$25.00 Biweekly)
Jennifer A. McGill 5901 Lincoln Dr. MN012-N230 Edina, MN 55436	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Underwriting	Payroll Deduction	45.00
	Aggregate Year-to-Date > \$ 390.00		(\$15.00 Biweekly)

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pamela A. Tylar 1948 E. Sunshine, Suite 300 MO015-1000 Springfield, MO 65804 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Director, Group Services Admin	Payroll Deduction Aggregate Year-to-Date > \$ 260.00	30.00 (\$10.00 Biweekly)
	United HealthCare Corporation Occupation: National Medical Director	Aggregate Year-to-Date > \$ 650.00	75.00 (\$25.00 Biweekly)
Patrick W. Irvine 6300 Olson Memorial Highway MN10-S201 Golden Valley, MN 55427 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Director of Risk Management	Payroll Deduction Aggregate Year-to-Date > \$ 220.00	30.00 (\$10.00 Biweekly)
	United HealthCare Corporation Occupation: Public Affairs Director	Aggregate Year-to-Date > \$ 780.00	90.00 (\$30.00 Biweekly)
Thomas A. Mahowald 9900 Bren Road E MN008-W212 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Director, Finance	Payroll Deduction Aggregate Year-to-Date > \$ 260.00	30.00 (\$10.00 Biweekly)
	United HealthCare Corporation Occupation: Vice President, Medicare	Aggregate Year-to-Date > \$ 249.86	28.83 (\$9.61 Biweekly)
Philip Mainquist 12125 Woodcrest Executive Dr. MO075-3835 St. Louis, MO 63141 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: General Counsel	Payroll Deduction Aggregate Year-to-Date > \$ 999.96	115.38 (\$38.46 Biweekly)
	United HealthCare Corporation Occupation: General Counsel	Aggregate Year-to-Date > \$ 999.96	115.38 (\$38.46 Biweekly)

SUBTOTAL of Receipts This Page (optional) **399.21**

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

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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
Sharon Droege 77 Westport Plaza Drive St. Louis, MO 63145	United HealthCare Corporation	Payroll Deduction	24.00 (\$8.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager, Medicare Operations	Aggregate Year-to-Date > \$ 208.00	Biweekly)
Steven E. Curd 501 U.S. Hwy 22 NJ030-1000 Bridgewater, NJ 08807	United HealthCare Corporation	Payroll Deduction	37.50 (\$12.50)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President, Info Systems	Aggregate Year-to-Date > \$ 325.00	Biweekly)
David E. Dolph 969 Executive Parkway, S#100 MO050-1000 St. Louis, MO 63141	United HealthCare Corporation	Payroll Deduction	115.38 (\$38.46)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Liaison Service/GenCare/PH	Aggregate Year-to-Date > \$ 999.96	Biweekly)
William Tracy 8300 W. 110th Ste 350 Overland, KS 66210	United HealthCare Corporation	Payroll Deduction	75.00 (\$25.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Sales	Aggregate Year-to-Date > \$ 650.00	Biweekly)
Frederic C. Larsen 60 E. Main Nanticoke, PA 18634	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Government Operations	Aggregate Year-to-Date > \$ 260.00	Biweekly)
Herbert L. Whetstone 613 Eaton St. MN003-1000 St. Paul, MN 55107	United HealthCare Corporation	Payroll Deduction	28.83 (\$9.61)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aviation Department Manager	Aggregate Year-to-Date > \$ 249.86	Biweekly)
Mary A. Warne 2550 University Ave W, S#401S MN040-2500 St. Paul, MN 55114-1904	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Clinical Team Leader	Aggregate Year-to-Date > \$ 260.00	Biweekly)

