

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
OCT 22 12 14 PM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In Full) United HealthCare Corporation Political Fund		2. FEC IDENTIFICATION NUMBER C00274431
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9900 Bren Road East		
CITY, STATE and ZIP CODE Minnetonka, MN 55343		
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 11 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>10/01/98</u> through <u>10/14/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 105,122.73
(b) Cash on Hand at Beginning of Reporting Period	\$ 117,139.90	
(c) Total Receipts (from Line 19)	\$ 2,874.83	\$ 62,392.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 120,014.73	\$ 167,514.73
7. Total Disbursements (from Line 30)	\$ 2,600.00	\$ 50,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 117,514.73	\$ 117,514.73
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 600 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: 10-16-98

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 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD		
United HealthCare Corporation Political Fund	FROM	TO	
	10/01/98	10/14/98	
L 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)	1,739.19	26,459.27	11(a)(i)
ii. Unitemized	1,136.64	35,932.73	11(a)(ii)
iii. Total	2,874.83	62,392.00	11(a)(iii)
..... (add i and ii) >			
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	2,874.83	62,392.00	11(d)
..... (add a ii, b and c) >			
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	2,874.83	62,392.00	19
..... (add 11d, 12, 13, 14, 15, 16, 17, and 18) >			
20. Total Federal Receipts	2,874.83	62,392.00	20
..... (subtract line 18 from line 19) >			
B. 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	0.00	0.00	21(c)
..... (add a i, a ii, and b) >			
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	48,000.00	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. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds	0.00	0.00	28(d)
..... (add a, b and c) >			
29. Other Disbursements	0.00	2,000.00	29
30. Total Disbursements	2,500.00	50,000.00	30
..... (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >			
31. Total Federal Disbursements	2,500.00	50,000.00	31
..... (subtract line 21 a ii from line 30) >			
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2,874.83	62,392.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,874.83	62,392.00	34
35. Total Federal Operating Expenditures	0.00	0.00	35
..... (add 21 a i and 21 b) >			
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures	0.00	0.00	37
..... (subtract line 35 from 35) >			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 12
FOR LINE NUMBER 11 a i

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
Marc E. Backon One Penn Plaza, 37th Floor NY36-1000 New York, NY 10121	United HealthCare Corporation	Payroll Deduction	20.83 (\$20.83)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sales Vice-President	Aggregate Year-to-Date > 6	416.60 Biweekly
Tamara A. Smith 750 First Street, NE, Ste 1120 DC020-1000 Washington, DC 20002	United HealthCare Corporation	Payroll Deduction	11.54 (\$11.54)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP, Marketing & Gov't Relations	Aggregate Year-to-Date > 8	230.80 Biweekly
Michael F. Ferris 450 Columbus Blvd 12NB-B Hartford, CT 06115-0450	United HealthCare Corporation	Payroll Deduction	20.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Underwriting Manager	Aggregate Year-to-Date > 8	400.00 Biweekly
Travers H. Wills 9900 Bren Road East MND08-W301 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	50.00 (\$50.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chief Operating Officer	Aggregate Year-to-Date > 8	1,000.00 Biweekly
Anthony J. Kazlauskas 475 Kilvert St, Suite 310 RI010-3400 Warwick, RI 02886-1392	United HealthCare Corporation	Payroll Deduction	20.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Director	Aggregate Year-to-Date > 8	400.00 Biweekly
Louise Short MD 2970 Clairmont Road, Ste #300 GA010-3300 Atlanta, GA 30028-1634	United HealthCare Corporation	Payroll Deduction	11.54 (\$11.54)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Director	Aggregate Year-to-Date > 8	230.80 Biweekly
Richard J. Migliori 475 Kilvert St RI010-3400 Warwick, RI 02886	United HealthCare Corporation	Payroll Deduction	38.46 (\$38.46)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO UHC New England	Aggregate Year-to-Date > 8	788.20 Biweekly

GRAND TOTAL of Receipts This Page (optional)

172.37

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 2 OF 12
FOR LINE NUMBER 11 a

