

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> United HealthCare Corporation Political Fund	RECEIVED FEDERAL ELECTION COMMISSION MAR 13 3 00 PM '98
<b>ADDRESS (number and street)</b> <input type="checkbox"/> Check if different than previously reported 8900 Bran Road East	<b>2. FEC IDENTIFICATION NUMBER</b> C00274431
<b>CITY, STATE and ZIP CODE</b> Minnetonka, MN 55343	<b>3.</b> <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## 4. TYPE OF REPORT

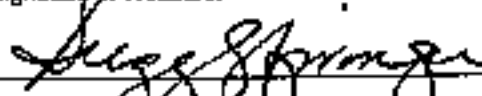
- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report
- Monthly Report Due On:
- |                                      |                                       |                                      |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20      | <input type="checkbox"/> October 20  |
| <input type="checkbox"/> March 20    | <input type="checkbox"/> July 20      | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20    | <input type="checkbox"/> August 20    | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20      | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31  |
- Twelfth day report preceding \_\_\_\_\_ (Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- Thirtieth day report following the General Election on \_\_\_\_\_ in the State of \_\_\_\_\_
- (b) Is this Report an Amendment?  YES  NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>07/01/98</u> through <u>09/30/98</u>		
6. (a) Cash on Hand January 1, 19 <u>98</u>		\$ 106,122.73
(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	\$ 164,839.90
7. Total Disbursements (from Line 30)	\$ 14,000.00	\$ 47,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 117,139.90	\$ 117,139.90
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 899 E Street, NW Washington, DC 20469 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

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  
**Gregory J. Springer**

Signature of Treasurer



Date

10-14-98

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

--	--	--	--	--	--	--	--

**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 <b>United HealthCare Corporation Political Fund</b>		REPORT COVERING PERIOD FROM <b>07/01/98</b> TO: <b>09/30/98</b>	
		COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		10,974.30	24,720.08
ii. Unitemized		7,136.56	34,797.09
iii. Total (add i and ii) >		18,110.86	59,517.17
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions (add a ii, b and c) >		18,110.86	59,517.17
12. Transfers From Affiliated/Other Party Committees		0.00	0.00
13. All Loans Received		0.00	0.00
14. Loan Repayments Received		0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)		0.00	0.00
18. Transfers From Nonfederal Account for Joint Activity		0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		18,110.86	59,517.17
20. Total Federal Receipts (subtract line 18 from line 19) >		18,110.86	59,517.17
<b>II. Disbursements</b>			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		0.00	0.00
ii. Non-Federal Share		0.00	0.00
b. Other Federal Operating Expenditures		0.00	0.00
c. Total Operating Expenditures (add a i, a ii, and b) >		0.00	0.00
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		14,000.00	45,500.00
24. Independent Expenditures (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0.00	0.00
26. Loan Repayments Made		0.00	0.00
27. Loans Made		0.00	0.00
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		0.00	0.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contribution Refunds (add a, b and c) >		0.00	0.00
29. Other Disbursements		0.00	2,000.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		14,000.00	47,500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		14,000.00	47,500.00
<b>III. Net Contributions/Operating Expenditures</b>			
32. Total Contributions (other than loans)(from line 11d)		18,110.86	59,517.17
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		18,110.86	59,517.17
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >		0.00	0.00

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 1 OF 12  
FOR LINE NUMBER 11 a i

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
<b>Marc E. Backon</b> One Penn Plaza, 37th Floor NY36-1000 New York, NY 10121	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Sales Vice-President</b>	<b>Payroll</b> <b>Deduction</b>	<b>124.98</b> <b>(\$20.83)</b> <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>395.77</b>		
<b>Tamara A. Smith</b> 750 First Street, NE, Ste 1120 DC020-1000 Washington, DC 20002	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VP, Marketing &amp; Gov't Relations</b>	<b>Payroll</b> <b>Deduction</b>	<b>69.24</b> <b>(\$11.54)</b> <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>219.26</b>		
<b>Michael F. Ferris</b> 450 Columbus Blvd 12NB-B Hartford, CT 06115-0450	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Underwriting Manager</b>	<b>Payroll</b> <b>Deduction</b>	<b>120.00</b> <b>(\$20.00)</b> <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>380.00</b>		
<b>Travers H. Willis</b> 9900 Bren Road East MN008-W301 Mnnetonka, MN 55343	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Chief Operating Officer</b>	<b>Payroll</b> <b>Deduction</b>	<b>300.00</b> <b>(\$50.00)</b> <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>950.00</b>		
<b>Anthony J. Kazlauskas</b> 475 Kilvert St, Suite 310 RI010-3400 Warwick, RI 02886-1392	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Medical Director</b>	<b>Payroll</b> <b>Deduction</b>	<b>120.00</b> <b>(\$20.00)</b> <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>380.00</b>		
<b>Louise Short MD</b> 2970 Clairmont Road, Ste #300 GA010-3300 Atlanta, GA 30029-1634	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Medical Director</b>	<b>Payroll</b> <b>Deduction</b>	<b>69.24</b> <b>(\$11.54)</b> <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>219.26</b>		
<b>Richard J. Migliori</b> 475 Kilvert St RI010-3400 Warwick, RI 02886	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CEO UHC New England</b>	<b>Payroll</b> <b>Deduction</b>	<b>230.76</b> <b>(\$38.45)</b> <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>730.74</b>		

