

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

FEDERAL ELECTION COMMISSION  
FORM 3X (Rev. 9/93)

Apr 15 11 04 AM '98

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

## 4. TYPE OF REPORT

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

Monthly Report Due On:  
 February 20  June 20  October 20  
 March 20  July 20  November 20  
 April 20  August 20  December 20  
 May 20  September 20  January 31

Twelfth day report preceding \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_

Thirtieth day report following the General Election on \_\_\_\_\_  
in the State of \_\_\_\_\_


(b) Is this Report an Amendment?  YES  NO

## SUMMARY

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>01/01/98</u> through <u>03/31/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 105,122.73
(b) Cash on Hand at Beginning of Reporting Period	\$ 105,122.73	
(c) Total Receipts (from line 19)	\$ 19,252.15	\$ 19,252.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 124,374.88	\$ 124,374.88
7. Total Disbursements (from Line 30)	\$ 11,000.00	\$ 11,000.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 113,374.88	\$ 113,374.88
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
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  
**David P. Koppe**

Signature of Treasurer  Date 4/14/98

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 3437g.

# DETAILED SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 3X

Revised (1/1/91)

NAME OF COMMITTEE <b>United HealthCare Corporation Political Fund</b>		REPORT COVERING PERIOD	
		FROM: 01/01/98	TO: 03/31/98
		COLUMN A	COLUMN B
		Total This Period	Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (Use Schedule A).....		3,413.34	3,413.34
ii. Unitemized.....		15,838.81	15,838.81
iii. Total..... [add i and ii] >		19,252.15	19,252.15
b. Political Party Committees.....		0.00	0.00
c. Other Political Committees (such as PACs).....		0.00	0.00
d. Total Contributions..... [add aiii, b and c] >		19,252.15	19,252.15
12. Transfers From Affiliated/Other Party Committees.....		0.00	0.00
13. All Loans Received.....		0.00	0.00
14. Loan Repayments Received.....		0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.).....		0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....		0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....		0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity.....		0.00	0.00
19. Total Receipts..... [add 11d, 12, 13, 14, 15, 16, 17, and 18] >		19,252.15	19,252.15
20. Total Federal Receipts..... [subtract line 18 from line 19] >		19,252.15	19,252.15
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share.....		0.00	0.00
ii. Non-Federal Share.....		0.00	0.00
b. Other Federal Operating Expenditures.....		0.00	0.00
c. Total Operating Expenditures..... [Add a i, ii, and b] >		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		11,000.00	11,000.00
24. Independent Expenditures (use Schedule E).....		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a[d]) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees.....		0.00	0.00
b. Political Party Committees.....		0.00	0.00
c. Other Political Committees (Such As PACs).....		0.00	0.00
d. Total Contribution Refunds..... [Add a, b, and c] >		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Total Disbursements..... [Add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29] >		11,000.00	11,000.00
31. Total Federal Disbursements..... [Subtract line 21 iii from line 30] >		11,000.00	11,000.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (Other than loans) [from line 11d].....		19,252.15	19,252.15
33. Total Contribution Refunds (from line 28d).....		0.00	0.00
34. Net Contributions (Other than loans) [subtract line 33 from 32].....		19,252.15	19,252.15
35. Total Federal Operating Expenditures..... [add 21 ai and 21 b] >		0.00	0.00
36. Offsets to Operating Expenditures (from line 15).....		0.00	0.00
37. Net Operating Expenditures..... [subtract line 36 from 35] >		0.00	0.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	1	2
FOR LINE NUMBER		
11 a		

