

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JUL 19 9 03 AM '98

USE FEC MAILING 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 9500 Bran 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 110)

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
6. Covering Period <u>04/01/98</u> through <u>06/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 105,122.73
(b) Cash on Hand at Beginning of Reporting Period	\$ 113,374.88	
(c) Total Receipts (from Line 18)	\$ 22,154.16	\$ 41,406.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 135,529.04	\$ 146,529.04
7. Total Disbursements (from Line 30)	\$ 22,500.00	\$ 33,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 113,029.04	\$ 113,029.04
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-8480
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 7/15/98

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 United HealthCare Corporation Political Fund		REPORT COVERING PERIOD FROM 04/01/98 TO 06/30/98		
		COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			11(a)(i)
i.	Itemized (use Schedule A)	10,332.44	13,745.78	11(a)(ii)
ii.	Unitemized	11,821.72	27,660.53	11(a)(iii)
iii.	Total (add i and ii) >	22,154.16	41,406.31	11(a)(iv)
b.	Political Party Committees	0.00	0.00	11(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	11(c)
d.	Total Contributions (add a, b, and c) >	22,154.16	41,406.31	11(d)
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13.	All Loans Received	0.00	0.00	13
14.	Loan Repayments Received	0.00	0.00	14
15.	Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16.	Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17.	Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18.	Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19.	Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	22,154.16	41,406.31	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	22,154.16	41,406.31	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)(i)
i.	Federal Share	0.00	0.00	21(a)(ii)
ii.	Non-Federal Share	0.00	0.00	21(a)(iii)
b.	Other Federal Operating Expenditures	0.00	0.00	21(b)
c.	Total Operating Expenditures (add a, i, ii, and b) >	0.00	0.00	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	20,500.00	31,500.00	23
24.	Independent Expenditures (use Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26.	Loan Repayments Made	0.00	0.00	26
27.	Loans Made	0.00	0.00	27
28.	Refunds of Contributions To:			
a.	Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b.	Political Party Committees	0.00	0.00	28(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	28(c)
d.	Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29.	Other Disbursements	2,000.00	2,000.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	22,500.00	33,500.00	30
31.	Total Federal Disbursements (subtract line 21 a, ii from line 30) >	22,500.00	33,500.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	22,154.16	41,406.31	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	22,154.16	41,406.31	34
35.	Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36.	Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37.	Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 8
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
Marc E. Backon One Penn Plaza, 37th Floor NY36-1000 New York, NY 10121	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Sales Vice-President	Payroll Deduction	145.81 (\$20.83 Biweekly)
	Aggregate Year-to-Date > \$	270.79	
Michael F. Ferris 450 Columbus Blvd 12NB-B Hartford, CT 06115-0460	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Underwriting Manager	Payroll Deduction	140.00 (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$	260.00	
Travers H. Wills 9900 Bren Road East MN008-W301 Minnetonka, MN 55343	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Operating Officer	Payroll Deduction	350.00 (\$50.00 Biweekly)
	Aggregate Year-to-Date > \$	650.00	
Anthony J. Kazlauskas 476 Kilvert St, Suite 310 RI010-3400 Warwick, RI 02886-1392	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Payroll Deduction	140.00 (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$	260.00	
Thomas P. McDonough 8330 Boone Blvd VA30-1030 Vienna, VA 22182	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP - Claim Services Administ	Payroll Deduction	82.60 (\$31.25 Biweekly)
	Aggregate Year-to-Date > \$	250.00	
Richard J. Migliori 475 Kilvert St RI010-3400 Warwick, RI 02886	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO UHC New England	Payroll Deduction	289.22 (\$38.46 Biweekly)
	Aggregate Year-to-Date > \$	499.98	
Jeannie M. Rivet 9900 Bren 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	280.00 (\$40.00 Biweekly)
	Aggregate Year-to-Date > \$	520.00	

