

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEDERAL ELECTION COMMISSION  
WASHINGTON, DC 20543

JAN 31 10 25 AM '96

USE FEC MARKING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) United HealthCare Corporation Political Fund	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9900 Bren Road East	2. FEC IDENTIFICATION NUMBER C00274431
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:

- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |

Twelfth day report preceding \_\_\_\_\_  
(Type of Election)

election on \_\_\_\_\_ in the State of \_\_\_\_\_

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

(b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/95</u> through <u>12/31/95</u>		
6. (a) Cash on Hand January 1, 1995		\$ 12,987.86
(b) Cash on Hand at Beginning of Reporting Period	\$ 23,399.38	
(c) Total Receipts (from Line 10)	\$ 10,590.52	\$ 22,002.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 33,989.90	\$ 34,989.90
7. Total Disbursements (from Line 30)	\$ 6,500.00	\$ 7,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 27,489.90	\$ 27,489.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	For further information contact: Federal Election Commission 999 E Street NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ -0-	
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 1/30/96	

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

**FEC FORM 3X**

(revised 8/93)

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE United HealthCare Corporation Political Fund		REPORT COVERING PERIOD FROM 07/01/95 TO 12/31/95	
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) .....	9,054.06	18,383.12
ii.	Unitemized .....	1,036.46	2,618.92
iii.	Total .....	10,090.52	21,002.04
b.	Political Party Committees .....	-0-	-0-
c.	Other Political Committees (such as PACs) .....	-0-	-0-
d.	Total Contributions .....	10,090.52	21,002.04
12.	Transfers From Affiliated/Other Party Committees .....	-0-	-0-
13.	All Loans Received .....	-0-	-0-
14.	Loan Repayments Received .....	-0-	-0-
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.) .....	-0-	-0-
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees .....	500.00	1,000.00
17.	Other Federal Receipts (Dividends, Interest, etc.) .....	-0-	-0-
18.	Transfers from Nonfederal Account for Joint Activity .....	-0-	-0-
19.	Total Receipts .....	10,590.52	22,002.04
20.	Total Federal Receipts .....	10,590.52	22,002.04
II. Disbursements			
21.	Operating Expenditures:		
a.	Shared Federal/Non-Federal Activity (from Schedule H4)		
i.	Federal Share .....	-0-	-0-
ii.	Non-Federal Share .....	-0-	-0-
b.	Other Federal Operating Expenditures .....	-0-	-0-
c.	Total Operating Expenditures .....	-0-	-0-
22.	Transfers to Affiliated/Other Party Committees .....	-0-	-0-
23.	Contributions to Federal Candidates/Committees and Other Political Committees .....	6,500.00	7,500.00
24.	Independent Expenditures (use Schedule E) .....	-0-	-0-
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) ..	-0-	-0-
26.	Loan Repayments Made .....	-0-	-0-
27.	Loans Made .....	-0-	-0-
28.	Refunds of Contributions To:		
a.	Individuals/Persons Other Than Political Committees .....	-0-	-0-
b.	Political Party Committees .....	-0-	-0-
c.	Other Political Committees (such as PACs) .....	-0-	-0-
d.	Total Contribution Refunds .....	-0-	-0-
29.	Other Disbursements .....	-0-	-0-
30.	Total Disbursements .....	6,500.00	7,500.00
31.	Total Federal Disbursements .....	6,500.00	7,500.00
III. Net Contributions/Operating Expenditures			
32.	Total Contributions (other than loans)(from line 11d) .....	6,500.00	7,500.00
33.	Total Contribution Refunds (from line 28d) .....	-0-	-0-
34.	Net Contributions (other than loans)(subtract line 33 from 32) .....	6,500.00	7,500.00
35.	Total Federal Operating Expenditures .....	-0-	-0-
36.	Offsets to Operating Expenditures (from line 15) .....	-0-	-0-
37.	Net Operating Expenditures .....	-0-	-0-

