

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM

2001 JAN 18 A 10:59

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) UnitedHealth Group Incorporated Political Fund	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9900 Bren Road East	2. FEC IDENTIFICATION NUMBER C00274431
CITY, STATE and ZIP CODE Minnetonka, MN 55343	3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 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>11/28/00</u> through <u>12/31/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 147,987.07
(b) Cash on Hand at Beginning of Reporting Period	\$ 18,790.46	
(c) Total Receipts (from Line 19)	\$ 8,200.74	\$ 120,754.13
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 26,991.20	\$ 268,741.20
7. Total Disbursements (from Line 30)	\$ 3,000.06	\$ 244,750.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 23,991.14	\$ 23,991.14
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	

For further information contact:
Federal Election Commission
990 E Street, NE
Washington, DC 20463
Toll Free 800-424-9536
Local 202-694-1100

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
Patrick J. Erlandson

Signature of Treasurer

Patrick J. Erlandson

Date

1/15/00

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

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FEC FORM 3X

(revised 9/93)

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE UnitedHealth Group Incorporated Political Fund		REPORT COVERING PERIOD FROM 11/28/00 TO: 12/31/00	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individuals/Persons Other Than Political Committees			
i. Itemized (use Schedule A)		7,319.84	91,524.80
ii. Unitemized		881.10	28,229.33
iii. Total (add i and ii) >		8,200.74	119,754.13
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions (add a i, b and c) >		8,200.74	119,754.13
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	1,000.00
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) >		8,200.74	120,754.13
20. Total Federal Receipts (subtract line 18 from line 19) >		8,200.74	120,754.13
II. Disbursements			
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		3,000.00	244,750.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		0.00	0.00
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			
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees		0.06	0.06
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) >		0.06	0.06
29. Other Disbursements		0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		3,000.06	244,750.06
31. Total Federal Disbursements (subtract line 21 a i from line 30) >		3,000.06	244,750.06
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		8,200.74	119,754.13
33. Total Contribution Refunds (from line 28d)		0.06	0.06
34. Net Contributions (other than loans)(subtract line 33 from 32)		8,200.68	119,754.07
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 line 35) >		0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 18
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)
UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tamara A. Smith 750 First Street, NE, Ste 1120 DC020-1000 Washington, DC 20002	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Marketing & Gov't Relations	Payroll Deduction	23.08 (\$11.54) Biweekly
	Aggregate Year-to-Date > \$ 300.04		
Richard Collins 450 Columbus Blvd CT030-1030 Hartford, CT 06115-0450	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Underwriting	Payroll Deduction	23.08 (\$11.54) Biweekly
	Aggregate Year-to-Date > \$ 300.04		
Anthony J. Kazlauskas 475 Kilvert St, Suite 310 RI010-3400 Warwick, RI 02886-1392	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Payroll Deduction	40.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 520.00		
John P. Anton 2970 Clairmont Rd Suite 650 GA010-3360 Atlanta, GA 30329-1634	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Payroll Deduction	76.92 (\$38.46) Biweekly
	Aggregate Year-to-Date > \$ 999.96		
Richard J. Migliori 475 Kilvert St RI010-3400 Warwick, RI 02886	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO UHC New England	Payroll Deduction	76.92 (\$38.46) Biweekly
	Aggregate Year-to-Date > \$ 999.96		
Jeannie M. Rivet 9900 Bran Road E. MN008-W315 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO of Health Plans	Payroll Deduction	200.00 (\$100.00) Biweekly
	Aggregate Year-to-Date > \$ 2,360.00		
Thomas E. Burton 450 Columbus Boulevard 15NB-A/CT30-1030 Hartford, CT 06115-0450	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Accountant	Payroll Deduction	16.88 (\$8.33) Biweekly
	Aggregate Year-to-Date > \$ 216.58		

SUBTOTAL of Receipts This Page (optional)