SUBTOTAL of Receipts This Page (optional) **1,387.53**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 8
FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code R. Channing Wheeler 2 Penn Plaza New York, NY 12204 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 Northeast Plans Coach	Payroll Deduction	266.00 (\$38.00 Biweekly)
Aggregate Year-to-Date > \$ 494.00			
B. Full Name, Mailing Address and ZIP Code James E. McGarry 1600 West Plano Parkway, Suite 100, TX032-1000 Plano, TX 75075 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Senior Vice President - UHC CSA	Payroll Deduction	134.61 (\$19.23 Biweekly)
Aggregate Year-to-Date > \$ 249.99			
C. Full Name, Mailing Address and ZIP Code Marc E Rothbart 5015 Campuswood Drive NY032-1000 East Syracuse, NY 13067-0450 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 Commerical Sales	Payroll Deduction	134.61 (\$19.23 Biweekly)
Aggregate Year-to-Date > \$ 249.99			
D. Full Name, Mailing Address and ZIP Code David G. Devereaux 3838 N. Central Ave Suite 600 AZ030-1000 Phoenix, AZ 86012 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Senior Vice President	Payroll Deduction	140.00 (\$20.00 Biweekly)
Aggregate Year-to-Date > \$ 260.00			
E. Full Name, Mailing Address and ZIP Code Stephen Matheson 450 Columbus Blvd 12NB-B CT030-12BB Hartford, CT 06115 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Senior Vice President, Rural Market	Payroll Deduction	140.00 (\$20.00 Biweekly)
Aggregate Year-to-Date > \$ 260.00			
F. Full Name, Mailing Address and ZIP Code Ronald S. Franzese Terrace Plaza, 250 Morris Ave MI013-3250 Muskegon, MI 49440-1143 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 CEO, PHP of West MI	Payroll Deduction	280.00 (\$40.00 Biweekly)
Aggregate Year-to-Date > \$ 520.00			
G. Full Name, Mailing Address and ZIP Code William Burton 450 Columbus Ave Hartford, CT 06115 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 Vice President Ins Products	Payroll Deduction	140.00 (\$20.00 Biweekly)
Aggregate Year-to-Date > \$ 260.00			

SUBTOTAL of Receipts This Page (optional) **1,235.22**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 8
FOR LINE NUMBER 11 a)

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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
Terry Nimnicht 825 1/2 Greenwood Plaza Blvd Suite 200 CO030-1000 Englewood, CO 80111-4910	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President - UHC of Colorado	Payroll Deduction	140.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 280.00		
James T. Kerr 2 Penn Plaza Suite 700 NY038-1000 New York, NY 10121	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Govt Programs - NY Tristate	Payroll Deduction	175.00 (\$25.00) Biweekly
	Aggregate Year-to-Date > \$ 326.00		
Henry R. Loubat 425 Market St. 13th Floor CA035-1000 San Francisco, CA 94105	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP, Regional Operations CA	Payroll Deduction	269.22 (\$38.46) Biweekly
	Aggregate Year-to-Date > \$ 499.98		
Marshall V. Rozzi One South Wacker IL014-0300 Chicago, IL 60606	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pres/CEO UHC of IL	Payroll Deduction	307.68 (\$38.46) Biweekly
	Aggregate Year-to-Date > \$ 499.98		
Richard C. Zoretic 8330 Boone Blvd, Suite 300 VA030-1030 Vienna, VA 22182-2624	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP National Sales	Payroll Deduction	140.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 280.00		
Elise Anne Gemeinhardt 1620 L St. NY #800 DC030-1000 Washington, DC 20036	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Federal Affairs	Payroll Deduction	269.22 (\$38.46) Biweekly
	Aggregate Year-to-Date > \$ 499.98		
James G. Carlson 8330 Boone Blvd, Suite 300 VA030-1030 Vienna, VA 22182-2624	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive VP Field Operations	Payroll Deduction	140.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 280.00		

SUBTOTAL of Receipts This Page (optional) **1,441.12**

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PAGE 4 OF 8
FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lester Coney One S. Nacher Dr Chicago, IL 60615	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Key Accounts	Payroll Deduction	140.00 (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ 260.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Katherine B. Hating 601 Office Center Drive Ft. Washington, PA 19102	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Claims, AARP Div	Payroll Deduction	140.00 (\$20.00 Biweekly)
	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
Frederick C. Dunlap 9900 Bran Road E. MN008-W200 Minnetonka, MN 55343	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO - Public Division	Payroll Deduction	140.00 (\$20.00 Biweekly)
	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
Carla M. Muggio One South Wacker IL014-3605 Chicago, IL 60606	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Operations	Payroll Deduction	134.61 (\$19.23 Biweekly)
	Aggregate Year-to-Date > \$ 249.99		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David De Lorenzo 5300 NW 33 Ave Suite 107 Ft Lauderdale, FL 33309	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager, Medical Management	Payroll Deduction	134.61 (\$19.23 Biweekly)
	Aggregate Year-to-Date > \$ 249.99		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Sheila T. Leatherman 9900 Bran Road E. MN008-W312 Minnetonka, MN 55343	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Vice President	Payroll Deduction	140.00 (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ 260.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
James T. Braun 8330 Boone Blvd VA30-1030 Vienna, VA 22182-2624	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President	Payroll Deduction	140.00 (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ 260.00		