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jeannie M. Rivet 9900 Bron Road E. MN008-W315 Minnetonka, MN 55343	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO of Health Plans	Payroll Deduction	40.00 (\$40.00) Biweekly
	Aggregate Year-to-Date > \$ 800.00		
Brian Bellows 1175 Post Rd East Westport, CT 06880	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Sales Strategic Serv	Payroll Deduction	15.00 (\$15.00) Biweekly
	Aggregate Year-to-Date > \$ 300.00		
R. Channing Wheeler 2 Penn Plaza New York, NY 12204	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Northeast Plans Coach	Payroll Deduction	38.00 (\$38.00) Biweekly
	Aggregate Year-to-Date > \$ 760.00		
Cathie J. Beausoleil 450 Columbus Blvd P.O. Box 150460 /7NB Hartford, CT 06115-0450	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Utilization Mgmt	Payroll Deduction	12.00 (\$12.00) Biweekly
	Aggregate Year-to-Date > \$ 240.00		
Marc E Rothbart 5015 Campuswood Drive NY032-1000 East Syracuse, NY 13057-0450	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Commercial Sales	Payroll Deduction	19.23 (\$19.23) Biweekly
	Aggregate Year-to-Date > \$ 384.60		
David G. Devaraux 3838 N. Central Ave Suite 500 AZ030-1000 Phoenix, AZ 85012	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Payroll Deduction	20.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 400.00		
George Goldstein 4500 E. Pacific Coast Hgwy CA033-1000 Long Beach, CA 90804	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Health Plan CEO	Payroll Deduction	12.00 (\$12.00) Biweekly
	Aggregate Year-to-Date > \$ 240.00		

SUBTOTAL of Receipts This Page (optional) **156.23**

TOTAL This Period (list page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 12
FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Stephen Matheson 450 Columbus Blvd 12NB-B CT030-12BB Hartford, CT 06115	United HealthCare Corporation	Payroll	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President, Rural Market	Deduction	(\$20.00)
	Aggregate Year-to-Date > \$ 400.00		Biweekly
Ronald S. Franzese Terrace Plaza, 250 Morris Ave MI013-3250 Muskegon, MI 49440-1143	United HealthCare Corporation	Payroll	40.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation GEO, PHP of West MI	Deduction	(\$40.00)
	Aggregate Year-to-Date > \$ 800.00		Biweekly
Kennath D. Roberts 450 Columbus Blvd Hartford, CT 06116	United HealthCare Corporation	Payroll	12.50
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation National Account Executive	Deduction	(\$12.50)
	Aggregate Year-to-Date > \$ 250.00		Biweekly
Terry Nimnicht 6251 Greenwood Plaza Blvd Suite 200 CO030-1000 Englewood, CO 80111-4910	United HealthCare Corporation	Payroll	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President - UHC of Colorado,	Deduction	(\$20.00)
	Aggregate Year-to-Date > \$ 400.00		Biweekly
Andria Herr 800 N. Magnolia #800 Orlando Orlando, FL 32803	United HealthCare Corporation	Payroll	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Salas, Orlando	Deduction	(\$15.00)
	Aggregate Year-to-Date > \$ 300.00		Biweekly
Henry R. Loubet 425 Market St. 13th Floor CA035-1000 San Francisco, CA 94105	United HealthCare Corporation	Payroll	38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP, Regional Operations CA	Deduction	(\$38.46)
	Aggregate Year-to-Date > \$ 769.20		Biweekly
Marshall V. Rozzi One South Wacker IL014-0300 Chicago, IL 60606	United HealthCare Corporation	Payroll	38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres/CEO UHC of IL	Deduction	(\$38.46)
	Aggregate Year-to-Date > \$ 769.20		Biweekly