456.86

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 18
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)
UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Gross 450 Columbus Boulevard 15NB-A Hartford, CT 06115-0450	United HealthCare Corporation	Payroll	16.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President & Actuary, Pricing	Deduction	(\$8.00)
	Aggregate Year-to-Date > \$ 209.00		Biweekly
Brian Bellows 1175 Post Rd East Westport, CT 06880	UnitedHealth Group, Inc.	Payroll	30.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Sales Strategic Serv	Deduction	(\$15.00)
	Aggregate Year-to-Date > \$ 390.00		Biweekly
Brian Poirier 8330 Boone Blvd, Suite 300 VA03-1030 Vienna, VA 22182	UnitedHealth Group, Inc.	Payroll	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Sales, UHC	Deduction	(\$10.00)
	Aggregate Year-to-Date > \$ 260.00		Biweekly
R. Channing Wheeler 450 Columbus Blvd CT030-12BB Hartford, CT 06115-0450	UnitedHealth Group, Inc.	Payroll	360.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Unprise CEO	Deduction	(\$180.00)
	Aggregate Year-to-Date > \$ 4,260.00		Biweekly
John Stevenson 450 Columbus Blvd 5NB-B Hartford, CT 06115-0450	UnitedHealth Group, Inc.	Payroll	19.60
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Associate General Counsel	Deduction	(\$9.80)
	Aggregate Year-to-Date > \$ 254.80		Biweekly
Beverly H. Nyce 450 Columbus Blvd, CT030-1030 Hartford, CT 06115	UnitedHealth Group, Inc.	Payroll	38.48
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP Unprise	Deduction	(\$19.23)
	Aggregate Year-to-Date > \$ 499.98		Biweekly
Paul J Grandpre 450 Columbus Blvd 3NB-A Hartford, CT 06115-0450	UnitedHealth Group, Inc.	Payroll	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Customer Admin Svcs	Deduction	(\$10.00)
	Aggregate Year-to-Date > \$ 260.00		Biweekly

SUBTOTAL of Receipts This Page (optional) **504.06**

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 18
FOR LINE NUMBER 11 a

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NAME OF COMMITTEE (in Full)
UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kenneth Alan Burdick 9900 Bren Road East MN008-W318 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP of Underwriting	Payroll Deduction	20.00 (\$10.00 Biweekly)
	Aggregate Year-to-Date > \$ 260.00		
Brian M. Gulglay 450 Columbus Blvd 5NB-A Hartford, CT 06115-0450	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Gov't Relations	Payroll Deduction	20.00 (\$10.00 Biweekly)
	Aggregate Year-to-Date > \$ 260.00		
Peter M. Landau 505 Bolces Lane Kingston, NY 12401	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of OPS, Kingston Service C	Payroll Deduction	20.00 (\$10.00 Biweekly)
	Aggregate Year-to-Date > \$ 260.00		
Thomas H. Lindquist 9900 Bren Road East MN008-T300 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President, AARP Division, Ovations	Payroll Deduction	38.46 (\$19.23 Biweekly)
	Aggregate Year-to-Date > \$ 499.98		
Cliff Klal 145 S. State College Blvd #620 Brea, CA 92821	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Strategic Sales Exec.	Payroll Deduction	19.22 (\$9.61 Biweekly)
	Aggregate Year-to-Date > \$ 249.88		
John A. Dwyer 450 Columbus Blvd 15NB-A Hartford, CT 06115-0450	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Pricing Small Group	Payroll Deduction	20.00 (\$10.00 Biweekly)
	Aggregate Year-to-Date > \$ 260.00		
Thomas M. O'Connor 9900 Bren Road East MN008-W250 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Real Estate	Payroll Deduction	19.24 (\$9.62 Biweekly)
	Aggregate Year-to-Date > \$ 250.12		

SUBTOTAL of Receipts This Page (optional)

