

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

Dec 9 11 50 AM '96

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 Breen 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 100)

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)

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>10/01/96</u> through <u>11/25/96</u>		
6. (a) Cash on Hand January 1, 19 <u>96</u>		\$ 27,489.90
(b) Cash on Hand at Beginning of Reporting Period	\$ 68,741.36	
(c) Total Receipts (from line 19)	\$ 8,474.90	\$ 60,831.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 77,216.26	\$ 88,321.26
7. Total Disbursements (from Line 30)	\$ 24,000.00	\$ 35,108.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	\$ 53,216.26	\$ 53,216.26
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information: Federal Election Commission 999 D 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

David P. Kuppe

Signature of Treasurer



Date

12/4/96

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 1/1/81)

NAME OF COMMITTEE United HealthCare Corporation Political Fund		REPORT COVERING PERIOD FROM 10/01/96 TO 11/25/96	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	4,703.55	29,987.57	11
ii. Unitemized	3,771.35	29,258.46	11
iii. Total (add i and ii) >	8,474.90	59,246.03	11
b. Political Party Committees	0	0	11
c. Other Political Committees (such as PACs)	0	0	11
d. Total Contributions (add a iii, b and c) >	8,474.90	59,246.03	11
12. Transfers From Affiliated/Other Party Committees	0	1,585.33	12
13. All Loans Received	0	0	13
14. Loan Repayments Received	0	0	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0	17
18. Transfers from Nonfederal Account for Joint Activity	0	0	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	8,474.90	60,831.36	19
20. Total Federal Receipts (subtract line 18 from line 19) >	8,474.90	60,831.36	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0	0	21
ii. Non-Federal Share	0	0	21
b. Other Federal Operating Expenditures	0	0	21
c. Total Operating Expenditures (add a i, a ii, and b) >	0	0	21
22. Transfers to Affiliated/Other Party Committees	0	0	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	24,000.00	35,105.00	23
24. Independent Expenditures (use Schedule E)	0	0	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0	25
26. Loan Repayments Made	0	0	26
27. Loans Made	0	0	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0	0	28
b. Political Party Committees	0	0	28
c. Other Political Committees (such as PACs)	0	0	28
d. Total Contribution Refunds (add a, b and c) >	0	0	28
29. Other Disbursements	0	0	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	24,000.00	35,105.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	24,000.00	35,105.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	8,474.90	59,246.03	32
33. Total Contribution Refunds (from line 28d)	0	0	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,474.90	59,246.03	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0	0	35
36. Offsets to Operating Expenditures (from line 15)	0	0	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0	0	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 8

FOR LINE NUMBER 11a1

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
Richard Segan 281 Winter St., Suite 301 Waltham, MA 02154	United HealthCare Corporation	10/01/96	300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Dir - Evercare Aggregate Year-to-Date > \$ 300.00		
Leonard A. Farr 9900 Bren Road East Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	153.84 (\$38.46 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP - Corporate Aggregate Year-to-Date > \$ 653.82		
Travers H. Wills 9900 Bren Road East Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	200.00 (\$45.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Chief Operating Officer Aggregate Year-to-Date > \$ 1,120.00		
Sheila Leatherman 9900 Bren Road East Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	83.32 (\$20.83 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Exec - VP Aggregate Year-to-Date > \$ 354.11		
Thomas A. Mahowald 9900 Bren Road East Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	100.00 (\$25.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Public Affairs Dir Aggregate Year-to-Date > \$ 515.00		
Ted Mondale 9900 Bren Road East Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	100.00 (\$25.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP - Public Programs Aggregate Year-to-Date > \$ 575.00		
Patrick W. Irvine 100 Washington Square #106 Minneapolis, MN 55401	United HealthCare Corporation	Payroll Deduction	100.00 (\$25.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Dir, Evercare Aggregate Year-to-Date > \$ 575.00		

SUBTOTAL of Receipts This Page (optional) 1,037.16

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 11a1

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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
John A. Brevin 9900 Bren Road East Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	60.00 (\$15.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Assistant General Counsel	Aggregate Year-to-Date > \$ 310.00	
Robert J. Backes 9900 Bren Road East Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	100.00 (\$25.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President - HR	Aggregate Year-to-Date > \$ 515.00	
David E. Dolph 969 Executive Parkway St. Louis, MO 63141	United HealthCare Corporation	Payroll Deduction	153.84 (\$38.46 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir Liaison Service PHP	Aggregate Year-to-Date > \$ 615.36	
Thomas J. Zorumski 77 West Port Plaza, Suite 500 St. Louis, MO 63146	United HealthCare Corporation	Payroll Deduction	166.64 (\$41.66 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP UHC Regional	Aggregate Year-to-Date > \$ 708.22	
Thor E. Anderson 77 West Port Plaza St. Louis, MO 63146	United HealthCare Corporation	Payroll Deduction	80.00 (\$20.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Medicare/GenCare	Aggregate Year-to-Date > \$ 340.00	
Robert J. Sheehy 4946 Sheffield Ave. Powell, OH 43065	United HealthCare Corporation	Payroll Deduction	200.00 (\$50.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO PHO Ohio	Aggregate Year-to-Date > \$ 1,150.00	
Max L. Powell, III 475 Kilvert St, Suite 310 Warwick, RI 02886-1392	United HealthCare Corporation	Payroll Deduction	120.00 (\$30.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO - UHPC	Aggregate Year-to-Date > \$ 630.00	