SUBTOTAL of Receipts This Page (optional) **184.42**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 12
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 Richard C. Zoretic 8330 Boone Blvd, Suite 300 VA030-1030 Vienna, VA 22182-2624 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation Senior VP National Sales Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 20.00 (\$20.00 Biweekly)
B. Full Name, Mailing Address and ZIP Code Elise Anne Gamalhardt 1620 L St. NY #800 DC030-1000 Washington, DC 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation VP Federal Affairs Aggregate Year-to-Date > \$ 789.20	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 38.46 (\$38.46 Biweekly)
C. Full Name, Mailing Address and ZIP Code James G. Carlson 8330 Boone Blvd, Suite 300 VA030-1030 Vienna, VA 22182-2624 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation Executive VP Field Operations Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 20.00 (\$20.00 Biweekly)
D. Full Name, Mailing Address and ZIP Code Lester Coney One S. Nacher Dr Chicago, IL 60815 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation Director Key Accounts Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 20.00 (\$20.00 Biweekly)
E. Full Name, Mailing Address and ZIP Code William C. Lamoreaux 450 Columbus Blvd Hartford, CT 06115 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation Director, Provider Relations/Contra Aggregate Year-to-Date > \$ 300.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 15.00 (\$16.00 Biweekly)
F. Full Name, Mailing Address and ZIP Code Katherine B. Hatting 601 Office Center Drive Ft. Washington, PA 19102 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation Occupation Director, Claims, AARP Div Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 20.00 (\$20.00 Biweekly)
G. Full Name, Mailing Address and ZIP Code Frederick C. Dunlap 9900 Bran Road E. MN008-W200 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 GEO - Public Division Aggregate Year-to-Date > \$ 400.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 20.00 (\$20.00 Biweekly)
SUBTOTAL of Receipts This Page (optional)			153.46
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 12
FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carla M. Mugglo 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	Payroll Deduction	19.23 (\$19.23) Biweekly
	Aggregate Year-to-Date > \$ 384.80		
William Bannon 460 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	Payroll Deduction	11.54 (\$11.54) Biweekly
	Aggregate Year-to-Date > \$ 230.80		
David De Lorenzo 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	Payroll Deduction	19.23 (\$19.23) Biweekly
	Aggregate Year-to-Date > \$ 384.80		
Shella T. Leatherman 9900 Bren 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	Payroll Deduction	20.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 400.00		
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	Payroll Deduction	20.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 400.00		
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	Payroll Deduction	15.00 (\$15.00) Biweekly
	Aggregate Year-to-Date > \$ 300.00		
George D. Shafer 6601 Centerville business Pkwy OH010-3005 Dayton, OH 45469-8028 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: GEO Dayton Ohio Plan	Payroll Deduction	20.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 400.00		

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

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A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Allan J. Weles 5901 Lincoln Drive Edina, MN 55435	United HealthCare Corporation	Payroll Deduction	12.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Finance, Senior Management	Aggregate Year-to-Date > \$ 240.00	(\$12.00 Biweekly)
Brett L. Baby 3650 Olentangy River Rd. OH020-3010 Columbus, OH 43214-1138	United HealthCare Corporation	Payroll Deduction	11.54
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Provider Relations/Contra	Aggregate Year-to-Date > \$ 230.80	(\$11.54 Biweekly)
Phillip H. Dell 6300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427	United HealthCare Corporation	Payroll Deduction	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Marketing Executive	Aggregate Year-to-Date > \$ 300.00	(\$15.00 Biweekly)
Claudia Bjerre 26555 Evergreen Suite 1320 MI031-1000 Southfield/Hartford, MI 48078	United HealthCare Corporation	Payroll Deduction	25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Delivery Sys Mgmt	Aggregate Year-to-Date > \$ 262.50	(\$12.50 Biweekly)
Cicily B. Brogan 6601 Centerville Business Pkwy OH010-3005 Dayton, OH 45459-8028	United HealthCare Corporation	Payroll Deduction	15.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Customer/Professional Ser	Aggregate Year-to-Date > \$ 300.00	(\$15.00 Biweekly)
Ken L. Hovarnan 3850 Olentangy River Rd OH020-3010 Columbus, OH 43214-1138	United HealthCare Corporation	Payroll Deduction	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: COO UHC Ohio	Aggregate Year-to-Date > \$ 600.00	(\$30.00 Biweekly)
Ronald B. Colby 5901 Lincoln Drive MN012-N140 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: Senior VP, Insurance & Product Mgmt	Aggregate Year-to-Date > \$ 600.00	(\$30.00 Biweekly)

SUBTOTAL of Receipts This Page (optional)

138.54

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 7 OF 12
FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Keith Noblitt 2970 Clairmont Rd #660 Atlanta, GA 30329-1634 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Strategic Account Executive	Payroll Deduction Aggregate Year-to-Date > \$ 400.00	20.00 (\$20.00) Biweekly
	United HealthCare Corporation Occupation: National Medical Director	Payroll Deduction Aggregate Year-to-Date > \$ 400.00	20.00 (\$20.00) Biweekly
Robert G. Harmon MD 10467 White Granite Dr. Suite 300, VA31-1000 Oakton, VA 22124-0450 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: National Medical Director	Payroll Deduction Aggregate Year-to-Date > \$ 400.00	20.00 (\$20.00) Biweekly
	United HealthCare Corporation Occupation: VP Medical Affairs	Payroll Deduction Aggregate Year-to-Date > \$ 230.80	11.54 (\$11.54) Biweekly
Kaveh T. Safavi One South Wacker IL14-3605 Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: VP Medical Affairs	Payroll Deduction Aggregate Year-to-Date > \$ 400.00	20.00 (\$20.00) Biweekly
	United HealthCare Corporation Occupation: CEO UHC of Virginia	Payroll Deduction Aggregate Year-to-Date > \$ 400.00	20.00 (\$20.00) Biweekly
Janice D. Messeroff 4701 Cox Road VA037-1000 Glen Allen, VA 23060 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Senior Medical Director	Payroll Deduction Aggregate Year-to-Date > \$ 365.37	19.23 (\$19.23) Biweekly
	United HealthCare Corporation Occupation: COO PHO Ohio	Payroll Deduction Aggregate Year-to-Date > \$ 1,000.00	50.00 (\$50.00) Biweekly
Steven Baker MD 10701 W. Research Dr P.O. Box 26649 (WI030-5360) Milwaukee, WI 53226-0649 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: CEO PHP Southwest Michigan	Payroll Deduction Aggregate Year-to-Date > \$ 800.00	40.00 (\$40.00) Biweekly
	United HealthCare Corporation Occupation: CEO PHP Southwest Michigan	Payroll Deduction Aggregate Year-to-Date > \$ 800.00	40.00 (\$40.00) Biweekly