156.92

TOTAL This Period (fill page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
 UnitedHealth Group Incorporated 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 Kennedy 2970 Clairmont Rd, Suite 300 GA010-3300 Atlanta, GA 30329 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Director, Government Programs	Payroll Deduction Aggregate Year-to-Date > \$ 250.00	10.00 (\$10.00) Biweekly
Ronald S. Franzese Terrace Plaza, 250 Morris Ave MI013-3250 Muskegon, MI 49440-1143 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: CEO, PHP of West MI	Payroll Deduction Aggregate Year-to-Date > \$ 1,040.00	60.00 (\$40.00) Biweekly
Michelle M. Corbin 1225 N.Y. Ave DC030-1000 Washington, DC 20005 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Lobbyist	Payroll Deduction Aggregate Year-to-Date > \$ 300.04	23.08 (\$11.54) Biweekly
Gary Schultz 13621 N.W. 12 Street FL075-1000 Sunrise, FL 33323 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: CEO - South Florida	Payroll Deduction Aggregate Year-to-Date > \$ 1,040.00	80.00 (\$40.00) Biweekly
Robert Hussey 8330 Boone Blvd Ste 300 VA30-1030 Vienna, VA 22182-2624 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: VP, Public Policy & Comm Oventions	Payroll Deduction Aggregate Year-to-Date > \$ 903.81	76.92 (\$38.46) Biweekly
Saul Feldman 405 Market Street CA035-2701 San Francisco, CA 94105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: CEO United Behavioral Health	Payroll Deduction Aggregate Year-to-Date > \$ 1,999.92	153.84 (\$76.92) Biweekly
Kenneth D. Roberts 450 Columbus Blvd Hartford, CT 06115 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: National Account Executive	Payroll Deduction Aggregate Year-to-Date > \$ 325.00	25.00 (\$12.50) Biweekly

SUBTOTAL of Receipts This Page (optional) 448.84

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

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FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
 UnitedHealth Group Incorporated 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 MA66-1000 Waltham, MA 02154	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director - Evercare	Payroll Deduction	23.08 (\$11.54) Biweekly
	Aggregate Year-to-Date > \$ 300.04		
Robert W. Hatfield 450 Columbus Blvd P.O. BOX 150450 13NB-A Hartford, CT 06115-0450	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Pricing	Payroll Deduction	16.66 (\$8.33) Biweekly
	Aggregate Year-to-Date > \$ 216.58		
Pierre Alain McMahon 450 Columbus Blvd CT030-12BB Hartford, CT 06115-0430	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Council - Uniprise	Payroll Deduction	20.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 260.00		
Andria Herr 800 N. Magnolia #600 Orlando Orlando, FL 32803	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Sales, Orlando	Payroll Deduction	30.00 (\$15.00) Biweekly
	Aggregate Year-to-Date > \$ 390.00		
Jack A. Wickens 278 Franklin Rd, Suite 260 TN007-1000 Brentwood, TN 37024	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP Regional Operations	Payroll Deduction	38.46 (\$19.23) Biweekly
	Aggregate Year-to-Date > \$ 499.98		
Arnold H. Kaplan 9900 Bren Road E MN008-8315 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CFO	Payroll Deduction	153.64 (\$76.92) Biweekly
	Aggregate Year-to-Date > \$ 1,999.92		
William O. Saunders 450 Columbus Blvd Hartford, CT 06115-0450	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President/Coach, National Acco	Payroll Deduction	20.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 260.00		

SUBTOTAL of Receipts This Page (optional) **302.04**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 18
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Elisa Anna Gemelnhardt 1820 L St. NY #800 DC030-1000 Washington, DC 20036 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation VP Federal Affairs	Payroll Deduction Aggregate Year-to-Date > \$ 999.96	76.92 (\$38.48) Biweekly
Cheryl A. Popeck 800 N Magnolia Ave., S#600 FL029-1029 Orlando, FL 32803 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation Director of Operations	Payroll Deduction Aggregate Year-to-Date > \$ 260.00	20.00 (\$10.00) Biweekly
Eugene Cavanaugh 450 Columbus Blvd CT030-12NB-BB Hartford, CT 06115 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation CFO Uniprise	Payroll Deduction Aggregate Year-to-Date > \$ 999.96	76.92 (\$38.46) Biweekly
Carla M. Mugglo One South Wacker IL014-3605 Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation VP Operations	Payroll Deduction Aggregate Year-to-Date > \$ 499.98	38.46 (\$19.23) Biweekly
Mary Chasin Five Post Oak Park sta 550 TX35-1000 Houston, TX 77027 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation Human Resources Manager	Payroll Deduction Aggregate Year-to-Date > \$ 208.00	16.00 (\$8.00) Biweekly
David S. Wichmann 9900 Bren Road East MN005-W304 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation SVP - Corporate Development	Payroll Deduction Aggregate Year-to-Date > \$ 3,120.00	240.00 (\$120.00) Biweekly
Melvin E. Watson MD 2000 West Loop South Ste 900 TX035-1000 Houston, TX 77027 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation Medical Director	Payroll Deduction Aggregate Year-to-Date > \$ 260.00	20.00 (\$10.00) Biweekly