SUBTOTAL of Receipts This Page (optional) 340.71

TOTAL This Period (fill page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James Watson 2717 N. 118th Lucile Omaha, NE 68164	United HealthCare Corporation		
	Occupation V.P. Govt Relations, UHC Midlands	Payroll	57.69
	Aggregate Year-to-Date > \$ 499.98	Deduction	(\$19.23)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly)
Meg Stenberg 2307 W. Cone Blvd NC10-3750 Greensboro, NC 27408	United HealthCare Corporation		
	Occupation VP Mkg & External Aff.	Payroll	45.00
	Aggregate Year-to-Date > \$ 360.00	Deduction	(\$15.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly)
Chris Kirk MD 3700 Colonnade Parkway AL001-1001 Birmingham, AL 35243	United HealthCare Corporation		
	Occupation Medical Director	Payroll	46.14
	Aggregate Year-to-Date > \$ 399.88	Deduction	(\$15.38)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly)
Lynne Montague-Clouse 5901 Lincoln Drive MND12-N140 Edina, MN 55438	United HealthCare Corporation		
	Occupation Director, Product Management	Payroll	30.00
	Aggregate Year-to-Date > \$ 260.00	Deduction	(\$10.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly)
Beth A. Jackson 450 Columbus Blvd Hartford, CT 06115	United HealthCare Corporation		
	Occupation Manager, Member Services	Payroll	25.11
	Aggregate Year-to-Date > \$ 217.62	Deduction	(\$8.37)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly)
Sharon Swan 6251 Greenwood Plaza Blvd Englewood, CO 80206	United HealthCare Corporation		
	Occupation Sr. Director - Govt Programs	Payroll	30.00
	Aggregate Year-to-Date > \$ 260.00	Deduction	(\$10.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly)
Taylor Dennen 1 South Wacker Driver IL014-0300 Chicago, IL 60606	United HealthCare Corporation		
	Occupation VP, Gov't Health Plans	Payroll	28.83
	Aggregate Year-to-Date > \$ 230.64	Deduction	(\$9.61)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			Biweekly)

SUBTOTAL of Receipts This Page (optional)

262.77

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John P. Burke 450 Columbus Blvd, 11AA GT030-11AA Hartford, CT 06115	United HealthCare Corporation	Payroll Deduction	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Product Manager	Aggregate Year-to-Date > \$ 260.00	(\$10.00 Biweekly)
John McCreedy 129 Sea Hammock Way Ponte Vedra Beach, FL 32082	United HealthCare Corporation	Payroll Deduction	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Sales/Services	Aggregate Year-to-Date > \$ 250.00	(\$10.00 Biweekly)
John Alexander 425 Market St 27th floor San Francisco, CA	United HealthCare Corporation	Payroll Deduction	34.62
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of Intake/San Francisco	Aggregate Year-to-Date > \$ 300.04	(\$11.64 Biweekly)
Ruth Kaplan 425 Market St. 27th floor San Francisco, CA 94105	United HealthCare Corporation	Payroll Deduction	28.83
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: UBH VP of Employer Svcs	Aggregate Year-to-Date > \$ 249.86	(\$9.61 Biweekly)
Robert K. Patton 4500 E. Pacific Coast Highway Suite 300 (CA33-1000) Long Beach, CA 90804-3273	United HealthCare Corporation	Payroll Deduction	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP UHC of California	Aggregate Year-to-Date > \$ 650.00	(\$25.00 Biweekly)
Eric Bergen 5901 Lincoln Drive MN012-S249 Edina,, MN 55438	United HealthCare Corporation	Payroll Deduction	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: HealthCare Svcs Ops Sr Mgmt	Aggregate Year-to-Date > \$ 260.00	(\$10.00 Biweekly)
Vlad M. Cartwright 1620 L. Street N.W. Washington,, DC 20036	United HealthCare Corporation	Payroll Deduction	57.69
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Grassroots Manager	Aggregate Year-to-Date > \$ 498.98	(\$19.23 Biweekly)
SUBTOTAL of Receipts This Page (optional)			286.14
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code Angel F. Mendez 1200 SW 1st St FL011-1011 Miami, FL 33135	Name of Employer United HealthCare Corporation	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 Physician in Charge Aggregate Year-to-Date > \$ 260.00	Payroll Deduction	30.00 (\$10.00 Biweekly)
B. Full Name, Mailing Address and ZIP Code R. Edward Bergmark 5300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427	Name of Employer United HealthCare Corporation	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 Vice President CEO IHR (OPTUM) Aggregate Year-to-Date > \$ 1,000.22	Payroll Deduction	115.41 (\$38.47 Biweekly)
C. 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 > \$		
D. 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 > \$		
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) 145.41
 TOTAL This Period (last page this line number only) 6,932.41

