

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

RECEIVED  
FEC MAIL ROOM

2000 OCT 11 A 11:31

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

<b>1. NAME OF COMMITTEE (in full)</b> UnitedHealth Group Incorporated Political Fund	<b>2. FEC IDENTIFICATION NUMBER</b> C00274431
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9900 Bron Road East	<b>3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)</b>
CITY, STATE and ZIP CODE Minnetonka, MN 55343	

## 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>07/01/00</u> through <u>09/30/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ <u>147,987.07</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>122,311.68</u>	
(c) Total Receipts (from Line 19)	\$ <u>29,148.05</u>	\$ <u>100,222.66</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>151,459.73</u>	\$ <u>248,209.73</u>
7. Total Disbursements (from Line 30)	\$ <u>96,000.00</u>	\$ <u>192,750.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>55,459.73</u>	\$ <u>55,459.73</u>
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>0.00</u>	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20543 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ <u>0.00</u>	

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



Date

10-5-00

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 8/03)

# DETAILED SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

PAGE 2, FEC FORM 30X

(revised 1/1/91)

NAME OF COMMITTEE		REPORT COVERING PERIOD	
UnitedHealth Group Incorporated Political Fund		FROM 07/01/00	TO: 09/30/00
		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)	26,676.63	73,336.69
ii.	Unitemized	3,672.42	25,866.07
	ii. Total (add i and ii) >	29,148.05	99,222.66
b.	Political Party Committees	0.00	0.00
c.	Other Political Committees (such as PACs)	0.00	0.00
d.	Total Contributions (add a, b and c) >	29,148.05	99,222.66
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	1,000.00
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) >	29,148.05	100,222.66
20.	Total Federal Receipts (subtract line 18 from line 19) >	29,148.06	100,222.66
<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, b, and c) >	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	96,000.00	192,750.00
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.	Individual/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	0.00
30.	Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	96,000.00	192,750.00
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	96,000.00	192,750.00
<b>III. Net Contributions/Operating Expenditures</b>			
32.	Total Contributions (other than loans) (from line 11d)	29,148.05	99,222.66
33.	Total Contribution Refunds (from line 28d)	0.00	0.00
34.	Net Contributions (other than loans) (subtract line 33 from 32)	29,148.05	99,222.66
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

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Tamara A. Smith 750 First Street, NE, Ste 1120 DC020-1000 Washington, DC 20002</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>VP, Marketing &amp; Gov't Relations</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>242.34</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>80.78</b></p> <p><b>(\$11.54)</b></p> <p><b>Biweekly</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Richard Collins 450 Columbus Blvd CT030-1030 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Director, Underwriting</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>242.34</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>80.78</b></p> <p><b>(\$11.54)</b></p> <p><b>Biweekly</b></p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> James M. Messina 450 Columbus Blvd CT030-04BB 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Customer Service Administration</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>210.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>70.00</b></p> <p><b>(\$10.00)</b></p> <p><b>Biweekly</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Anthony J. Kazlauskas 475 Kilvert St, Suite 310 RI010-3400 Warwick, RI 02886-1392</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Medical Director</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>420.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>140.00</b></p> <p><b>(\$20.00)</b></p> <p><b>Biweekly</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> John P. Anton 2970 Clairmont Rd Suite 650 GA010-3360 Atlanta, GA 30329-1634</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Senior Vice President</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>807.66</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>269.22</b></p> <p><b>(\$38.46)</b></p> <p><b>Biweekly</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Richard J. Migliori 475 Kilvert St RI010-3400 Warwick, RI 02886</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>CEO UHC New England</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>807.66</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>269.22</b></p> <p><b>(\$38.46)</b></p> <p><b>Biweekly</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Jaannie 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>COO of Health Plans</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>1,860.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>700.00</b></p> <p><b>(\$100.00)</b></p> <p><b>Biweekly</b></p>

**SUBTOTAL** of Receipts This Page (optional) ..... **1,610.00**

**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 **2** OF **18**  
FOR LINE NUMBER **11 a i**

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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> <b>Brian Bellows</b> 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Vice President Sales Strategic Serv</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>315.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>105.00</b></p> <p><b>(\$15.00)</b></p> <p><b>Biweekly</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> <b>Brian Polier</b> 8330 Boone Blvd, Suite 300 VA03-1030 Vienna, VA 22182</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Director of Sales, UHC</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>210.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>70.00</b></p> <p><b>(\$10.00)</b></p> <p><b>Biweekly</b></p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> <b>R. Channing Wheeler</b> 450 Columbus Blvd CT030-12BB 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Uniprise CEO</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>3,360.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>1,280.00</b></p> <p><b>(\$180.00)</b></p> <p><b>Biweekly</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> <b>John Stevenson</b> 450 Columbus Blvd 5NB-B 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Associate General Counsel</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>205.80</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>88.60</b></p> <p><b>(\$9.80)</b></p> <p><b>Biweekly</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> <b>Beverly H. Nyce</b> 450 Columbus Blvd, CT030-1030 Hartford, CT 06115</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Senior VP Uniprise</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>403.83</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>134.61</b></p> <p><b>(\$19.23)</b></p> <p><b>Biweekly</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> <b>Paul J Grandpre</b> 450 Columbus Blvd 3NB-A 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Director, Customer Admin Svcs</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>210.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>70.00</b></p> <p><b>(\$10.00)</b></p> <p><b>Biweekly</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> <b>Kenneth Alan Burdick</b> 9900 Bren Road East MN008-W318 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>VP of Underwriting</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>210.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>70.00</b></p> <p><b>(\$10.00)</b></p> <p><b>Biweekly</b></p>