SUBTOTAL of Receipts This Page (optional) 488.30

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 18
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code William Young 800 N. Magnolia Ave Ste 600 FL029-1029 Orlando, FL 32803 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 19.22
	Occupation Sr. Medical Director	Deduction (\$9.81)	Biweekly)
Aggregate Year-to-Date > \$ 249.86			
B. Full Name, Mailing Address and ZIP Code Dolph Mariott 1401 N. Westshore Blvd Suite 500 Tampa, FL 33607 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 20.00
	Occupation Director of Operations	Deduction (\$10.00)	Biweekly)
Aggregate Year-to-Date > \$ 280.00			
C. Full Name, Mailing Address and ZIP Code George D. Shafer 6601 Centerville business Pkwy OH010-3005 Dayton, OH 45459-8028 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 40.00
	Occupation CEO Dayton Ohio Plan	Deduction (\$20.00)	Biweekly)
Aggregate Year-to-Date > \$ 520.00			
D. Full Name, Mailing Address and ZIP Code Lawrence J. Kissner 13621 NW 12Th Street FL075-1000 Sunrise, FL 33323 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 38.46
	Occupation Vice President Sales & Marketing	Deduction (\$19.23)	Biweekly)
Aggregate Year-to-Date > \$ 499.98			
E. Full Name, Mailing Address and ZIP Code Allan J. Weiss 5901 Lincoln Drive MN012-N221 Edina, MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 30.00
	Occupation Treasurer	Deduction (\$15.00)	Biweekly)
Aggregate Year-to-Date > \$ 390.00			
F. Full Name, Mailing Address and ZIP Code William P. Whitely One South Wacker IL014-0910 Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 153.84
	Occupation CEO, United HealthCare of Illinois	Deduction (\$76.92)	Biweekly)
Aggregate Year-to-Date > \$ 1,999.92			
G. Full Name, Mailing Address and ZIP Code Brett L. Baby 3850 Olantangy River Rd. OH020-3010 Columbus, OH 43214-1138 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 23.08
	Occupation Director, Provider Relations/Contra	Deduction (\$11.54)	Biweekly)
Aggregate Year-to-Date > \$ 300.04			

SUBTOTAL of Receipts This Page (optional) 324.60

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mollie Chapman 4501 Erskine Road OH035-3035 Cincinnati, OH 45242	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Manager, Provider Relations	Payroll Deduction	20.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 260.00		
David Sandkuhl 3650 Olentangy River Road OH020-0260 Columbus, OH 43214	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Medical Sales & Marketing	Payroll Deduction	40.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 520.00		
Cicily B. Brogan 6601 Centerville Business Pkwy OH010-3005 Dayton, OH 45475-1090	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Administration/Operations	Payroll Deduction	40.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 520.00		
Robert G Adams 7910 South 3500 East UT010-3500 Salt Lake City, UT 84121	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Western Ops - Sr Mgmt	Payroll Deduction	20.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 260.00		
Stephn C. Spurgeon 13655 Riverport Drive Maryland Heights, MO 63043	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Payroll Deduction	57.70 (\$28.85) Biweekly
	Aggregate Year-to-Date > \$ 750.10		
Kan L. Hoveman 3650 Olentangy River Rd OH020-3010 Columbus, OH 43214-1138	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO UHC Ohio	Payroll Deduction	60.00 (\$30.00) Biweekly
	Aggregate Year-to-Date > \$ 780.00		
Russell M. Hostetler 1401 N. WestShore Blvd, 8th,fl FL067-0800 Tampa, FL 33807	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Payroll Deduction	30.00 (\$15.00) Biweekly
	Aggregate Year-to-Date > \$ 390.00		