SUBTOTAL of Receipts This Page (optional) 180.77

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

PAGE 8 OF 12
FOR LINE NUMBER 11 a 1

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David S. Barker 5015 Campuswood Drive NY032-1000 East Syracuse, NY 13067	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO - Syracuse	Payroll Deduction	41.66 (\$41.66 Biweekly)
	Aggregate Year-to-Date > \$ 833.20		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William D. Felsing 10701 W. Research Drive WI030-3550 Milwaukee, WI 53226-0549	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP&COO PrimeCare HealthPlan Inc.	Payroll Deduction	15.00 (\$15.00 Biweekly)
	Aggregate Year-to-Date > \$ 300.00		
C. 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	25.00 (\$25.00 Biweekly)
	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Derdzinski 10701 W. Research Dr. WI030-3550 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	20.00 (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ 320.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William B. Green 1110 Montilmar 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	11.64 (\$11.54 Biweekly)
	Aggregate Year-to-Date > \$ 230.80		
F. 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 MO075-3835 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	15.00 (\$15.00 Biweekly)
	Aggregate Year-to-Date > \$ 300.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Leonard A. Farr 9900 Bren Road East MN008-8310 Minnetonka, MN 55343	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Corporate Vice President	Payroll Deduction	38.46 (\$38.46 Biweekly)
	Aggregate Year-to-Date > \$ 769.20		

SUBTOTAL of Receipts This Page (optional)

166.86

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **8** OF **12**
FOR LINE NUMBER **11 a 1**

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Johnny Gore 3700 Colonnade Pkwy AL001 Birmingham, AL 35243	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr. Medical Director	Payroll Deduction	28.85 (\$28.85)
	Aggregate Year-to-Date > \$ 577.00		Biweekly
Timothy C. Tucker 1250 Capital of Texas Hwy S. Bldg One, Suite 400 Austin, TX 78746	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. of Sales	Payroll Deduction	15.00 (\$15.00)
	Aggregate Year-to-Date > \$ 240.00		Biweekly
Joe Berry 5901 Lincoln Drive MN012-S249 Edina, MN 55436	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation National Medical Director	Payroll Deduction	20.00 (\$20.00)
	Aggregate Year-to-Date > \$ 400.00		Biweekly
Barbara Wahlrobe 1 So. Wacker Chicago, IL 60614	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Corp V.P. of Sales	Payroll Deduction	25.00 (\$25.00)
	Aggregate Year-to-Date > \$ 500.00		Biweekly
John A. Brevlu 9900 Bren Road East MN008-W216 Minnetonka, MN 55343	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assistant General Counsel	Payroll Deduction	15.00 (\$15.00)
	Aggregate Year-to-Date > \$ 300.00		Biweekly
John M. Braasch 2717 N 118th Circle NE010-3700 Omaha, NE 68184	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO - UHCM	Payroll Deduction	20.00 (\$20.00)
	Aggregate Year-to-Date > \$ 400.00		Biweekly
Robert J. Backes 9900 Bren 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	25.00 (\$25.00)
	Aggregate Year-to-Date > \$ 500.00		Biweekly