SUBTOTAL of Receipts This Page (optional) ..... **1,034.22**

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 **2** OF **12**  
FOR LINE NUMBER **11 a**

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Jeannie M. Rivet 9900 Bren Road E. MN008-W315 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 <b>United HealthCare Corporation</b></p> <p>Occupation <b>COO of Health Plans</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>760.00</b></p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p><b>240.00</b></p> <p><b>(\$40.00)</b></p> <p><b>Biweekly</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Brian Bellows 1176 Post Rd East Westport, CT 06880</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>United HealthCare Corporation</b></p> <p>Occupation <b>Vice President Sales Strategic Serv</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>285.00</b></p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p><b>90.00</b></p> <p><b>(\$15.00)</b></p> <p><b>Biweekly</b></p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> R. Channing Wheeler 2 Penn Plaza New York, NY 12204</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>United HealthCare Corporation</b></p> <p>Occupation <b>Northeast Plans Coach</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>722.00</b></p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p><b>228.00</b></p> <p><b>(\$38.00)</b></p> <p><b>Biweekly</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> James E. McGarry 1600 West Plano Parkway, Suite 100, TX032-1000 Plano, TX 75075</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>United HealthCare Corporation</b></p> <p>Occupation <b>Senior Vice President - UHG GSA</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>288.45</b></p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p><b>38.48</b></p> <p><b>(\$19.23)</b></p> <p><b>Biweekly</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Cathie J. Beausoleil 450 Columbus Blvd P.O. Box 150450 /7NB Hartford, CT 06115-0450</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>United HealthCare Corporation</b></p> <p>Occupation <b>Vice President, Utilization Mgmt</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>228.00</b></p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p><b>72.00</b></p> <p><b>(\$12.00)</b></p> <p><b>Biweekly</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Marc E Rothbart 5015 Campuswood Drive NY032-1000 East Syracuse, NY 13057-0450</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>United HealthCare Corporation</b></p> <p>Occupation <b>VP Commercial Sales</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>365.37</b></p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p><b>115.38</b></p> <p><b>(\$19.23)</b></p> <p><b>Biweekly</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> David G. Devareaux 3838 N. Central Ave Suite 500 AZ030-1000 Phoenix, AZ 85012</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>United HealthCare Corporation</b></p> <p>Occupation <b>Senior Vice President</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>380.00</b></p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p><b>120.00</b></p> <p><b>(\$20.00)</b></p> <p><b>Biweekly</b></p>