SUBTOTAL of Receipts This Page (optional)

880.48

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 3 OF 8

FOR LINE NUMBER 11e1

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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
Anthony Kazlauskas 475 Kilvert St, Suite 310 Warwick, RI 02886	United HealthCare Corporation	Payroll Deduction	80.00 (\$20.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Director Aggregate Year-to-Date: \$460.00		
Leonard R. Grover 7910 S. 3400 E. P.O. Box 21409 Salt Lake City, UT 84121	United HealthCare Corporation	Payroll Deduction	50.00 (\$25.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Commercial Sales Aggregate Year-to-Date: \$525.00		
Cicily B. Brogan 6601 Centerville Business Pkwy Dayton, OH 45459	United HealthCare Corporation	Payroll Deduction	60.00 (\$15.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir Customer/Professional Aggregate Year-to-Date: \$345.00		
Ronald S. Franzese 2474 Hatheway Court North Shore, MI 49441	United HealthCare Corporation	Payroll Deduction	160.00 (\$40.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO Aggregate Year-to-Date: \$920.00		
Michael J. Koehler 6736 Island Drive Richland, MI 49083	United HealthCare Corporation	Payroll Deduction	160.00 (\$40.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Executive Director Aggregate Year-to-Date: \$920.00		
Larry A. Rambo 10701 W. Research Drive Milwaukee, WI 53226	United HealthCare Corporation	Payroll Deduction	100.00 (\$25.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO PrimeCare Aggregate Year-to-Date: \$575.00		
R. Edward Bergmark 6300 Olson Memorial Hwy Golden Valley, MN 55427	United HealthCare Corporation	Payroll Deduction	153.88 (\$38.47 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP/CEO Optum Aggregate Year-to-Date: \$653.99		

SUBTOTAL of Receipts This Page (optional)

763.88

TOTAL This Period (last page this line number only)

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PAGE 4 OF 8

FOR LINE NUMBER 11a1

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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
Ronald B. Colby 5901 Lincoln Drive Edina, MN 55436	United HealthCare Corporation	Payroll Deduction	120.00 (\$30.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Insurance & Products Aggregate Year-to-Date: \$ 315.00		
Edward R. Ricker 5901 Lincoln Drive Edina, MN 55436	United HealthCare Corporation	Payroll Deduction	60.00 (\$10.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir, Product Development Aggregate Year-to-Date: \$ 315.00		
Mary A. Warne 2550 University Avenue West Suite 401 St. Paul, MN 55114	United HealthCare Corporation	Payroll Deduction	61.52 (\$15.38 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Geriatric Nurse Aggregate Year-to-Date: \$ 261.46		
Robert Broadfoot, Jr. 1111 Northshore Drive Knoxville, TN 37919	United HealthCare Corporation	Payroll Deduction	60.00 (\$10.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Exec Dir, UBS Aggregate Year-to-Date: \$ 315.00		
Marshall V. Rozzi 1 South Wacker Drive Chicago, IL 60606	United HealthCare Corporation	Payroll Deduction	153.84 (\$38.46 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Health Plan CEO Aggregate Year-to-Date: \$ 615.36		
James J. Broderick 800 N. Magnolia Ave #600 Orlando, FL 32751	United HealthCare Corporation	Payroll Deduction	76.92 (\$19.23 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Management Aggregate Year-to-Date: \$ 326.91		
Rafael P. Perez 75 Valencia Ave Coral Gables, FL 33134	United HealthCare Corporation	Payroll Deduction	100.00 (\$10.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP - Operations Aggregate Year-to-Date: \$ 485.00		

SUBTOTAL of Receipts This Page (optional)

632.28

TOTAL This Period (last page this line number only)

SCHEDULE A

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PAGE 5 OF 8
FOR LINE NUMBER 11a1

