

UNITEDhealthcare

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

9900 Bron Road East
P.O. Box 1459
Minneapolis, MN 55440-1459

Nov 1 7 52 AM '98

20 October 1998

Reports Analyst
Reports Analysis Division
Federal Election Committee
999 E Street NW
Washington, DC 20463

Dear Sirs or Madam

Enclosed please find our revised third quarter report and our Twelfth day report preceding election on 2 November 1998. Review of our reports indicated that one contribution was missed on the third quarter report which changes our total disbursements and cash on hand at end of reporting period for both reports.

If you have any questions about this information, please contact Terri Smith, United HealthCare's PAC Administrator, at 612/936-7351.

Sincerely yours,



Gregory Springer
Treasurer
United HealthCare Corporation Political Fund

AT/ts

Enclosures

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full)
United HealthCare Corporation Political Fund

ADDRESS (number and street) Check if different than previously reported
9900 Bren Road East

CITY, STATE and ZIP CODE
Minnatoka, MN 55343

2. FEC IDENTIFICATION NUMBER
C00274431

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

4. TYPE OF REPORT

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

Monthly Report Due On:

- February 20 June 20 October 20
- March 20 July 20 November 20
- April 20 August 20 December 20
- May 20 September 20 January 31

- Twelfth day report preceding _____
(Type of Election)
- election on _____ in the State of _____
- Thirtieth day report following the General Election on _____
in the State of _____

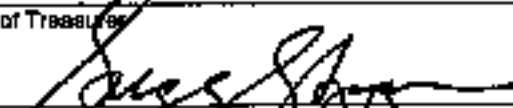
(b) Is this Report an Amendment? YES NO

SUMMARY		COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period	<u>07/01/98</u> through <u>09/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>			\$ 105,122.73
(b) Cash on Hand at Beginning of Reporting Period		\$ 113,029.04	
(c) Total Receipts (from Line 19)		\$ 18,110.86	\$ 59,517.17
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 131,139.90	\$ 164,639.90
7. Total Disbursements (from Line 30)		\$ 14,500.00	\$ 48,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 116,639.90	\$ 116,639.90
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9630
Local 202-219-3420

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
10/22/98

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

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FEC FORM 3X
(revised 9/93)

**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	TO:	
		07/01/98	09/30/98	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individuals/Persons Other Than Political Committees			
	i. Itemized (use Schedule A)	10,974.30	24,720.08	11(a)(i)
	ii. Unitemized	7,136.56	34,797.09	11(a)(ii)
	iii. Total (add i and ii) >	18,110.86	59,517.17	11(a)(iii)
b.	Political Party Committees	0.00	0.00	11(b)
c.	Other Political Committees (such as PACs)	0.00	0.00	11(c)
d.	Total Contributions (add a iii, b and c) >	18,110.86	59,517.17	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) >	18,110.86	59,517.17	19
20.	Total Federal Receipts (subtract line 18 from line 19) >	18,110.86	59,517.17	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
	i. Federal Share	0.00	0.00	21(a)(i)
	ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b.	Other Federal Operating Expenditures	0.00	0.00	21(b)
c.	Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)
22.	Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23.	Contributions to Federal Candidates/Committees and Other Political Committees	14,500.00	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. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
	b. Political Party Committees	0.00	0.00	28(b)
	c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
	d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29.	Other Disbursements	0.00	2,000.00	29
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	14,500.00	48,000.00	30
31.	Total Federal Disbursements (subtract line 21 a i from line 30) >	14,500.00	48,000.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	18,110.86	59,517.17	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	18,110.86	59,517.17	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 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
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	07/07/98	1,000.00
FRIENDS OF BOB LIVINGSTON P.O. Box 6329 New Orleans, LA 70174	Robert L. Livingston, U.S. HOUSE 1st LA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/17/98	1,000.00
Coverdell Good Government Committee 1010 Wisconsin Avenue, N.W. Suite 200 Washington, DC 20007	Paul Coverdell, U.S. SENATE GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/21/98	1,000.00
The Grassley Committee, Inc. P.O. Box 8193 Alexandria, VA 22306-0193	Charles E. Grassley, U.S. SENATE IA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/27/98	1,000.00
Voinovich for Senate Committee 3 East Broad St 8th Floor Columbus, OH 43215	George V. Voinovich, OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/31/98	1,000.00
Ryan for Congress Janesville, WI 53547-1919	Paul Ryan, U.S. HOUSE WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/17/98	500.00
HULSHOF FOR CONGRESS 1411 BOUCHELLE AVE COLUMBIA, MO 66520	Kenny Hulshof, U.S. HOUSE 9th MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/25/98	1,000.00
Tom DeLay Congressional Committee 10707 Corporate Drive Suite #130 Stafford, TX 77477	Tom DeLay, U.S. HOUSE 22nd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/04/98	1,000.00
DOOLEY FOR CONGRESS POST OFFICE BOX 1387 VISALIA, CA 93279	Cal Dooley, U.S. HOUSE 20th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/04/98	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 Jerry Kleczka 777 E. Wisconsin Ave Suite 3340 Milwaukee, WI 53202-5302	Gerald D. Kleczka, U.S. HOUSE 4th WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/14/98	500.00
Republican Majority Fund P.O. Box 19897 Alexandria, VA 22320-0897	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/14/98	500.00
Sabo for Congress Volunteer Cmte 1901 EMERSON AVENUE SOUTH #102 MINNEAPOLIS, MN 55403	Martin Olav Sabo, U.S. HOUSE 5th MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/14/98	1,000.00
Business Leaders Salute Lauch Faircloth Raleigh, NC	Lauch Faircloth, U.S. SENATE NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/14/98	1,000.00
Burr for Congress P.O. Box 5732 Winston-Salem, NC 27113	Richard M. Burr, U.S. HOUSE 6th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/14/98	500.00
Hollister for Congress P.O. Box 232 Chillicothe, OH 45601	Nancy Hollister, U.S. HOUSE OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	1,000.00
Voinovich for Senate Committee 8 East Broad St 8th Floor Columbus, OH 43215	Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/18/98	-1,000.00
Campbell Victory Fund PO 480186 Denver, CO 80248	Ben Nighthorse Campbell, U.S. SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/21/98	500.00
Musser for Congress P.O. Box 628245 Madison, WI 53562-8245	Josephine Musser, U.S. HOUSE 2th WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/23/98	500.00

SUBTOTAL of Disbursements This Page (optional)	4,500.00
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 3 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
Volnovich for Senate Committee 8 East Broad St 8th Floor Columbus, OH 43215	George V. Voinovich, OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/30/98	1,000.00
Deutsch for Congress P.O. Box 817689 Hollywood, FL 33084	Peter Deutsch, U.S. HOUSE 20th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/30/98	500.00
Musser for Congress P.O. Box 628245 Madison, WI 53662-8245	Josephine Musser, U.S. HOUSE 2th WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/30/98	500.00
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)

2,000.00

TOTAL This Period (last page this line number only)

14,500.00

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 checked="" type="checkbox"/> First Class Mail	POSTMARKED 10-23-98
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>[Signature]</i> PREPARER	11-1-98 DATE PREPARED