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 <b>Travers H. Wills</b> <b>9900 Bren Road East</b> <b>MIN008-W301</b> <b>Minnetonka, MN 55343</b>		Name of Employer <b>United HealthCare Corporation</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Chief Operating Officer</b>	Deduction	(\$50.00)
		Aggregate Year-to-date > \$ <b>300.00</b>		Biweekly)
B. Full Name, Mailing Address and Zip Code <b>Richard J. Migliori</b> <b>475 Kilvert St</b> <b>RI010-3400</b> <b>Warwick, RI 02886</b>		Name of Employer <b>United HealthCare Corporation</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 230.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>CEO UHC New England</b>	Deduction	(\$38.46)
		Aggregate Year-to-date > \$ <b>230.76</b>		Biweekly)
C. Full Name, Mailing Address and Zip Code <b>Jeannie M. Rivet</b> <b>9900 Bren Road E.</b> <b>MIN008-W315</b> <b>Minnetonka, MN 55343</b>		Name of Employer <b>United HealthCare Corporation</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>COO of Health Plans</b>	Deduction	(\$40.00)
		Aggregate Year-to-date > \$ <b>240.00</b>		Biweekly)
D. Full Name, Mailing Address and Zip Code <b>R. Channing Wheeler</b> <b>2 Penn Plaza</b> <b>New York, NY 12204</b>		Name of Employer <b>United HealthCare Corporation</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 228.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Northeast Plans Coach</b>	Deduction	(\$38.00)
		Aggregate Year-to-date > \$ <b>228.00</b>		Biweekly)
E. Full Name, Mailing Address and Zip Code <b>Ronald S. Franzese</b> <b>Terrace Plaza, 250 Morris Ave</b> <b>MI013-3250</b> <b>Muskegon, MI 49440-1143</b>		Name of Employer <b>United HealthCare Corporation</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 240.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>CEO</b>	Deduction	(\$40.00)
		Aggregate Year-to-date > \$ <b>240.00</b>		Biweekly)
F. Full Name, Mailing Address and Zip Code <b>Henry R. Loubet</b> <b>425 Market St. 13th Floor</b> <b>CA035-1000</b> <b>San Francisco, CA 94105</b>		Name of Employer <b>United HealthCare Corporation</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 230.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>SVP, Regional Operations CA</b>	Deduction	(\$38.46)
		Aggregate Year-to-date > \$ <b>230.76</b>		Biweekly)
G. Full Name, Mailing Address and Zip Code <b>Elise Anne Gemcinhardt</b> <b>1620 L St. NY #800</b> <b>DC030-1000</b> <b>Washington, DC 20036</b>		Name of Employer <b>United HealthCare Corporation</b>	Date (Month day, Year) Payroll	Amount of Each Receipt this Period 230.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>VP Federal Affairs</b>	Deduction	(\$38.46)
		Aggregate Year-to-date > \$ <b>230.76</b>		Biweekly)

SUB TOTAL of Receipts This Page (Optional).....> **1,700.28**

TOTAL this Period (Last page this line number only).....>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	2	2
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 <b>Robert J. Sheehy</b> <b>3650 Olentangy River Rd.</b> <b>OH020-3010</b> <b>Columbus, OH 43214-1138</b>		Name of Employer <b>United HealthCare Corporation</b>	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 300.00 (\$50.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>COO PHO Ohio</b>	Aggregate Year-to-date > \$ <b>300.00</b>	Biweekly)
B. Full Name, Mailing Address and Zip Code <b>Michael J. Koehler</b> <b>106 Farmers Alley, Suite 400</b> <b>MI012-3200</b> <b>Kalamazoo, MI 49005-0271</b>		Name of Employer <b>United HealthCare Corporation</b>	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 240.00 (\$40.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>CEO</b>	Aggregate Year-to-date > \$ <b>240.00</b>	Biweekly)
C. Full Name, Mailing Address and Zip Code <b>David S. Barker</b> <b>5015 Campuswood Drive</b> <b>NY032-1000</b> <b>East Syracuse, NY 13057</b>		Name of Employer <b>United HealthCare Corporation</b>	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 249.96 (\$41.66)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>CEO - Syracuse</b>	Aggregate Year-to-date > \$ <b>249.96</b>	Biweekly)
D. Full Name, Mailing Address and Zip Code <b>Leonard A. Farr</b> <b>9900 Bren Road East</b> <b>MN008-8310</b> <b>Minnetonka, MN 55343</b>		Name of Employer <b>United HealthCare Corporation</b>	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 230.76 (\$38.46)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Corporate Vice President</b>	Aggregate Year-to-date > \$ <b>230.76</b>	Biweekly)
E. Full Name, Mailing Address and Zip Code <b>David Lubben</b> <b>9900 Bren Rd East</b> <b>Mika, MN 55343</b>		Name of Employer <b>United HealthCare Corporation</b>	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 230.76 (\$38.46)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>General Counsel</b>	Aggregate Year-to-date > \$ <b>230.76</b>	Biweekly)
F. Full Name, Mailing Address and Zip Code <b>David E. Dolph</b> <b>969 Executive Parkway, S#100</b> <b>MO050-1000</b> <b>St. Louis, MO 63141</b>		Name of Employer <b>United HealthCare Corporation</b>	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 230.76 (\$38.46)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Director Liaison Service/GenCare/PH</b>	Aggregate Year-to-date > \$ <b>230.76</b>	Biweekly)
G. Full Name, Mailing Address and Zip Code <b>R. Edward Bergmark</b> <b>6300 Olson Memorial Hwy</b> <b>MN010-8203</b> <b>Golden Valley, MN 55427</b>		Name of Employer <b>United HealthCare Corporation</b>	Date (Month day, Year) Payroll Deduction	Amount of Each Receipt this Period 230.82 (\$38.47)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)		Occupation <b>Vice President CEO IHR (OPTUM)</b>	Aggregate Year-to-date > \$ <b>230.82</b>	Biweekly)
SUB TOTAL of Receipts This Page (Optional).....>				1,713.06
TOTAL this Period (Last page this line number only).....>				3,413.34