SUBTOTAL of Receipts This Page (optional) 969.22

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 8
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NAME OF COMMITTEE (In Full)
United HealthCare Corporation Political Fund

A. Full Name, Mailing Address and ZIP Code George D. Shafer 6601 Centerville business Pkwy OH010-3005 Dayton, OH 45459-8028	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 140.00 (\$20.00 Biweekly)	
	Occupation CEO Dayton Ohio Plan	Aggregate Year-to-Date > \$ 260.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	B. Full Name, Mailing Address and ZIP Code Rafael P Peraz 75 Valencia Ave FL010-1010 Coral Gables, FL 33134	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 175.00 (\$25.00 Biweekly)
<input type="checkbox"/> Other (specify):	Occupation VP - Operations	Aggregate Year-to-Date > \$ 325.00		
C. Full Name, Mailing Address and ZIP Code Ken L. Hovarman 3850 Olentangy River Rd OH020-3010 Columbus, OH 43214-1138	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 210.00 (\$30.00 Biweekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO UHC Ohio	Aggregate Year-to-Date > \$ 390.00		
D. Full Name, Mailing Address and ZIP Code Ronald B. Colby 5901 Lincoln Drive MN012-N140 Edina, MN 55436	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 210.00 (\$30.00 Biweekly)	
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 > \$ 390.00		
E. Full Name, Mailing Address and ZIP Code Kath Noblitt 2970 Clairmont Rd #650 Atlanta, GA 30329-1834	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 140.00 (\$20.00 Biweekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Strategic Account Executive	Aggregate Year-to-Date > \$ 260.00		
F. Full Name, Mailing Address and ZIP Code Robert G. Harmon MD 10487 White Granite Dr. Suite 300, VA31-1000 Oakton, VA 22124-0450	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 140.00 (\$20.00 Biweekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation National Medical Director	Aggregate Year-to-Date > \$ 260.00		
G. Full Name, Mailing Address and ZIP Code Janice D. Messeroff 4701 Cox Road VA037-1000 Glen Allen, VA 23080	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 140.00 (\$20.00 Biweekly)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO	Aggregate Year-to-Date > \$ 260.00		

SUBTOTAL of Receipts This Page (optional) **1,155.00**

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 **6** OF **8**
FOR LINE NUMBER **11 a 1**

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

A. Full Name, Mailing Address and ZIP Code Steven Baker MD 10701 W. Research Dr P.O. Box 26649 (WI030-5360) Milwaukee, WI 53226-0649	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt this Period 134.81 (\$19.23 Biweekly)
	Occupation Senior Medical Director	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 6 230.76		
B. Full Name, Mailing Address and ZIP Code Robert J. Sheehy 3660 Olentangy River Rd. OH020-3010 Columbus, OH 43214-1138	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt this Period 350.00 (\$50.00 Biweekly)
	Occupation COO PHO Ohio	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 8 650.00		
C. Full Name, Mailing Address and ZIP Code Michael J. Koehler 106 Farmers Alley, Suite 400 MI012-3200 Kalamazoo, MI 49005-0271	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt this Period 280.00 (\$40.00 Biweekly)
	Occupation CEO	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 8 620.00		
D. Full Name, Mailing Address and ZIP Code David S. Barker 6015 Campuswood Drive NY032-1000 East Syracuse, NY 13057	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt this Period 291.62 (\$41.66 Biweekly)
	Occupation CEO - Syracuse	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 8 341.58		
E. Full Name, Mailing Address and ZIP Code Larry A. Rambo 10701 W. Research Drive WI030-3550 Milwaukee, WI 53226-0649	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt this Period 175.00 (\$25.00 Biweekly)
	Occupation CEO PrimeCare	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 9 326.00		
F. Full Name, Mailing Address and ZIP Code Leonard A. Farr 9900 Bren Road East MN008-8310 Minnetonka, MN 55343	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt this Period 269.22 (\$38.46 Biweekly)
	Occupation Corporate Vice President	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 8 499.98		
G. Full Name, Mailing Address and ZIP Code Johnny Gore 3700 Colonnade Pkwy AL001 Birmingham, AL 35243	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt this Period 201.95 (\$28.85 Biweekly)
	Occupation Sr. Medical Director	Deduction	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > 8 378.05		