SUBTOTAL of Receipts This Page (optional) 267.70

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
UnitedHealth Group Incorporated 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 9900 Bran Rd East MN008-E211 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP, Insurance & Product Mgmt	Payroll Deduction	350.00 (\$175.00) Biweekly
	Aggregate Year-to-Date > \$ 4,175.00		
Keith Noblitt 2970 Clairmont Rd #650 Atlanta, GA 30329-1634	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Strategic Account Executive	Payroll Deduction	40.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 520.00		
Robert G. Harmon MD 10467 White Granite Dr. Suite 300, VA31-1000 Oakton, VA 22124-0450	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation National Medical Director	Payroll Deduction	40.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 520.00		
Mary Nosbisch 9900 Bran Road East MN008-T300 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Marketing	Payroll Deduction	20.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 260.00		
Thomas Taylor 425 Market St, 13th Floor CA035-1000 San Francisco, CA 94105	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Western Region Vice President	Payroll Deduction	40.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 520.00		
Karl Kendall 6300 Olson Memorial Hwy MN010-W126 Golden Valley, MN 55427	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Computer Operations & Services	Payroll Deduction	19.22 (\$9.61) Biweekly
	Aggregate Year-to-Date > \$ 249.86		
Tina Chilton 5901 Lincoln Dr. MN012-N221 Edina, MN 55436	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Treasury	Payroll Deduction	30.00 (\$15.00) Biweekly
	Aggregate Year-to-Date > \$ 390.00		

SUBTOTAL of Receipts This Page (optional) **539.22**

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ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Shalla Letscher 9900 Bren Road East MN008-T203 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Attorney	Payroll Deduction Aggregate Year-to-Date > \$ 480.75	38.48 (\$19.23) Biweekly
Melanie B. Park 3141 N 3RD Ave. AZ060-1000 Phoenix, AZ 85013-4345 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Medical Management Director	Payroll Deduction Aggregate Year-to-Date > \$ 300.04	23.08 (\$11.54) Biweekly
Steven Baker MD 10701 W. Research Dr P.O. Box 26649 (WI030-5360) Milwaukee, WI 53226-0649 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Senior Medical Director	Payroll Deduction Aggregate Year-to-Date > \$ 499.98	38.48 (\$19.23) Biweekly
Robert J. Sheehy 9900 Bren Road East MN008-W301 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Executive Management	Payroll Deduction Aggregate Year-to-Date > \$ 4,740.00	380.00 (\$190.00) Biweekly
Michael J. Koehler 106 Farmers Alley, Suite 400 MI012-3200 Kalamazoo, MI 49005-0271 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: CEO PHP Southwest Michigan	Payroll Deduction Aggregate Year-to-Date > \$ 1,040.00	80.00 (\$40.00) Biweekly
William D. Felsing 10701 W. Research Drive WI130-M420 Milwaukee, WI 53226-0649 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: VP&COO PrimeCare HealthPlan Inc.	Payroll Deduction Aggregate Year-to-Date > \$ 494.00	38.00 (\$19.00) Biweekly
Thomas J. Okonek 5901 Lincoln Drive MN012-S159 Edina, MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Vice President, CSA-UHC	Payroll Deduction Aggregate Year-to-Date > \$ 248.86	19.22 (\$9.61) Biweekly

SUBTOTAL of Receipts This Page (optional)

617.22

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Glenn J. Reinhardt 10701 W. Research Drive W030-S420 Milwaukee, WI 53226	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Finance and Medicar	Payroll Deduction	20.00 (\$10.00)
	Aggregate Year-to-Date > \$ 260.00		Biweekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Derdzinski 10701 W. Research Dr. W030-3550 Milwaukee, WI 53226	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Marketing and Sales	Payroll Deduction	40.00 (\$20.00)
	Aggregate Year-to-Date > \$ 520.00		Biweekly)
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John S. Peshom 9900 Bren Road East MN008-8092 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Investor Relations	Payroll Deduction	80.00 (\$40.00)
	Aggregate Year-to-Date > \$ 1,040.00		Biweekly)
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tom Owen 5801 Lincoln Drive MN012-N230 Edina, MN 55435	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President - Underwriting	Payroll Deduction	20.00 (\$10.00)
	Aggregate Year-to-Date > \$ 260.00		Biweekly)
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Rhonda Bagby 795 Woodlands Pkwy ste 101 MS001-1001 Ridgeland, MS 39157	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Dir. of Finance	Payroll Deduction	19.22 (\$9.81)
	Aggregate Year-to-Date > \$ 249.86		Biweekly)
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Leonard A. Farr 9900 Bren Road East MN008-8310 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Corporate Vice President	Payroll Deduction	120.00 (\$60.00)
	Aggregate Year-to-Date > \$ 1,560.00		Biweekly)
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David Falk 2 Penn Plaza Sta 700 NY036-1000 New York, NY 10121	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Payroll Deduction	25.00 (\$12.50)
	Aggregate Year-to-Date > \$ 325.00		Biweekly)