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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
Blair R. Suellentrop 2160 Highland Ave Birmingham, AL 35283	United HealthCare Corporation	Payroll Deduction	153.84 (\$25.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HealthCare Executive	Aggregate Year-to-Date > \$803.82	
William B. Green 1110 Montlimor Drive #490 Mobile, AL 36608	United HealthCare Corporation	Payroll Deduction	46.16 (\$9.62 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP/General Manager	Aggregate Year-to-Date > \$253.90	
Thomas P. McDonough 5901 Lincoln Drive Edina, MN 55436	United HealthCare Corporation	Payroll Deduction	93.75 (\$31.25 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$281.25	
R. Channing Wheeler 450 Columbus Blvd Hartford, CT 06115	United HealthCare Corporation	Payroll Deduction	114.00 (\$38.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$342.00	
David S. Barker 450 Columbus Blvd Hartford, CT 06115	United HealthCare Corporation	Payroll Deduction	124.98 (\$41.66 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$ 374.94	
Allen Wise 450 Columbus Boulevard Hartford, CT 06115	United HealthCare Corporation	Payroll Deduction	62.50 (\$31.25 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive	Aggregate Year-to-Date > \$ 250.00	
Joe A. Nakai 5901 Lincoln Drive Edina, MN 55436	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Medical Sales	Aggregate Year-to-Date > \$ 230.00	

SUBTOTAL of Receipts This Page (optional) 625.23

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 8
FOR LINE NUMBER 11a1

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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
Sandra M. Larson 5901 Lincoln Drive Edina, MN 55436	United HealthCare Corporation	Payroll Deduction	40.00 (\$10.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir, Group Services Aggregate Year-to-Date > \$ 230.00		
Lawrence A. Rivers 5901 Lincoln Drive Edina, MN 55436	United HealthCare Corporation	Payroll Deduction	40.00 (\$10.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir, Information Sys Aggregate Year-to-Date > \$ 230.00		
James Moniz 475 Kilvert St, Suite 310 Warwick, RI 02886	United HealthCare Corporation	Payroll Deduction	40.00 (\$10.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Commercial Sales Aggregate Year-to-Date > \$ 230.00		
John E. Bloom 6601 Centerville Business Pkwy Dayton, OH 45459	United HealthCare Corporation	Payroll Deduction	40.00 (\$10.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HealthServices Aggregate Year-to-Date > \$ 230.00		
Mary L. Snider 2307 W. Cone Blvd, Suite 200 Greensboro, NC 27408	United HealthCare Corporation	Payroll Deduction	61.52 (\$15.38 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Health Affairs Aggregate Year-to-Date > \$ 246.08		
Michael J. Lynch 10701 W. Research Drive Milwaukee, WI 53226	United HealthCare Corporation	Payroll Deduction	30.00 (\$10.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director Aggregate Year-to-Date > \$ 220.00		
Lyn Montague-Clouse 5901 Lincoln Drive Edina, MN 55436	United HealthCare Corporation	Payroll Deduction	40.00 (\$10.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aggregate Year-to-Date > \$ 230.00		

SUBTOTAL of Receipts This Page (optional) 291.52

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 7 OF 8
FOR LINE NUMBER 11a1

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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
Angel F. Mendez 9900 Bren Road East Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	40.00 (\$10.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$230.00	
Frederick C. Dunlap 9900 Bren Road East Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	80.00 (\$20.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	CEO Public Division	Aggregate Year-to-Date \$240.00	
Allan J. Weisz 5901 Lincoln Drive Edina, MN 55436	United HealthCare Corporation	Payroll Deduction	48.00 (\$12.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	VP - Treasurer/Finance	Aggregate Year-to-Date \$204.00	
Robert K. Patton 4500 E. Pacific Coast Highway Suite 300 Long Beach, CA 90804	United HealthCare Corporation	Payroll Deduction	75.00 (\$25.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	VP UHC California	Aggregate Year-to-Date \$225.00	
Leroy A. Volberding 4500 E. Pacific Coast Highway Suite 300 Long Beach, CA 90804	United HealthCare Corporation	Payroll Deduction	75.00 (\$25.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	President UHC, CA	Aggregate Year-to-Date \$225.00	
James T. Kerr 450 Columbus Blvd Hartford, CT 06115	United HealthCare Corporation	Payroll Deduction	75.00 (\$25.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date \$225.00	
Elvira C. Lagoa 10431 S. W 40th St. Miami, FL 33165	United HealthCare Corporation	Payroll Deduction	40.00 (\$10.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Senior Administrator	Aggregate Year-to-Date \$200.00	

SUBTOTAL of Receipts This Page (optional) 433.00

TOTAL This Period (last page the 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
Enrique Cue-Galvez 11200 W Flagler St. Miami, FL 33174	United HealthCare Corporation	Payroll Deduction	40.00 (\$10.00 - Biweekly)
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Doctor Aggregate Year-to-Date > \$ 200.00		
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) 40.00

