

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

TITLE OF COMMITTEE (in full)
 000274931 000204 1 335
 DAVID KOPPE
 UNITED HEALTHCARE CORPORATION
 POLITICAL FUND
 300 OFUS CENTER
 9900 BREN ROAD EAST
 MINNETONKA MN 55343

OCT 12 10 40 AM '94
 2. FEC IDENTIFICATION NUMBER
 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

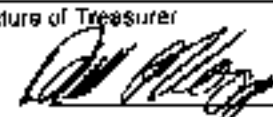
- Monthly Report Due On:
- February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____
- Thirtieth day report following the General Election 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	7/1/94 through 9/30/94		
6. (a) Cash on Hand January 1, 19__			\$ 6890.00
(b) Cash on Hand at Beginning of Reporting Period		\$ 7836.00	
(c) Total Receipts (from Line 18)		\$ 8092.50	\$12,538.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$15,928.50	\$19,428.50
7. Total Disbursements (from Line 30)		\$ -0-	\$ 3,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$15,928.50	\$ 15,928.50
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		\$ -0-	

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer
David P. Koppe

Signature of Treasurer  Date 10/07/94

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

94039262847

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 7-1-94 to 9-30-94	
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	6,535.00	8,965.00	11(a)(i)
ii. Unitemized	1,557.50	3,573.50	11(a)(ii)
iii. Total	8,092.50	12,538.50	11(a)(iii)
b. Political Party Committees	-0-	-0-	11(b)
c. Other Political Committees (such as PACs)	-0-	-0-	11(c)
d. Total Contributions	8,092.50	12,538.50	11(d)
12. Transfers From Affiliated/Other Party Committees	-0-	-0-	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	8,092.50	12,538.50	19
20. Total Federal Receipts	-0-	-0-	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	-0-	-0-	21(a)(i)
ii. Non-Federal Share	-0-	-0-	21(a)(ii)
b. Other Federal Operating Expenditures	-0-	-0-	21(b)
c. Total Operating Expenditures	-0-	-0-	21(c)
22. Transfers to Affiliated/Other Party Committees	-0-	-0-	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	3,500.00	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(a)
b. Political Party Committees	-0-	-0-	28(b)
c. Other Political Committees (such as PACs)	-0-	-0-	28(c)
d. Total Contribution Refunds	-0-	-0-	28(d)
29. Other Disbursements	-0-	-0-	29
30. Total Disbursements	-0-	3,500.00	30
31. Total Federal Disbursements	-0-	3,500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from line 11d)	8,092.50	12,538.50	32
33. Total Contribution Refunds (from line 28d)	-0-	-0-	33
34. Net Contributions (other than loans) (subtract line 33 from line 32)	8,092.50	12,538.50	34
35. Total Federal Operating Expenditures	-0-	-0-	35
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-	36
37. Net Operating Expenditures	-0-	-0-	37

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 3
FOR LINE NUMBER

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

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3
9
2
6
2
3
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9

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Colin Gardner 1329 Arlington Drive Salt Lake City, UT 84103 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Occupation: CEO - Utah Aggregate Year-to-Date > \$ 1,000.00	9/29/94	1,000.00
B. Full Name, Mailing Address and ZIP Code Richard T. Burke 1840 Minnetonka Blvd., Deephaven, MN 55391 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Occupation: Board Member - Non Employee Aggregate Year-to-Date > \$ 500.00	9/29/94	500.00
C. Full Name, Mailing Address and ZIP Code Robert Brook 453 Highcroft Road Wayzata, MN 55391 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Occupation: VP Marketing Aggregate Year-to-Date > \$ 250.00	9/28/94	250.00
D. Full Name, Mailing Address and ZIP Code William Martin 253 Woodlands West Columbia, SC 29223 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Occupation: CEO PHP S. Carolina Aggregate Year-to-Date > \$ 600.00	9/29/94	600.00
E. Full Name, Mailing Address and ZIP Code W. Walworth Jr. 5070 Country Drive Okemos, MI 48864 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Occupation: CEO Mid Michigan Aggregate Year-to-Date > \$ 1,000.00	9/28/94	1,000.00
F. Full Name, Mailing Address and ZIP Code John Tadich 14366 Starrwood Circle Eden Prairie, MN 55347 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Occupation: President UBS Aggregate Year-to-Date > \$ 250.00	9/28/94	250.00
G. Full Name, Mailing Address and ZIP Code William Pogue 7405 Fielding Trail Maple Plain, MN 55359 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Occupation: Sr VP Sales, Mktg/Prod Dev Aggregate Year-to-Date > \$ 1,000.00	9/28/94	1,000.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 2 OF 3
FOR LINE NUMBER