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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
Bracken, Barton 7212 Spruce Ave. Takoma Park, MD 20912	United HealthCare Corporation	Payroll Deduction	\$15.00 Bi-weekly
	Occupation Dir, Disability Management		\$195.00
	Aggregate Year-to-Date >	\$ 390.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Wills, Travers 6658 Pinnacle Drive Eden Prairie, MN 55346	United HealthCare Corporation	Payroll Deduction	\$45.00 Bi-weekly
	Occupation Exec VP, Specialty Cos.		\$585.00
	Aggregate Year-to-Date >	\$ 1,170.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Mondale, Ted 3800 France Ave. S. St. Louis Park, MN 55437	United HealthCare Corporation	Payroll Deduction	\$25.00 Bi-weekly
	Occupation VP Public Programs		\$325.00
	Aggregate Year-to-Date >	\$ 650.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Davis, John 10527 Parker Drive Eden Prairie, MN 55437	United HealthCare Corporation	Payroll Deduction	\$10.00 Bi-weekly
	Occupation President HealthMarc		\$130.00
	Aggregate Year-to-Date >	\$ 260.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Wardle, John 3035 Autumn Woods Drive Chaska, MN 55317	United HealthCare Corporation	Payroll Deduction	\$15.00 Bi-weekly
	Occupation VP, External Affairs		\$195.00
	Aggregate Year-to-Date >	\$ 390.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Ricker, Edward 5079 Arndwood Lane Plymouth, MN 55442	United HealthCare Corporation	Payroll Deduction	\$10.00 Bi-weekly
	Occupation Dir, Insurance Contracts		\$130.00
	Aggregate Year-to-Date >	\$ 260.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			
Christu, Maria 2117 Niles Ave. St. Paul MN 55116	United HealthCare Corporation	Payroll Deduction	\$8.00 Bi-weekly
	Occupation Asst. General Counsel		\$104.00
	Aggregate Year-to-Date >	\$ 208.00	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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

**TOTAL** This Period (last page this line number only) .....

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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
Mahowald, Tom 1441 Lambert Lane Arden Hills, MN 55112	United HealthCare Corporation	Payroll Deduction	\$15.00 Bi-weekly \$195.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Public Affairs		
	Aggregate Year-to-Date > \$ 390.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Breviu, John 4529 Oaks Chase Way Eagan, MN 55123	United HealthCare Corporation	Payroll Deduction	\$10.00 Bi-weekly \$130.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Counsel		
	Aggregate Year-to-Date > \$ 260.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Baekes, Bob 4701 Dunberry Lane Edina, MN 55435	United HealthCare Corporation	Payroll Deduction	\$15.00 Bi-weekly \$195.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, HR & Admin Services		
	Aggregate Year-to-Date > \$ 390.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Nakai, Joe 2005 Black Oaks Lane North Plymouth, MN 55447	United HealthCare Corporation	Payroll Deduction	\$10.00 Bi-weekly \$130.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Sales		
	Aggregate Year-to-Date > \$ 260.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Jarson, Sandra 3528 Long Lake Road St. Paul, MN 55115	United HealthCare Corporation	Payroll Deduction	\$10.00 Bi-weekly \$130.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sr Dir, GSA Spclty Co.		
	Aggregate Year-to-Date > \$ 260.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Bradley, James 8109 Galway Road Woodbury, MN 55125	United HealthCare Corporation	Payroll Deduction	\$25.00 Bi-weekly \$175.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Information Officer		
	Aggregate Year-to-Date > \$ 500.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rivers, Larry 13336 Huntington Drive Apple Valley, MN 55124	United HealthCare Corporation	Payroll Deduction	\$10.00 Bi-weekly \$130.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Sys Development		
	Aggregate Year-to-Date > \$ 260.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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**NAME OF COMMITTEE (In Full)**