SUBTOTAL of Receipts This Page (optional) 324.22

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in Full)
UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas L. Knabel 8120 Penn Ave. South Suite 200 MN030-1000 Bloomington, MN 55431	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Payroll Deduction	20.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 260.00		
Michael Hawkins 1250 Capital of Tx Hwy S. Bldg I, Ste 400 Austin, TX 78746	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Payroll Deduction	20.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 260.00		
Joa Berry 5901 Lincoln Drive MN012-S249 Edina, MN 55436	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation National Medical Director	Payroll Deduction	40.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 520.00		
Diane Flottemesch 5901 Lincoln Dr. MND12-N220 Edina, MN 55436	UnitedHealthGroup, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Tax & Risk Mgmt	Payroll Deduction	20.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 260.00		
Lols Quam 9900 Bren Road East MN008-T300 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO, Ovations	Payroll Deduction	310.00 (\$155.00) Biweekly
	Aggregate Year-to-Date > \$ 3,805.00		
Gregory Springer 5901 Lincoln Drive MN012-N282 Edina, MN 55436-1611	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Controller UHC	Payroll Deduction	50.00 (\$25.00) Biweekly
	Aggregate Year-to-Date > \$ 650.00		
Charles Weber 9705 Data Park Drive MN008-0252 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Systems	Payroll Deduction	20.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 260.00		

SUBTOTAL of Receipts This Page (optional) **480.00**

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NAME OF COMMITTEE (in Full)
UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John Ellingboe 9900 Bren Road East MN008-T300 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Senior VP Ovations	Payroll Deduction	115.38 (\$57.68) Biweekly)
	Aggregate Year-to-Date > \$ 1,499.94		
Kevin Casey 9900 Bren Road E. Suite 305 MN008-T302 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Senior VP, Uniprise Health Plan Ops	Payroll Deduction	20.00 (\$10.00) Biweekly)
	Aggregate Year-to-Date > \$ 260.00		
Patrick Erlandson 9900 Bren Road E MN008-8315 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: VP Corporate Controller	Payroll Deduction	200.00 (\$100.00) Biweekly)
	Aggregate Year-to-Date > \$ 2,357.69		
Christina R. Palme-Krizak 9900 Bren Road MN008-T300 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Deputy General Counsel	Payroll Deduction	20.00 (\$10.00) Biweekly)
	Aggregate Year-to-Date > \$ 260.00		
Michael Harrington 6300 Olson Memorial Hwy MN10-S203 Golden Valley, MN 55427 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Optum-Sales	Payroll Deduction	50.00 (\$25.00) Biweekly)
	Aggregate Year-to-Date > \$ 650.00		
John M. Brasch 2717 N 116th Circle NE010-3700 Omaha, NE 68164 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: CEO - UHCM	Payroll Deduction	40.00 (\$20.00) Biweekly)
	Aggregate Year-to-Date > \$ 520.00		
Lawrence A. Rivers 5901 Lincoln Drive MN012-N188 Edina, MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Director, Information Systems	Payroll Deduction	20.00 (\$10.00) Biweekly)
	Aggregate Year-to-Date > \$ 260.00		

SUBTOTAL of Receipts This Page (optional) 465.38

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
 UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Carol Schneeweis 6300 Olson Memorial Hwy MN010-S201 Golden Valley, MN 55427 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Health Care	Payroll Deduction Aggregate Year-to-Date \$ 390.00	30.00 (\$15.00) Biweekly
David B. Smith 5901 Lincoln Drive MN012-N230 Edina, MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: V.P. Underwriting	Payroll Deduction Aggregate Year-to-Date \$ 260.00	20.00 (\$10.00) Biweekly
Tracy L. Bahl 450 Columbus Blvd Uniprise Towers, 12NB Hartford, CT 06115 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: President, Strategic Services Group	Payroll Deduction Aggregate Year-to-Date \$ 999.96	76.92 (\$38.46) Biweekly
Robert J. Backes 9900 Bran Road E MN008-8317 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Vice President - Human Resources	Payroll Deduction Aggregate Year-to-Date \$ 2,600.00	200.00 (\$100.00) Biweekly
Pamela A. Tulumello 1949 E. Sunshine, Suite 300 MO015-1000 Springfield, MO 65804 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Director, Group Services Admin	Payroll Deduction Aggregate Year-to-Date \$ 260.00	20.00 (\$10.00) Biweekly
Marilyn Nevin 5901 Lincoln Drive MN012-N220 Edina, MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Director of Risk Management	Payroll Deduction Aggregate Year-to-Date \$ 260.00	20.00 (\$10.00) Biweekly
Maria C. Christu 9900 Bran Road E. Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Assistant General Counsel	Payroll Deduction Aggregate Year-to-Date \$ 208.00	18.00 (\$8.00) Biweekly