BUBTOTAL of Receipts This Page (optional) **148.85**

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 10 OF 12
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
Jennifer A. McGill 5901 Lincoln Dr. MN012-N230 Edina, MN 55438	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Underwriting	Payroll Deduction	15.00
	Aggregate Year-to-Date > \$ 300.00		(\$15.00 Biweekly)
Patrick W. Irvine 6300 Olson Memorial Highway MN10-5201 Golden Valley, MN 55427	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation National Medical Director	Payroll Deduction	26.00
	Aggregate Year-to-Date > \$ 500.00		(\$25.00 Biweekly)
Thomas A. Mahowald 9900 Bren Road E MN008-W212 Minnetonka, MN 55343	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Public Affairs Director	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 600.00		(\$30.00 Biweekly)
David Lubben 9900 Bren Rd East Mtka, MN 55343	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Counsel	Payroll Deduction	38.46
	Aggregate Year-to-Date > \$ 769.20		(\$38.46 Biweekly)
Steven E. Curd 501 U.S. Hwy 22 NJ030-1000 Bridgewater, NJ 08807	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President, Info Systems	Payroll Deduction	12.50
	Aggregate Year-to-Date > \$ 250.00		(\$12.50 Biweekly)
David E. Dolph 969 Executive Parkway, S#100 MO050-1000 St. Louis, MO 63141	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Liaison Service/GenCare/PH	Payroll Deduction	38.46
	Aggregate Year-to-Date > \$ 769.20		(\$38.46 Biweekly)
William Tracy 9300 W. 110th Ste 350 Overland, K8 66210	United HealthCare		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Sales	Payroll Deduction	25.00
	Aggregate Year-to-Date > \$ 500.00		(\$25.00 Biweekly)

SUBTOTAL of Receipts This Page (optional)

184.42

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 11 OF 12
FOR LINE NUMBER 11 a i

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 James Watson 2717 N. 118th Lucile Omaha, NE 68164 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 V.P. Govt Relations, UHC Midlands	Payroll Deduction	19.23 (\$19.23)
Aggregate Year-to-Date > \$ 384.60			Biweekly
B. Full Name, Mailing Address and ZIP Code Meg Sternberg 2307 W. Cone Blvd NC10-3750 Greensboro, NC 27408 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 VP Mktg & External Aff.	Payroll Deduction	15.00 (\$15.00)
Aggregate Year-to-Date > \$ 300.00			Biweekly
C. Full Name, Mailing Address and ZIP Code Chris Kirk MD 3700 Colonnada Parkway AL001-1001 Birmingham, AL 35243 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 Medical Director	Payroll Deduction	15.38 (\$15.38)
Aggregate Year-to-Date > \$ 307.60			Biweekly
D. Full Name, Mailing Address and ZIP Code Robert Grunsky 1610 Arden Way ste 275 Sacramento, CA 98515 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, Commercial Sales	Payroll Deduction	-15.38 (\$-15.38)
Aggregate Year-to-Date > \$ 276.84			Biweekly
E. Full Name, Mailing Address and ZIP Code John Alexander 425 Market St 27th floor San Francisco, CA 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 of Intake/San Francisco	Payroll Deduction	11.54 (\$11.54)
Aggregate Year-to-Date > \$ 230.80			Biweekly
F. Full Name, Mailing Address and ZIP Code Robert K. Patton 4500 E. Pacific Coast Highway Suite 300 (CA33-1000) Long Beach, CA 90804-3273 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 VP UHC of California	Payroll Deduction	25.00 (\$25.00)
Aggregate Year-to-Date > \$ 500.00			Biweekly
G. Full Name, Mailing Address and ZIP Code Vlad M. Cartwright 1620 L. Street N.W. Washington, DC 20036 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 Grassroots Manager	Payroll Deduction	19.23 (\$19.23)
Aggregate Year-to-Date > \$ 384.60			Biweekly

SUBTOTAL of Receipts This Page (optional)

90.00

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 12 OF 12
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 R. Edward Bergmark 6300 Olson Memorial Hwy MN010-S203 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 Occupation Vice President CEO IHR (OPTUM) Aggregate Year-to-Date > \$ 769.40	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 38.47 (\$38.47 Biweekly)
B. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	38.47
TOTAL This Period (last page this line number only)	1,739.19

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Cardin for Congress 5305 York Road Baltimore, MD 21212	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/09/98	500.00
B. Full Name, Mailing Address and ZIP Code Mark Green for Congress P.O. Box 12571 Green Bay, WI 54307	Purpose of Disbursement Mark Green, U.S. HOUSE 8th WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/09/98	1,000.00
C. Full Name, Mailing Address and ZIP Code Evan Bayh Committee 901 15th Street, N.W. Washington, DC 20005	Purpose of Disbursement Evan Bayh, U.S. SENATE IN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	10/14/98	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	2,500.00
TOTAL This Period (last page this line number only)	2,500.00

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 type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 10/16/98
<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>RJS</i> PREPARER	10/22/98 DATE PREPARED