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

**903.84**

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 12  
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
<b>George Goldstein</b> 4500 E. Pacific Coast Hgwy CA033-1000 Long Beach, CA 90804	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Health Plan CEO</b>	<b>Payroll</b> <b>Deduction</b>	<b>72.00</b> <b>(\$12.00)</b>
	Aggregate Year-to-Date > \$ <b>228.00</b>		<b>Biweekly</b>
<b>Robert Refowitz MD</b> Two Penn Plaza, Suite 700 NY036-1000 New York, NY 10121	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Medical Director</b>	<b>Payroll</b> <b>Deduction</b>	<b>46.14</b> <b>(\$15.38)</b>
	Aggregate Year-to-Date > \$ <b>246.08</b>		<b>Biweekly</b>
<b>Stephen Matheson</b> 450 Columbus Blvd 12NB-B CT030-12BB Hartford, CT 06115	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Senior Vice President, Rural Market</b>	<b>Payroll</b> <b>Deduction</b>	<b>120.00</b> <b>(\$20.00)</b>
	Aggregate Year-to-Date > \$ <b>380.00</b>		<b>Biweekly</b>
<b>Ronald S. Franzese</b> Terrace Plaza, 250 Morris Ave MI013-3250 Muskegon, MI 49440-1143	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CEO, PHP of West MI</b>	<b>Payroll</b> <b>Deduction</b>	<b>240.00</b> <b>(\$40.00)</b>
	Aggregate Year-to-Date > \$ <b>780.00</b>		<b>Biweekly</b>
<b>William Burton</b> 450 Columbus Ave Hartford, CT 06115	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Vice President Ins Products</b>	<b>Payroll</b> <b>Deduction</b>	<b>120.00</b> <b>(\$20.00)</b>
	Aggregate Year-to-Date > \$ <b>380.00</b>		<b>Biweekly</b>
<b>Kenneth D. Roberts</b> 450 Columbus Blvd Hartford, CT 06115	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>National Account Executive</b>	<b>Payroll</b> <b>Deduction</b>	<b>75.00</b> <b>(\$12.50)</b>
	Aggregate Year-to-Date > \$ <b>237.50</b>		<b>Biweekly</b>
<b>Terry Nimnicht</b> 6251 Greenwood Plaza Blvd Suite 200 CO030-1000 Englewood, CO 80111-4910	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>President - UHC of Colorado,</b>	<b>Payroll</b> <b>Deduction</b>	<b>120.00</b> <b>(\$20.00)</b>
	Aggregate Year-to-Date > \$ <b>380.00</b>		<b>Biweekly</b>

**BUSTOTAL of Receipts This Page (optional)** ..... **793.14**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 4 OF 12  
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

<b>A. Full Name, Mailing Address and ZIP Code</b> James T. Kerr 2 Penn Plaza Suite 700 NY036-1000 New York, NY 10121 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 Govt Programs - NY TriState	Payroll Deduction Aggregate Year-to-Date > \$ 475.00	150.00 (\$25.00) Biweekly
<b>B. Full Name, Mailing Address and ZIP Code</b> Andria Herr 800 N. Magnolia #800 Orlando Orlando, FL 32803 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 Sales, Orlando	Payroll Deduction Aggregate Year-to-Date > \$ 285.00	90.00 (\$15.00) Biweekly
<b>C. Full Name, Mailing Address and ZIP Code</b> Henry R. Loubet 425 Market St. 13th Floor CA036-1000 San Francisco, CA 94105 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 SVP, Regional Operations CA	Payroll Deduction Aggregate Year-to-Date > \$ 730.74	230.76 (\$38.46) Biweekly
<b>D. Full Name, Mailing Address and ZIP Code</b> Marshall V. Rozzi One South Wacker IL014-0300 Chicago, IL 60606 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 Pres/CEO UHC of IL	Payroll Deduction Aggregate Year-to-Date > \$ 730.74	230.76 (\$38.46) Biweekly
<b>E. Full Name, Mailing Address and ZIP Code</b> Richard C. Zoretic 8330 Boone Blvd, Suite 300 VA030-1030 Vienna, VA 22182-2624 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 VP National Sales	Payroll Deduction Aggregate Year-to-Date > \$ 380.00	120.00 (\$20.00) Biweekly
<b>F. Full Name, Mailing Address and ZIP Code</b> Elise Anne Gemainhardt 1520 L St. NY #800 DC030-1000 Washington, DC 20036 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 Federal Affairs	Payroll Deduction Aggregate Year-to-Date > \$ 730.74	230.76 (\$38.46) Biweekly
<b>G. Full Name, Mailing Address and ZIP Code</b> James G. Carlson 8330 Boone Blvd, Suite 300 VA030-1030 Vienna, VA 22182-2624 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 Executive VP Field Operations	Payroll Deduction Aggregate Year-to-Date > \$ 380.00	120.00 (\$20.00) Biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... 1,172.28

**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 **5** OF **12**  
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