## SCHEDULE B ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Ruskam for Congress Committee</b> 5006 Washington Ave. Downers Grove, IL 60515	<b>Ruskam, U.S. HOUSE IL.</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>01/27/98</b>	<b>500.00</b>
<b>Nathan Deal for Congress</b> P.O. Box 902 Gainesville, GA 30503	<b>Nathan Deal, U.S. HOUSE 9th GA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>02/05/98</b>	<b>500.00</b>
<b>Evan Bayh Committee</b> 901 15th Street, N.W. Washington, DC 20005	<b>Evan Bayh, U.S. SENATE IN</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>02/06/98</b>	<b>1,000.00</b>
<b>The Majority Leaders Fund</b> 4451 Brookfield Corp Dr. Suite 200 Chantilly, VA 20151	<b>Support for Republican Candidates to U.S. House</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>02/12/98</b>	<b>1,000.00</b>
<b>Citizens for Arlen Specter</b> 300 I Street N.E. Suite 100B Washington, DC 20002	<b>Arlen Specter, U.S. SENATE PA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>02/12/98</b>	<b>1,000.00</b>
<b>Friends of Connie Mack</b> P.O. Box 23264 Tampa, FL 33623-3264	<b>Connie Mack, U.S. SENATE FL.</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>02/19/98</b>	<b>1,000.00</b>
<b>Carroll for Congress</b> P.O. Box 1162 Chicago, IL 60690-1162	<b>W. Carroll, U.S. HOUSE 9th IL</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>02/19/98</b>	<b>500.00</b>
<b>Mike Bilirakis for Congress</b> P.O. Box 1077 Tarpon Springs, FL 34688	<b>Michael Bilirakis, U.S. HOUSE 9th FL</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>03/04/98</b>	<b>1,000.00</b>
<b>New Democrat Network</b> 501 Capitol Court N.E. Suite 200 Washington, DC 20002	<b>New Democrat Network Winter Dinner</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1998	<b>03/04/98</b>	<b>1,500.00</b>

SUB TOTAL of Disbursements this page (Optional).....> **8,000.00**

TOTAL this Period (Last page this line number only).....>

**SCHEDULE B ITEMIZED DISBURSEMENTS**

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

A. Full Name, Mailing Address and Zip Code	Purpose of Disbursement	Date (Month day, Year)	Amount of Each Disb. this Period
<b>Democratic Congressional Campaign Committee 430 S. Capital St. 2nd Fl Washington, DC 20003</b>	<b>Lunch at the Minneapolis Club</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <b>1998</b>	<b>03/04/98</b>	<b>1,000.00</b>
<b>B. Full Name, Mailing Address and Zip Code Kay Granger Campaign Fund 910 Houston Street Suite 105-c Fort Worth, TX 76102</b>	<b>Kay Granger, U.S. HOUSE TX</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <b>1998</b>	<b>03/04/98</b>	<b>500.00</b>
<b>C. Full Name, Mailing Address and Zip Code Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302</b>	<b>Bill Thomas, U.S. HOUSE 21st CA</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <b>1998</b>	<b>03/16/98</b>	<b>1,000.00</b>
<b>D. Full Name, Mailing Address and Zip Code Deutsch for Congress P.O. Box 817689 Hollywood, FL 33081</b>	<b>Peter Deutsch, U.S. HOUSE 20th FL</b> Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify) <b>1998</b>	<b>03/31/98</b>	<b>500.00</b>
<b>E. Full Name, Mailing Address and Zip Code</b>	<b>Purpose of Disbursement</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Date (Month day, Year)</b>	<b>Amount of Each Disb. this Period</b>
<b>F. Full Name, Mailing Address and Zip Code</b>	<b>Purpose of Disbursement</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Date (Month day, Year)</b>	<b>Amount of Each Disb. this Period</b>
<b>G. Full Name, Mailing Address and Zip Code</b>	<b>Purpose of Disbursement</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Date (Month day, Year)</b>	<b>Amount of Each Disb. this Period</b>
<b>H. Full Name, Mailing Address and Zip Code</b>	<b>Purpose of Disbursement</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Date (Month day, Year)</b>	<b>Amount of Each Disb. this Period</b>
<b>I. Full Name, Mailing Address and Zip Code</b>	<b>Purpose of Disbursement</b> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (Specify)	<b>Date (Month day, Year)</b>	<b>Amount of Each Disb. this Period</b>

SUB TOTAL of Disbursements this page (Optional).....>	<b>3,000.00</b>
TOTAL this Period (Last page this line number only).....>	<b>11,000.00</b>

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE  
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 04/15/98
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>D. Woods</i> PREPARER	04/15/98 DATE PREPARED