SUBTOTAL of Receipts This Page (optional) 382.92

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SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)
UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas L. Anderson 5901 Lincoln Drive MN012-S161 Edina, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Vice President, Medicare Aggregate Year-to-Date \$ 249.86	Payroll Deduction (\$9.61)	19.22 Biweekly
William A. Munsell 9900 Bren Road E MN008-W301 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Chief Operating Officer Aggregate Year-to-Date \$ 2,400.00	Payroll Deduction (\$100.00)	200.00 Biweekly
David Lubben 9900 Bren Rd East Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: General Counsel Aggregate Year-to-Date \$ 5,000.00	Payroll Deduction (\$192.25)	384.56 Biweekly
Sharon Droege 77 Westport Plaza Drive St. Louis, MO 63146 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Manager, Medicare Operations Aggregate Year-to-Date \$ 208.00	Payroll Deduction (\$8.00)	16.00 Biweekly
Barbara C. Buenemann 13655 Riverport Trail MO050-1000 Maryland Heights, MO 63043 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: COO UHC of the Midwest, Inc. Aggregate Year-to-Date \$ 300.04	Payroll Deduction (\$11.54)	23.08 Biweekly
Mary Nowotny 13855 Riverport Drive MO050-1000 Maryland Heights, MO 63043-B560 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Director, Corp Communications Aggregate Year-to-Date \$ 280.80	Payroll Deduction (\$10.80)	21.60 Biweekly
William Tracy 9300 W. 110th Ste 350 Overland, KS 66210 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: VP Sales Aggregate Year-to-Date \$ 650.00	Payroll Deduction (\$25.00)	50.00 Biweekly

SUBTOTAL of Receipts This Page (optional) 714.46

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 16 OF 18
FOR LINE NUMBER 11 a i

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NAME OF COMMITTEE (in Full)
UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Bruce Mead 1600 W Plano Pkwy, Ste 100 TX032-1000 Dallas, TX 75075	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director Strategic SVCS Sales	Payroll Deduction	20.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 280.00		
Brian K. Beutner 9900 Bren Road East MN008-T202 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Deputy General Counsel	Payroll Deduction	38.46 (\$19.23) Biweekly
	Aggregate Year-to-Date > \$ 499.98		
Herbert L. Whetstone 513 Eaton St. MN003-1000 St. Paul, MN 55107	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Aviation Department Manager	Payroll Deduction	19.22 (\$9.61) Biweekly
	Aggregate Year-to-Date > \$ 249.88		
Mary A. Warner 2550 University Ave W, S#401S MN040-2500 St. Paul, MN 55114-1904	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Clinical Team Leader	Payroll Deduction	20.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 260.00		
Daniel J. Mcathle 9900 Bren Road E. MN008-W318 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP Finance & HealthCare Econ	Payroll Deduction	200.00 (\$100.00) Biweekly
	Aggregate Year-to-Date > \$ 2,400.00		
James Watson 2717 N. 118th Lucille Omaha, NE 68184	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Govt Relations, UHC Midlands	Payroll Deduction	38.46 (\$19.23) Biweekly
	Aggregate Year-to-Date > \$ 499.98		
Meg Sternberg 2307 W. Cone Blvd NC10-3750 Greensboro, NC 27408	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Corp Affairs & Gov't Programs	Payroll Deduction	40.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 520.00		