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>Lester Conay</b> <b>One S. Nacher Dr</b> <b>Chicago, IL 60615</b>	Name of Employer <b>United HealthCare Corporation</b>	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation <b>Director Key Accounts</b>	Payroll Deduction	120.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>380.00</b>		Biweekly)
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>William C. Lamoreaux</b> <b>450 Columbus Blvd</b> <b>Hartford, CT 06115</b>	Name of Employer <b>United HealthCare Corporation</b>	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation <b>Director, Provider Relations/Contra</b>	Payroll Deduction	90.00 (\$15.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>285.00</b>		Biweekly)
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>Katherine B. Hatting</b> <b>601 Office Center Drive</b> <b>Ft. Washington, PA 19102</b>	Name of Employer <b>United HealthCare Corporation</b>	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation <b>Director, Claims, AARP Div</b>	Payroll Deduction	120.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>380.00</b>		Biweekly)
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Frederick C. Dunlap</b> <b>8900 Bren Road E.</b> <b>MN008-W200</b> <b>Minnetonka, MN 55343</b>	Name of Employer <b>United HealthCare Corporation</b>	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation <b>CEO - Public Division</b>	Payroll Deduction	120.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>380.00</b>		Biweekly)
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>Carla M. Muggio</b> <b>One South Wacker</b> <b>IL014-3605</b> <b>Chicago, IL 60606</b>	Name of Employer <b>United HealthCare Corporation</b>	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation <b>VP Operations</b>	Payroll Deduction	115.38 (\$19.23)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>365.37</b>		Biweekly)
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>William Bannon</b> <b>450 Columbus Blvd</b> <b>5-GB</b> <b>Hartford, CT 06103-1801</b>	Name of Employer <b>United HealthCare Corporation</b>	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation <b>V.P. Government Blvd - Medicare</b>	Payroll Deduction	69.24 (\$11.54)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>219.26</b>		Biweekly)
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>David De Lorenzo</b> <b>5300 NW 33 Ave Suite 107</b> <b>Ft Lauderdale, FL 33308</b>	Name of Employer <b>United HealthCare Corporation</b>	Date (month, day, year)	Amount of Each Receipt This Period
	Occupation <b>Manager, Medical Management</b>	Payroll Deduction	115.38 (\$19.23)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ <b>365.37</b>		Biweekly)

**SUBTOTAL** of Receipts This Page (optional) ..... **750.00**

**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 **12**  
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
<b>Sheila T. Leatherman</b> 9900 Bren Road E. Minnetonka, MN 55343	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Executive Vice President</b>	<b>Payroll Deduction</b>	<b>120.00</b> (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ <b>380.00</b>		
<b>James T. Braun</b> 8330 Boone Blvd VA30-1030 Vienna, VA 22182-2624	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Vice President</b>	<b>Payroll Deduction</b>	<b>120.00</b> (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ <b>380.00</b>		
<b>Edward R. Ricker</b> 5901 Lincoln Drive MND12-5215 Edina, MN 55435	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Product Developer</b>	<b>Payroll Deduction</b>	<b>90.00</b> (\$15.00 Biweekly)
	Aggregate Year-to-Date > \$ <b>285.00</b>		
<b>George D. Shafer</b> 6601 Centerville business Pkwy OH010-3005 Dayton, OH 45459-8028	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CEO Dayton Ohio Plan</b>	<b>Payroll Deduction</b>	<b>120.00</b> (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ <b>380.00</b>		
<b>Rafael P Perez</b> 76 Valencia Ave FL010-1010 Coral Gables, FL 33134	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VP - Operations</b>	<b>Payroll Deduction</b>	<b>75.00</b> (\$25.00 Biweekly)
	Aggregate Year-to-Date > \$ <b>400.00</b>		
<b>Allan J. Weiss</b> 5901 Lincoln Drive Edina, MN 55438	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Finance, Senior Management</b>	<b>Payroll Deduction</b>	<b>72.00</b> (\$12.00 Biweekly)
	Aggregate Year-to-Date > \$ <b>228.00</b>		
<b>Brett L. Baby</b> 3650 Olentangy River Rd. OH020-3010 Columbus, OH 43214-1138	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Director, Provider Relations/Contra</b>	<b>Payroll Deduction</b>	<b>69.24</b> (\$11.54 Biweekly)
	Aggregate Year-to-Date > \$ <b>219.26</b>		