United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Suellementrop, Blair 1017 Greynoor Road Birmingham, AL 35242	United HealthCare Corporation	Payroll Deduction	\$25.00 Bi-weekly \$325.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CED Aggregate Year-to-Date > \$650.00		
B. Full Name, Mailing Address and ZIP Code Benos, Kimberlee 1622 Wellington Road Birmingham AL 35209	United HealthCare Corporation	Payroll Deduction	\$15.00 Bi-weekly \$120.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$315.00		
C. Full Name, Mailing Address and ZIP Code Green, Williams 350 Tuthill Lane Mobile AL 36608	United HealthCare Corporation	Payroll Deduction	\$9.62 Bi-weekly \$125.06
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP/General Manager Aggregate Year-to-Date > \$250.12		
D. Full Name, Mailing Address and ZIP Code Savage, James 3787 Crooked Creek Okemos, MI 48864	United HealthCare Corporation	Payroll Deduction	\$40.00 Bi-weekly \$520.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional VP Aggregate Year-to-Date > \$1,040.00		
E. Full Name, Mailing Address and ZIP Code Sheehy, Robert 4946 Sheffield Avenue Powell, OH 43065	United HealthCare Corporation	Payroll Deduction	\$50.00 Bi-weekly \$650.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO Eastern Region Aggregate Year-to-Date > \$1,300.00		
F. Full Name, Mailing Address and ZIP Code Powell, Max 50 South Killingly Road Foster, RT 02825	United HealthCare Corporation	Payroll Deduction	\$20.00 Bi-weekly \$260.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO UHP NE Aggregate Year-to-Date > \$520.00		
G. Full Name, Mailing Address and ZIP Code Maniz, James 60 Barney Street Rumford, RI 02916	United HealthCare Corporation	Payroll Deduction	\$10.00 Bi-weekly \$130.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Sales & Mktg UHP NE Aggregate Year-to-Date > \$260.00		

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

**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 6  
FOR LINE NUMBER

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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
Kazlauskas, Anthony 66 Laurel Hill Road East Greenwich, RI 02818	United HealthCare Corporation	Payroll Deduction	\$20.00 Bi-weekly \$260.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Dir, UHP NE	Aggregate Year-to-Date > \$ 520.00	
Grover, Leonard 10242 Brookcrest Circle South Jordan, UT 84065	United HealthCare Corporation	Payroll Deduction	\$25.00 Bi-weekly \$325.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Sales/Marketing	Aggregate Year-to-Date > \$ 650.00	
Brogan, Cicily 5800 Wilcke Way Dayton, OH 45459	United HealthCare Corporation	Payroll Deduction	\$15.00 Bi-weekly \$195.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Customer/Prof Svcs	Aggregate Year-to-Date > \$ 390.00	
Bloom, John 6429 Kings Grant Passage Dayton, OH 45459	United HealthCare Corporation	Payroll Deduction	\$10.00 Bi-weekly \$130.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director, Dayton	Aggregate Year-to-Date > \$ 260.00	
Kochler, Michael 7284 Hidden Cove Kalamazoo, MI 49009	United HealthCare Corporation	Payroll Deduction	\$40.00 Bi-weekly \$520.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec Dir, SW Michigan	Aggregate Year-to-Date > \$ 1,040.00	
Rambo, Larry 35306 Pabst Road Oconomowoc, WI 53066	United HealthCare Corporation	Payroll Deduction	\$25.00 Bi-weekly \$325.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President/CEO PrimeCare	Aggregate Year-to-Date > \$ 650.00	
Lynch, Michael 7013 West Lafayette Place Mequon, WI 53092	United HealthCare Corporation	Payroll Deduction	\$10.00 Bi-weekly \$130.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Medical Officer	Aggregate Year-to-Date > \$ 260.00	

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

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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
Collins, Robert 1298 Raleigh Way Lawrenceville, GA 30245	United HealthCare Corporation	Payroll Deduction	\$15.00 Bi-weekly \$195.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Dir, Provider OPS	Aggregate Year-to-Date > \$390.00	
B. Full Name, Mailing Address and ZIP Code Colby, Ronald 5605 Burl Oaks Court Minnetristia, MN 55364	United HealthCare Corporation	Payroll Deduction	\$30.00 Bi-weekly \$390.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President, United Health/Life	Aggregate Year-to-Date > \$780.00	
C. Full Name, Mailing Address and ZIP Code Montague-Clouse, Lyn 1570 Dark Circle Mendota Heights, MN 55118	United HealthCare Corporation	Payroll Deduction	\$10.00 Bi-weekly \$130.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir, Marketing	Aggregate Year-to-Date > \$260.00	
D. Full Name, Mailing Address and ZIP Code Irvine, Patrick 100 Washington Square #106 Minneapolis, MN 55401	United HealthCare Corporation	Payroll Deduction	\$25.00 Bi-weekly \$325.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Dir, Evercare	Aggregate Year-to-Date > \$650.00	
E. Full Name, Mailing Address and ZIP Code Broadfoot, Robert 1800 Northshore Hill Knoxville, TN 37922	United HealthCare Corporation	Payroll Deduction	\$10.00 Bi-weekly \$130.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Exec Dir, LBS TN	Aggregate Year-to-Date > \$260.00	
F. Full Name, Mailing Address and ZIP Code Diaz, Isabel 6925 Veronesse Ave Coral Gables, FL 33134	United HealthCare Corporation	Payroll Deduction	\$10.00 Bi-weekly \$130.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Spvr Credentialing	Aggregate Year-to-Date > \$260.00	
G. Full Name, Mailing Address and ZIP Code Perez, Rafael 4511 Alhambra Circle Coral Gables, FL 33146	United HealthCare Corporation	Payroll Deduction	\$10.00 Bi-weekly \$130.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Operations, Ramsay	Aggregate Year-to-Date > \$260.00	