SUBTOTAL of Receipts This Page (optional) **1,702.40**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a i

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

<p>A. Full Name, Mailing Address and ZIP Code Joe Barry 5901 Lincoln Drive MN012-S249 Edina, MN 55438</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation National Medical Director</p> <p>Aggregate Year-to-Date > \$ 260.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>140.00 (\$20.00) Biweekly</p>
<p>B. Full Name, Mailing Address and ZIP Code Barbara Wahlrobe 1 So. Wacker Chicago, IL 60614</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation Corp V.P. of Sales</p> <p>Aggregate Year-to-Date > \$ 325.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>175.00 (\$25.00) Biweekly</p>
<p>C. Full Name, Mailing Address and ZIP Code John M. Braasch 2717 N 118th Circle NE010-3700 Omaha, NE 68164</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation CEO - UHCM</p> <p>Aggregate Year-to-Date > \$ 260.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>140.00 (\$20.00) Biweekly</p>
<p>D. Full Name, Mailing Address and ZIP Code Robert J. Backes 9900 Bren Road E MN008-8317 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation Vice President - Human Resources</p> <p>Aggregate Year-to-Date > \$ 325.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>175.00 (\$25.00) Biweekly</p>
<p>E. Full Name, Mailing Address and ZIP Code Patrick W. Irvine 6300 Olson Memorial Highway MN10-S201 Golden Valley, MN 55427</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation National Medical Director</p> <p>Aggregate Year-to-Date > \$ 325.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>175.00 (\$25.00) Biweekly</p>
<p>F. Full Name, Mailing Address and ZIP Code Thomas A. Mahowald 9900 Bren Road E MN008-W212 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation Public Affairs Director</p> <p>Aggregate Year-to-Date > \$ 390.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>210.00 (\$30.00) Biweekly</p>
<p>G. Full Name, Mailing Address and ZIP Code David Lubben 9900 Bren Rd East Mtna, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer United HealthCare Corporation</p> <p>Occupation General Counsel</p> <p>Aggregate Year-to-Date > \$ 499.98</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>289.22 (\$38.46) Biweekly</p>

SUBTOTAL of Receipts This Page (optional) **1,284.22**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 8 OF 8
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 David E. Dolph 959 Executive Parkway, S#100 MO050-1000 St. Louis, MO 63141	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt This Period 269.22 (\$38.48 Biweekly)
	Occupation Director Liaison Service/GenCare/PH	Deduction Aggregate Year-to-Date > \$ 499.98	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code William Tracy 9300 W. 110th Ste 350 Overland, KS 66210	Name of Employer United HealthCare	Date (month, day, year) Payroll	Amount of Each Receipt This Period 175.00 (\$25.00 Biweekly)
	Occupation VP Sales	Deduction Aggregate Year-to-Date > \$ 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code James Watson 2717 N. 118th Lucile Omaha, NE 68164	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt This Period 134.61 (\$19.23 Biweekly)
	Occupation V.P. Govt Relations, UHC Midlands	Deduction Aggregate Year-to-Date > \$ 249.99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Robert K. Patton 4500 E. Pacific Coast Highway Suite 300 (CA33-1000) Long Beach, CA 90804-3273	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt This Period 175.00 (\$25.00 Biweekly)
	Occupation VP UHC of California	Deduction Aggregate Year-to-Date > \$ 325.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code Vlad M. Cartwright 1620 L. Street N.W. Washington, DC 20036	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt This Period 134.51 (\$19.23 Biweekly)
	Occupation Grassroots Manager	Deduction Aggregate Year-to-Date > \$ 249.99	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code R. Edward Bergmark 6300 Olson Memorial Hwy MNC10-S203 Golden Valley, MN 55427	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt This Period 269.28 (\$38.47 Biweekly)
	Occupation Vica President CEO IHR (OPTUM)	Deduction Aggregate Year-to-Date > \$ 500.11	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation	Deduction Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **1,157.73**