**BUBTOTAL of Receipts This Page (optional)** ..... **666.24**

**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 7 OF 12  
FOR LINE NUMBER 11 a i

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
<b>Philip H. Dell</b> 6300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Marketing Executive</b>	<b>Payroll</b>	<b>90.00</b>
	Aggregate Year-to-Date > \$ <b>285.00</b>	<b>Deduction</b>	<b>(\$15.00)</b>
			<b>Biweekly</b>
<b>Claudia Bjerre</b> 26555 Evergreen Suite 1320 MI031-1000 Southfield/Hartford, MI 48076	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Director, Delivery Sys Mgmt</b>	<b>Payroll</b>	<b>75.00</b>
	Aggregate Year-to-Date > \$ <b>237.50</b>	<b>Deduction</b>	<b>(\$12.50)</b>
			<b>Biweekly</b>
<b>Cicily B. Brogan</b> 6601 Canterville Business Pkwy OH010-3005 Dayton, OH 45459-8028	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Director, Customer/Professional Ser</b>	<b>Payroll</b>	<b>90.00</b>
	Aggregate Year-to-Date > \$ <b>285.00</b>	<b>Deduction</b>	<b>(\$15.00)</b>
			<b>Biweekly</b>
<b>Kan L. Hoverman</b> 3850 Olentangy River Rd OH020-3010 Columbus, OH 43214-1138	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>COO UHC Ohio</b>	<b>Payroll</b>	<b>180.00</b>
	Aggregate Year-to-Date > \$ <b>570.00</b>	<b>Deduction</b>	<b>(\$30.00)</b>
			<b>Biweekly</b>
<b>Ronald B. Colby</b> 5901 Lincoln Drive MN012-N140 Edina, MN 55436	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Senior VP, Insurance &amp; Product Mgmt</b>	<b>Payroll</b>	<b>180.00</b>
	Aggregate Year-to-Date > \$ <b>570.00</b>	<b>Deduction</b>	<b>(\$30.00)</b>
			<b>Biweekly</b>
<b>Kelth Noblitt</b> 2970 Clairmont Rd #650 Atlanta, GA 30329-1634	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Strategic Account Executive</b>	<b>Payroll</b>	<b>120.00</b>
	Aggregate Year-to-Date > \$ <b>380.00</b>	<b>Deduction</b>	<b>(\$20.00)</b>
			<b>Biweekly</b>
<b>Robert G. Harmon MD</b> 10467 White Granite Dr. Suite 300, VA31-1000 Dakton, VA 22124-0450	<b>United HealthCare Corporation</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>National Medical Director</b>	<b>Payroll</b>	<b>120.00</b>
	Aggregate Year-to-Date > \$ <b>380.00</b>	<b>Deduction</b>	<b>(\$20.00)</b>
			<b>Biweekly</b>

**SUBTOTAL of Receipts This Page (optional)** ..... **855.00**

**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 8 OF 12  
FOR LINE NUMBER 11 & 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
<b>Kaveh T. Safavi</b> One South Wacker IL14-3605 Chicago, IL 60606	<b>United HealthCare Corporation</b>	<b>Payroll Deduction</b>	<b>69.24</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VP Medical Affairs</b>	<b>(\$11.54</b>	<b>Biweekly)</b>
	Aggregate Year-to-Date > \$ <b>219.26</b>		
<b>Janice D. Messeroff</b> 4701 Cox Road VA037-1000 Glen Allen, VA 23060	<b>United HealthCare Corporation</b>	<b>Payroll Deduction</b>	<b>120.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CEO UHC of Virginia</b>	<b>(\$20.00</b>	<b>Biweekly)</b>
	Aggregate Year-to-Date > \$ <b>380.00</b>		
<b>Steven Baker MD</b> 10701 W. Research Dr P.O. Box 26849 (WI030-5360) Milwaukee, WI 53226-0649	<b>United HealthCare Corporation</b>	<b>Payroll Deduction</b>	<b>115.38</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Senior Medical Director</b>	<b>(\$19.23</b>	<b>Biweekly)</b>
	Aggregate Year-to-Date > \$ <b>348.14</b>		
<b>Robert J. Sheehy</b> 3650 Olentangy River Rd. OH020-3010 Columbus, OH 43214-1138	<b>United HealthCare Corporation</b>	<b>Payroll Deduction</b>	<b>300.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>COO PHO Ohio</b>	<b>(\$50.00</b>	<b>Biweekly)</b>
	Aggregate Year-to-Date > \$ <b>950.00</b>		
<b>Michael J. Koshler</b> 106 Farmers Alley, Suite 400 MI012-3200 Kalamazoo, MI 49005-0271	<b>United HealthCare Corporation</b>	<b>Payroll Deduction</b>	<b>240.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CEO PHP Southwest Michigan</b>	<b>(\$40.00</b>	<b>Biweekly)</b>
	Aggregate Year-to-Date > \$ <b>760.00</b>		
<b>David S. Barker</b> 5015 Campuswood Drive NY032-1000 East Syracuse, NY 13057	<b>United HealthCare Corporation</b>	<b>Payroll Deduction</b>	<b>249.96</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CEO - Syracuse</b>	<b>(\$41.66</b>	<b>Biweekly)</b>
	Aggregate Year-to-Date > \$ <b>791.54</b>		
<b>William D. Felsing</b> 10701 W. Research Drive WI030-3560 Milwaukee, WI 53226-0649	<b>United HealthCare Corporation</b>	<b>Payroll Deduction</b>	<b>90.00</b>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VP&amp;COO PrimeCare HealthPlan Inc.</b>	<b>(\$15.00</b>	<b>Biweekly)</b>
	Aggregate Year-to-Date > \$ <b>285.00</b>		