SUBTOTAL of Receipts This Page (optional) **376.14**

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 17 OF 18
FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (in Full)
UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Kevin Marcum 5225 Wiley Post Way #500 UT015-0500 Salt Lake City, UT 84116 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Senior VP - Manager Utah Aggregate Year-to-Date \$ 260.00	Payroll Deduction	20.00 (\$10.00) Biweekly
Marcia Smith 9900 Bren Road East MN008-W211 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: CEO - Evercare Aggregate Year-to-Date \$ 402.20	Payroll Deduction	19.40 (\$9.70) Biweekly
Lynne Montague-Clouse 12125 Technology Drive MN002-0161 Eden Prairie, MN 55344 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: International HealthCare Consultant Aggregate Year-to-Date \$ 520.00	Payroll Deduction	40.00 (\$20.00) Biweekly
Sharon Swan 6251 Greenwood Plaza Blvd Englewood, CO 80206 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Sr. Director - Govt Programs Aggregate Year-to-Date \$ 260.00	Payroll Deduction	20.00 (\$10.00) Biweekly
Judith Murphy 9900 Bren Road E. MN008-W302 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Business Segment CIO Aggregate Year-to-Date \$ 650.00	Payroll Deduction	50.00 (\$25.00) Biweekly
Richard J. Raekin MD 1375 E 9th St., Suite 1100 OH030-3015 Cleveland, OH 44114 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Medical Director Aggregate Year-to-Date \$ 499.98	Payroll Deduction	38.46 (\$19.23) Biweekly
Walter W. Wakefield 2409 Harrodsburg Road KY020-1000 Lexington, KY 40504 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: CEO United HealthCare of Kentucky Aggregate Year-to-Date \$ 520.00	Payroll Deduction	40.00 (\$20.00) Biweekly

SUBTOTAL of Receipts This Page (optional) 227.86

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a 1

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code John McCreedy 129 Sea Hammack Way Ponte Vedra Beach, FL 32082 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc. Occupation Director, Sales/Services Aggregate Year-to-Date > \$ 260.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 20.00 (\$10.00) Biweekly)
B. Full Name, Mailing Address and ZIP Code John Alexander 425 Market St 27th floor San Francisco, CA Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc. Occupation Director of Intake/San Francisco Aggregate Year-to-Date > \$ 300.04	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 23.08 (\$11.54) Biweekly)
C. Full Name, Mailing Address and ZIP Code Ruth Kaplan 425 Market St. 27th Floor CA035-2707 San Francisco, CA 94105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc. Occupation UBH VP of Employer Svcs Aggregate Year-to-Date > \$ 300.04	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 23.08 (\$11.54) Biweekly)
D. Full Name, Mailing Address and ZIP Code Donna C. Schulze 4170 Ashford Dunwoody RD#10 GA035-1200 Atlanta, GA 30319 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc. Occupation Executive Director Evercare Aggregate Year-to-Date > \$ 240.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 20.00 (\$10.00) Biweekly)
E. Full Name, Mailing Address and ZIP Code Eric Bergen 5901 Lincoln Drive MND12-S249 Edina, MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc. Occupation HealthCare Svcs Ops Sr Mgmt Aggregate Year-to-Date > \$ 980.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 80.00 (\$40.00) Biweekly)
F. Full Name, Mailing Address and ZIP Code R. Edward Bergmark 8300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc. Occupation Vice President CEO IHR (OPTUM) Aggregate Year-to-Date > \$ 1,000.22	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 76.94 (\$38.47) Biweekly)
G. Full Name, Mailing Address and ZIP Code Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer Occupation Aggregate Year-to-Date > \$	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) 243.10
TOTAL This Period (last page this line number only) 7,319.64

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)
UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Simmons For Congress 12 Roosevelt Ave. Mystic, CT 06355	Rob Simmons, U.S. HOUSE 2nd CT Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement 2000	11/30/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Nelson 2000 P.O. Box 285 Baystown, NE 68010	Nelson 2000 Debt Retirement Account Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement 2000	12/07/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Nelson For Senate 110-B East Broad Street Falls Church, VA 22046	Bill Nelson, U.S. SENATE FL Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Debt Retirement 2000	12/07/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Friends of Jim Maloney 20 East Main Street Suite 235 Waterbury, CT 06702	Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) 2000	12/19/00	-1,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Schumer 60 Madison Avenue Suite 1201 New York, NY 10010	Charles Schumer, U.S. SENATE NY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) 2004	12/20/00	1,000.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General 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 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 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 Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

3,000.00

TOTAL This Period (last page this line number only)

3,000.00

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 checked="" type="checkbox"/> Hand Delivered	Date of Receipt 1/18/01
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<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	
CF	1/18/01
PREPARER	DATE PREPARED