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

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NAME OF COMMITTEE (in Full)

United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lamelas, Melquades c/o Mel Lamelas 115 South East Third Ave #160 Miami, FL 33131	United HealthCare Corporation	Payroll Deduction	\$10.00 Bi-weekly \$80.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date >	\$210.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dillabough, Edward 221 Ocala Road Belleair, FL 34616	United HealthCare Corporation	Payroll Deduction	\$10.00 Bi-weekly \$130.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Regional VP, Florida	Aggregate Year-to-Date >	\$260.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mendez, Angel 5980 Southwest 82nd Street South Miami, FL 33143	United HealthCare Corporation	Payroll Deduction	\$10.00 Bi-weekly \$130.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician in Charge	Aggregate Year-to-Date >	\$260.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Franzese, Ronald 2474 Halhaway Court North Shores, MI 49441	United HealthCare Corporation	Payroll Deduction	\$40.00 Bi-weekly \$520.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date >	\$1,040.00
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)

TOTAL This Period (last page this line number only)

\$9,054.06



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**NAME OF COMMITTEE (in Full)**

United HealthCare Corporation Political Fund

0 3 0 3 2 0 0 6 2

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Almond for Governor 18 Bridge Street Providence, RI 02903		08/17/95	\$500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify):	Occupation Refunded Dispersement		
	Aggregate Year-to-Date > \$		
B. 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 > \$		
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) .....

TOTAL This Period (last page this line number only) .....

\$500.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1  
FOR LINE NUMBER

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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
A Lot of People Supporting Tom Daschle 245 2nd St. NE, Suite 300 Washington, D.C. 20002	U. S. Senate Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	08/31/95	\$500.00
B. Full Name, Mailing Address and ZIP Code Minge for Congress 515 Cleveland Ave S. #201 St. Paul, MN 55116	House of Representatives Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	09/30/95	\$500.00
C. Full Name, Mailing Address and ZIP Code Missouri State Democratic Committee P.O. Box 719 419 East High St. Jefferson City, Missouri 65102	Missouri Federal PAC Account Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	10/23/95	\$1,000.00
D. Full Name, Mailing Address and ZIP Code Emil Jones for Congress 507 W. 11th St., Suite #9 Chicago, IL 60628	House of Representatives Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/95	\$1,000.00
E. Full Name, Mailing Address and ZIP Code Hastert for Congress 6344 Cavalier Corridor Falls Church, VA 22044-1203	House of Representatives Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/01/95	\$1,000.00
F. Full Name, Mailing Address and ZIP Code Barbara Kennelly for Congress Committee P.O. Box 3719 Hartford, CT. 06103	House of Representatives Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	11/29/95	\$500.00
G. Full Name, Mailing Address and ZIP Code Friends of John Boehner 7908-1 Cincinnati-Dayton Road West Chester, OH 45069	House of Representatives Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/95	\$1,000.00
H. Full Name, Mailing Address and ZIP Code People for Domenici P.O. Box 2206 Albuquerque, NM 87103	U.S. Senate Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	12/15/95	\$1,000.00
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) .....

TOTAL This Period (last page this line number only) .....

\$6,500.00

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.

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Records

DATE OF RECEIPT

Other (Specify):

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and/or DATE OF RECEIPT

*SLY*  
PREPARER

1-31-96  
DATE PREPARED

0503020054