**SUBTOTAL of Receipts This Page (optional)** ..... **1,184.58**

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE 9 OF 12  
FORM LINE NUMBER 11 a

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
Larry A. Rambo 10701 W. Research Drive WI030-3550 Mihwaukee, WI 53226-0649	United HealthCare Corporation	Payroll Deduction	150.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO PrimaCare	Aggregate Year-to-Date > \$ 475.00	
Michael Derdzinski 10701 W. Research Dr. WI030-3550 Mihwaukee, WI 53226	United HealthCare Corporation	Payroll Deduction	120.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. Marketing and Sales	Aggregate Year-to-Date > \$ 300.00	
William B. Green 1110 Montlimar Dr. Suite 490 AL006-1008 Mobile, AL 36609	United HealthCare Corporation	Payroll Deduction	69.24 (\$11.54 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP/General Manager UHC South	Aggregate Year-to-Date > \$ 219.26	
Robert B Broadfoot Jr. 12125 Woodcrest Exec Dr. S320 MO075-3835 St. Louis, MO 63141	United HealthCare Corporation	Payroll Deduction	90.00 (\$15.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director, Care Management	Aggregate Year-to-Date > \$ 285.00	
Leonard A. Farr 9900 Bren Road East MN008-8310 Minnetonka, MN 55343	United HealthCare Corporation	Payroll Deduction	230.76 (\$38.46 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Corporate Vice President	Aggregate Year-to-Date > \$ 730.74	
Johnny Gore 3700 Colonnade Pkwy AL001 Birmingham, AL 35243	United HealthCare Corporation	Payroll Deduction	173.10 (\$28.85 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Sr. Medical Director	Aggregate Year-to-Date > \$ 548.15	
Timothy C. Tucker 1250 Capital of Texas Hwy S. Bldg One, Suite 400 Austin, TX 78746	United HealthCare Corporation	Payroll Deduction	90.00 (\$15.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: V.P. of Sales	Aggregate Year-to-Date > \$ 225.00	

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

923.10

**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 10 OF 12  
FOR LINE NUMBER 11 a i

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
<b>Joe Berry</b> 6901 Lincoln Drive MN012-S249 Edina, MN 55438 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: National Medical Director	Payroll Deduction Aggregate Year-to-Date > \$ 380.00	120.00 (\$20.00 Biweekly)
<b>Barbara Wahlroba</b> 1 So. Wacker Chicago, IL 60614 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Corp V.P. of Sales	Payroll Deduction Aggregate Year-to-Date > \$ 475.00	150.00 (\$25.00 Biweekly)
<b>John A. Brevlu</b> 9900 Bren Road East MN008-W216 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Assistant General Counsel	Payroll Deduction Aggregate Year-to-Date > \$ 285.00	90.00 (\$15.00 Biweekly)
<b>John M. Braasch</b> 2717 N 118th Circle NE010-3700 Omaha, NE 68184 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: CEO - UHCM	Payroll Deduction Aggregate Year-to-Date > \$ 380.00	120.00 (\$20.00 Biweekly)
<b>Robert J. Backes</b> 9900 Bren Road E MN008-8317 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Vice President - Human Resources	Payroll Deduction Aggregate Year-to-Date > \$ 475.00	150.00 (\$25.00 Biweekly)
<b>Jennifer A. McGill</b> 5901 Lincoln Dr. MN012-N230 Edina, MN 55438 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: Vice President Underwriting	Payroll Deduction Aggregate Year-to-Date > \$ 285.00	90.00 (\$15.00 Biweekly)
<b>Patrick W. Irvine</b> 6300 Olson Memorial Highway MN10-S201 Golden Valley, MN 55427 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthCare Corporation Occupation: National Medical Director	Payroll Deduction Aggregate Year-to-Date > \$ 475.00	150.00 (\$25.00 Biweekly)