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

94039362650

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
K. Walstead Plumb 4703 Sunnyside Road Edina, MN 55424	United HealthCare	9/28/94	500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr VP Grp Svc Admin Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code Philip Bradley 1207 S. MacArthur Springfield, IL 62704	United HealthCare	Various 25.00 Bi-weekly	Amount of Each Receipt This Period 175.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Govt Relations Aggregate Year-to-Date > \$ 475.00		
C. Full Name, Mailing Address and ZIP Code Rarton Bracken 7212 Spruce Avenue Takoma Park, MD 20912	United HealthCare	Various 15.00 Bi-weekly	Amount of Each Receipt This Period 105.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Dir Special Markets Aggregate Year-to-Date > \$ 285.00		
D. Full Name, Mailing Address and ZIP Code Max Powell 50 South Killingsly Road Foster, RI 025245	United HealthCare	Various 20.00 Bi-weekly	Amount of Each Receipt This Period 140.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO - UHC ME Aggregate Year-to-Date > \$ 380.00		
E. Full Name, Mailing Address and ZIP Code Leonard Grover 10242 Brookcrest Circle South Jordan, UT 84065	United HealthCare	Various 25.00 Bi-weekly	Amount of Each Receipt This Period 175.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP Sales/Marketing Aggregate Year-to-Date > \$ 475.00		
F. Full Name, Mailing Address and ZIP Code Larry Rambo 2610 Hackney Ct. Brookfield, WI 43045	United HealthCare	Various 25.00 Bi-weekly	Amount of Each Receipt This Period 175.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: President/CEO/PrimeCare Aggregate Year-to-Date > \$ 475.00		
G. Full Name, Mailing Address and ZIP Code Ronald Colby 5605 Burl Oaks Ct Minnetrista, MN 55366	United HealthCare	Various 30.00 Bi-weekly	Amount of Each Receipt This Period 210.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Pres United Health/Life Aggregate Year-to-Date > \$ 570.00		

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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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
Robert Sheehy 4946 Sheffield Avenue Powell, OH 43065 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	United HealthCare Occupation: COO - PHP Ohio Aggregate Year-to-Date > \$ 950.00	Various 50.00 Bi-weekly	350.00
Cicily Brugan 5800 Wikke Way Dayton, OH 45459 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	United HealthCare Occupation: VP Professional Services Aggregate Year-to-Date > \$ 285.00	Various 15.00 Bi-Weekly	105.00
Douglas Lottes 1036 Camden Lansing, MI 48917 Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify):	United HealthCare Occupation: VP Sales - OH Aggregate Year-to-Date > \$ 200.00		
John Braasch 2027 S 86th Avenue Omaha, NE 68124 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	United HealthCare Occupation: CEO - Share NE Aggregate Year-to-Date > \$ 1,000.00		
E. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year)	Amount of Each Receipt this Period

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SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

6,535.00

**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.

94039462852

<input type="checkbox"/> Hand Delivered	DATE OF RECEIPT
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED <i>10-7-94</i>
<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
<i>JM 17</i> PREPARER	<i>10-12-94</i> DATE PREPARED