TOTAL This Period (last page this line number only) **10,332.44**

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 3
FOR LINE NUMBER 23

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Campbell Victory Fund PO 480166 Denver, CO 80248	Ben Nighthorse Campbell, U.S. SENATE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/02/98	500.00
John Breaux Senate Committee 10 B East Broad St. Falls church, VA 22046	John B. Breaux, U.S. SENATE LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/14/98	600.00
FRIENDS OF SAM JOHNSON 1912 Ave K, Ste 206 PLANO, TX 75074	Sam Johnson, U.S. HOUSE 3rd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/20/98	1,000.00
Mikulski for Senate 711 West 40th Street Suite 460 Baltimore, MD 21211	Barbara A. Mikulski, U.S. SENATE MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/20/98	1,000.00
J.D. Hayworth for Congress P.O. Box 14273 Scottsdale, AZ 85267	J.D. Hayworth, U.S. HOUSE 6th AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/20/98	500.00
Friends of Newt Gingrich Post Office Box 1399 Roswell, GA 30077	Newt Gingrich, U.S. HOUSE 6th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/20/98	2,000.00
ANNE NORTHUP FOR CONGRESS 3340 LEXINGTON ROAD LOUISVILLE, KY 40206	Anne M. Northup, U.S. HOUSE 3rd KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/20/98	1,000.00
LEADERSHIP ALLIANCE 15739 CEDARMILL DRIVE CHESTERFIELD, MO 63017	James M. Talent, U.S. HOUSE 2nd MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/27/98	1,000.00
Earl Pomeroy for Congress P.O. Box 75214 Washington, DC 200135214	Earl Pomeroy, U.S. HOUSE AL ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/27/98	500.00

SUBTOTAL of Disbursements This Page (optional)

8,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 3
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
Friends of Chris Dodd 801-15th St. N.W. Washington, DC 20005	Christopher J. Dodd, U.S. SENATE CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	04/28/98	1,000.00
B. Full Name, Mailing Address and ZIP Code Hastert for Congress Committee P.O. Box 625 Batavia, IL 60510	Dennis Hastert, U.S. HOUSE 14th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/07/98	1,000.00
C. Full Name, Mailing Address and ZIP Code New Democrat Network 601 Capitol Court N.E. Suite 200 Washington, DC 20002	Recruiting, Promoting & Funding of Democrats Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/07/98	3,500.00
D. Full Name, Mailing Address and ZIP Code McCrery for Congress P.O. Box 4850 Shreveport, LA 71134	Jim McCrery, U.S. HOUSE 4th LA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/14/98	1,000.00
E. Full Name, Mailing Address and ZIP Code Missourians for Kit Bond 607 Capitol Court N.E. Suite 100 Washington, DC 20002	Christopher S. Bond, U.S. SENATE MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/15/98	1,000.00
F. Full Name, Mailing Address and ZIP Code Gerald C. "Jerry" Weller for Congress P.O. Box 687 Morris, IL 60450	Gerald C. Weller, U.S. HOUSE 11th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	05/27/98	1,000.00
G. Full Name, Mailing Address and ZIP Code Friends of Jennifer Dunn P.O. Box 40110 Bellevue, WA 98015	Jennifer Dunn, U.S. HOUSE 8th WA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/05/98	500.00
H. Full Name, Mailing Address and ZIP Code PORTER FOR CONGRESS COMMITTEE 1625 SHERIDAN ROAD #405 WILMETTE, IL 60091	John Edward Porter, U.S. HOUSE 10th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/05/98	500.00
I. Full Name, Mailing Address and ZIP Code Re-Elect Nancy Johnson to Congress P.O. Box 1986 New Britain, CT 06050	Nancy L. Johnson, U.S. HOUSE 8th CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/12/98	1,000.00

SUBTOTAL of Disbursements This Page (optional)

10,500.00

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 Disbursement This Period
Friends of Senator Nickles 2101 Connecticut Ave Washington, DC	Don Nickles, U.S. SENATE OK Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/12/98	1,000.00
A Lot of People Supporting Tom Daschle 1475 Pennsylvania Ave Washington, DC	Tom Daschle, U.S. SENATE SD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	06/17/98	1,000.00
C. 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
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)	2,000.00
TOTAL This Period (last page this line number only)	20,500.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 29

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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
Thompson for Wisconsin 622 North Water Street Ste 400 Milwaukee, WI 53202-4905	Tommy Thompson, GOVERNOR WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/08/98	2,000.00
B. 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
C. 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
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)	2,000.00
TOTAL This Period (last page this line number only)	2,000.00