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

870.00

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 11 OF 12  
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
<b>Thomas A. Mahowald</b> 9900 Bren Road E MN008-W212 Minnetonka, MN 55343	<b>United HealthCare Corporation</b>	Payroll	180.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Public Affairs Director</b>	Deduction	(\$30.00)
	Aggregate Year-to-Date > \$ 570.00		Biweekly)
<b>David Lubben</b> 9900 Bren Rd East Mtna, MN 55343	<b>United HealthCare Corporation</b>	Payroll	230.76
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>General Counsel</b>	Deduction	(\$38.46)
	Aggregate Year-to-Date > \$ 730.74		Biweekly)
<b>Steven E. Curd</b> 501 U.S. Hwy 22 NJ030-1000 Bridgewater, NJ 08807	<b>United HealthCare Corporation</b>	Payroll	75.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Senior Vice President, Info Systems</b>	Deduction	(\$12.60)
	Aggregate Year-to-Date > \$ 237.50		Biweekly)
<b>David E. Dolph</b> 968 Executive Parkway, S#100 MO060-1000 St. Louis, MO 63141	<b>United HealthCare Corporation</b>	Payroll	230.78
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Director Liaison Service/GenCare/PH</b>	Deduction	(\$38.46)
	Aggregate Year-to-Date > \$ 730.74		Biweekly)
<b>William Tracy</b> 9300 W. 110th Ste 350 Overland, KS 66210	<b>United HealthCare</b>	Payroll	150.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VP Sales</b>	Deduction	(\$25.00)
	Aggregate Year-to-Date > \$ 475.00		Biweekly)
<b>James Watson</b> 2717 N. 118th Lucile Omaha, NE 68164	<b>United HealthCare Corporation</b>	Payroll	115.38
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>V.P. Govt Relations, UHC Midlands</b>	Deduction	(\$19.23)
	Aggregate Year-to-Date > \$ 385.37		Biweekly)
<b>Meg Sternberg</b> 2307 W. Cone Blvd NC10-3750 Greensboro, NC 27408	<b>United HealthCare Corporation</b>	Payroll	90.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VP Mkg &amp; External Aff.</b>	Deduction	(\$15.00)
	Aggregate Year-to-Date > \$ 285.00		Biweekly)

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

1,071.80

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 12 OF 12  
FOR LINE NUMBER 1181

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
Chris Kirk MD 3700 Colonnade Parkway AL001-1001 Birmingham, AL 35243	United HealthCare Corporation	Payroll Deduction	92.28 (\$15.38 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Director	Aggregate Year-to-Date > \$ 292.22	
Robert Grunsky 1810 Arden Way ste 275 Sacramento, CA 98515	United HealthCare Corporation	Payroll Deduction	92.28 (\$-16.38 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Manager, Commercial Sales	Aggregate Year-to-Date > \$ 292.22	
John Alexander 425 Market St 27th floor San Francisco, CA	United HealthCare Corporation	Payroll Deduction	69.24 (\$11.54 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Director of Intake/San Francisco	Aggregate Year-to-Date > \$ 219.26	
Robert K. Patton 4600 E. Pacific Coast Highway Suite 300 (CA33-1000) Long Beach, CA 90804-3273	United HealthCare Corporation	Payroll Deduction	150.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: VP UHC of California	Aggregate Year-to-Date > \$ 475.00	
Vlad M. Cartwright 1620 L. Street N.W. Washington, DC 20036	United HealthCare Corporation	Payroll Deduction	115.38 (\$19.23 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Grassroots Manager	Aggregate Year-to-Date > \$ 365.37	
R. Edward Bergmark 5300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427	United HealthCare Corporation	Payroll Deduction	230.82 (\$38.47 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Vice President CEO IHR (OPTUM)	Aggregate Year-to-Date > \$ 730.93	
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) ..... 750.00