TOTAL This Period (last page this line number only) 4,703.55

SCHEDULE B

ITEMIZED DISBURSEMENTS

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 Disb. this Period
Ross Victory '96 Committee 136 North Main Street, #5-4 Concord, NH 03301	Charles Ross, U.S. HOUSE 2nd NH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/17/96	1,000.00
Friends of Max Baucus P.O. Box 586 Helena, MT 59624	Max Baucus, U.S. SENATE MT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/21/96	1,000.00
Riley for Congress P.O. Box 17095 Richmond, VA 23226	Thomas J. Riley, U.S. HOUSE 7th VA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/17/96	1,000.00
People for Roschwitz '96 7415 Wayzata Blvd, Suite 1996 Minneapolis, MN 55426	Rudy Roschwitz, U.S. SENATE MN Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/21/96	2,000.00
Cardin for Congress 6305 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) 1996	10/22/96	1,000.00
The Jon Christensen for Congress Committee 8630 Cass Avenue, Suite 203 Omaha, NE 68114	Jon Christensen, U.S. HOUSE 2nd NE Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/17/96	1,000.00
Chris Cox Congressional Committee P.O. Box 8088 Newport Beach, CA 92658	C. Christopher Cox, U.S. HOUSE 47th CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/17/96	500.00
Deutsch for Congress P.O. Box 817689 Hollywood, FL 33081	Peter Deutsch, U.S. HOUSE 20th FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/22/96	500.00
John D. Dingell for Congress Committee 9216 Pelham, Suite 101 Taylor, MI 48180	John D. Dingell, U.S. HOUSE 16th MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/22/96	1,000.00

SUB TOTAL of Disbursements this page (Optional)..... > 9,000.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedules 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 Disb. this Period
People for English Committee P.O. Box 1940 Eric, PA 16507	PhD English, U.S. HOUSE 21st PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/17/96	1,000.00
Hastert for Congress Committee P.O. Box 625 Batavia, IL 60510	Deans Hastert, U.S. HOUSE 14th IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/17/96	1,000.00
Re-Elect Nancy Johnson to Congress P.O. Box 1986 New Britain, CT 06050	Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/17/96	1,000.00
Barbara Kennelly for Congress P.O. Box 3719 Central Station Hartford, CT 06102	Barbara B. Kennelly, U.S. HOUSE 1st CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/22/96	1,000.00
Friends of Senator Carl Levin 236 Massachusetts Avenue, N.E. Suite 202 Washington, DC 20002	Carl Levin, U.S. SENATE MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/17/96	500.00
Prasser for Congress P.O. Box 470 Appleton, WI 54912	David Prasser, U.S. HOUSE WI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/21/96	1,000.00
The Reed Committee P.O. Box 8628 Cranston, RI 02920	Jack Reed, U.S. SENATE RI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/21/96	1,000.00
Sessions for Senate 4131 Carmichael Road, Suite A Montgomery, AL 36106	Jeff Sessions, U.S. SENATE AL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/21/96	2,000.00
Chris Shays for Congress Committee P.O. Box 4238 Springdale, CT 06907	Christopher Shays, U.S. HOUSE 4th CT Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	10/17/96	500.00

SUB TOTAL of Disbursements this page (Optional).....> 9,000.00

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

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

A. Full Name, Mailing Address and Zip Code Stupak for Congress 817 9th Avenue Menominee, MI 49858	Purpose of Disbursement Bart Stupak, U.S. HOUSE 1st MI Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 10/21/96	Amount of Each Disb. this Period 500.00
B. Full Name, Mailing Address and Zip Code Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Purpose of Disbursement Bill Thomas, U.S. HOUSE 21st CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 10/17/96	Amount of Each Disb. this Period 2,000.00
C. Full Name, Mailing Address and Zip Code Weld for Senate 90 Canal Street Boston, MA 02114	Purpose of Disbursement Bill Weld, U.S. SENATE MA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 10/21/96	Amount of Each Disb. this Period 2,000.00
D. Full Name, Mailing Address and Zip Code Rick White for Congress Committee P.O. Box 8156 Kirkland, WA 98034	Purpose of Disbursement Rick White, U.S. HOUSE 1st WA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 10/17/96	Amount of Each Disb. this Period 500.00
E. Full Name, Mailing Address and Zip Code Zimmer for Senate 3131 Princeton Pike, Suite 2B Lawrenceville, NJ 08648	Purpose of Disbursement Dick Zimmer, U.S. HOUSE 12th NJ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (Specify) 1996	Date (Month day, Year) 10/21/96	Amount of Each Disb. this Period 1,000.00
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 Disb. 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 Disb. 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 Disb. 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 Disb. this Period

SUB TOTAL of Disbursements this page (Optional).....>	6,000.00
TOTAL this Period (Last page this line number only).....>	24,000.00

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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and Registration

DATE OF RECEIPT

Received from the Senate Office of Public
Records

DATE OF RECEIPT

Other (Specify):

POSTMARKED

and/or DATE OF RECEIPT

E.P.
PREPARER

12/9/96
DATE PREPARED