**TOTAL** This Period (last page this line number only) ..... 10,974.30

**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
<b>LEADERSHIP ALLIANCE</b> 15739 CEDARMILL DRIVE CHESTERFIELD, MO 63017	<b>James M. Talent, U.S. HOUSE 2nd MO</b> Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/07/98	1,000.00
<b>FRIENDS OF BOB LIVINGSTON</b> P.O. Box 6329 New Orleans, LA 70174	<b>Robert L. Livingston, U.S. HOUSE 1st LA</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/17/98	1,000.00
<b>Coverdell Good Government Committee</b> 1010 Wisconsin Avenue, N.W. Suite 200 Washington, DC 20007	<b>Paul Coverdell, U.S. SENATE GA</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/21/98	1,000.00
<b>The Grassley Committee, Inc.</b> P.O. Box 6193 Alexandria, VA 22306-0193	<b>Charles E. Grassley, U.S. SENATE IA</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/27/98	1,000.00
<b>Voinovich for Senate Committee</b> 8 East Broad St 8th Floor Columbus, OH 43215	<b>George V. Voinovich, OH</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	07/31/98	1,000.00
<b>HULSHOF FOR CONGRESS</b> 1411 BOUCHELLE AVE COLUMBIA, MO 65220	<b>Kenny Hulshof, U.S. HOUSE 9th MO</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	08/25/98	1,000.00
<b>Tom DeLay Congressional Committee</b> 10707 Corporate Drive Suite #130 Stafford, TX 77477	<b>Tom DeLay, U.S. HOUSE 22nd TX</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/04/98	1,000.00
<b>DOOLEY FOR CONGRESS</b> POST OFFICE BOX 1367 VISALIA, CA 93279	<b>Cal Dooley, U.S. HOUSE 20th CA</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/04/98	500.00
<b>Friends of Jerry Kleczka</b> 777 E. Wisconsin Ave Suite 3340 Milwaukee, WI 53202-5302	<b>Gerald D. Kleczka, U.S. HOUSE 4th WI</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/14/98	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

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
Republican Majority Fund P.O. Box 19897 Alexandria, VA 22320-0897	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	09/14/98	500.00
B. Full Name, Mailing Address and ZIP Code Sabo for Congress Volunteer Cmte 1901 EMERSON AVENUE SOUTH #102 MINNEAPOLIS, MN 55403	Purpose of Disbursement 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	Date (month, day, year) 09/14/98	Amount of Each Disbursement This Period 1,000.00
C. Full Name, Mailing Address and ZIP Code Business Leaders Salute Lauch Faircloth Raleigh, NC	Purpose of Disbursement Lauch Faircloth, U.S. SENATE NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 09/14/98	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Burr for Congress P.O. Box 5732 Winston-Salem, NC 27113	Purpose of Disbursement Richard M. Burr, U.S. HOUSE 5th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 09/14/98	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Hollister for Congress P.O. Box 232 Chillicothe, OH 45601	Purpose of Disbursement Nancy Hollister, U.S. HOUSE OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 09/18/98	Amount of Each Disbursement This Period 1,000.00
F. Full Name, Mailing Address and ZIP Code Voinovich for Senate Committee 8 East Broad St 8th Floor Columbus, OH 43215	Purpose of Disbursement Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 09/18/98	Amount of Each Disbursement This Period -1,000.00
G. Full Name, Mailing Address and ZIP Code Campbell Victory Fund PO 480166 Denver, CO 80248	Purpose of Disbursement Ben Nighthorse Campbell, U.S. SENATE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 09/21/98	Amount of Each Disbursement This Period 500.00
H. Full Name, Mailing Address and ZIP Code Musser for Congress P.O. Box 628245 Madison, WI 53562-8245	Purpose of Disbursement Josephine Musser, U.S. HOUSE 2th WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 09/23/98	Amount of Each Disbursement This Period 500.00
I. Full Name, Mailing Address and ZIP Code Voinovich for Senate Committee 8 East Broad St 8th Floor Columbus, OH 43215	Purpose of Disbursement George V. Voinovich, OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	Date (month, day, year) 09/30/98	Amount of Each Disbursement This Period 1,000.00

SUBTOTAL of Disbursements This Page (optional) .....

6,000.00

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 3 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
<b>Deutsch for Congress</b> P.O. Box 817689 Hollywood, FL 33081	Peter Deutch, 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
<b>Musser for Congress</b> P.O. Box 628248 Madison, WI 53562-8248	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
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) .....

1,000.00

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

14,000.00

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 10/14/98
<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	
AA	10/18/98
PREPARER	DATE PREPARED