**SUBTOTAL of Receipts This Page (optional)** ..... **1,778.21**

**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

<p>A. Full Name, Mailing Address and ZIP Code <b>Brian M. Quigley</b> 450 Columbus Blvd 5NB-A 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Vice President, Gov't Relations</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>210.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period <b>70.00</b></p> <p><b>(\$10.00)</b></p> <p><b>Biweekly</b></p>
<p>B. Full Name, Mailing Address and ZIP Code <b>Peter M. Landau</b> 505 Boices Lane Kingston, NY 12401</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Director of OP5, Kingston Service C</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>210.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period <b>70.00</b></p> <p><b>(\$10.00)</b></p> <p><b>Biweekly</b></p>
<p>C. Full Name, Mailing Address and ZIP Code <b>Dannis Shea</b> 460 Columbus Blvd BNB-A 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Vice President</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>210.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period <b>70.00</b></p> <p><b>(\$10.00)</b></p> <p><b>Biweekly</b></p>
<p>D. Full Name, Mailing Address and ZIP Code <b>Thomas H. Lindquist</b> 9900 Bren Road East MN008-T300 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>President, AARP Division, Ovations</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>403.83</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period <b>134.61</b></p> <p><b>(\$19.23)</b></p> <p><b>Biweekly</b></p>
<p>E. Full Name, Mailing Address and ZIP Code <b>Cliff Kiel</b> 145 S. State College Blvd #620 Brea, CA 92621</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Strategic Sales Exec.</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>204.81</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period <b>67.27</b></p> <p><b>(\$8.61)</b></p> <p><b>Biweekly</b></p>
<p>F. Full Name, Mailing Address and ZIP Code <b>John A. Dwyer</b> 450 Columbus Blvd 15NB-A 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Pricing Small Group</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>210.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period <b>70.00</b></p> <p><b>(\$10.00)</b></p> <p><b>Biweekly</b></p>
<p>G. Full Name, Mailing Address and ZIP Code <b>Thomas M. OConnor</b> 9900 Bren Road East MN008-W250 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>VP Real Estate</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>202.02</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period <b>67.34</b></p> <p><b>(\$9.62)</b></p> <p><b>Biweekly</b></p>

<p>SUBTOTAL of Receipts This Page (optional) .....</p>	<p><b>549.22</b></p>
<p>TOTAL This Period (last page this line number only) .....</p>	<p></p>

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

PAGE **4** 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
<b>John A Kennedy</b> 2970 Clairmont Rd, Suite 300 GA010-3300 Atlanta, GA 30329	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Director, Government Programs</b>	<b>Payroll Deduction</b>	<b>70.00</b>
	Aggregate Year-to-Date <b>&gt; 5</b>	<b>210.00</b>	<b>(\$10.00 Biweekly)</b>
<b>Ronald S. Franzese</b> Terrace Plaza, 250 Morris Ave MI013-3260 Muskegon, MI 49440-1143	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>GEO, PHP of West MI</b>	<b>Payroll Deduction</b>	<b>280.00</b>
	Aggregate Year-to-Date <b>&gt; 6</b>	<b>840.00</b>	<b>(\$40.00 Biweekly)</b>
<b>Michelle M. Corbin</b> 1225 N.Y. Ave DC030-1000 Washington, DC 20005	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Lobbyist</b>	<b>Payroll Deduction</b>	<b>80.78</b>
	Aggregate Year-to-Date <b>&gt; 6</b>	<b>242.34</b>	<b>(\$11.54 Biweekly)</b>
<b>Gary Schultz</b> 13621 N.W. 12 Street FL075-1000 Sunrise, FL 33323	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CEO - South Florida</b>	<b>Payroll Deduction</b>	<b>280.00</b>
	Aggregate Year-to-Date <b>&gt; 6</b>	<b>840.00</b>	<b>(\$40.00 Biweekly)</b>
<b>Robert Hussey</b> 8330 Boone Blvd Ste 300 VA30-1030 Vienna, VA 22182-2624	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VP, Public Policy &amp; Comm Ovations</b>	<b>Payroll Deduction</b>	<b>289.22</b>
	Aggregate Year-to-Date <b>&gt; 6</b>	<b>711.51</b>	<b>(\$38.48 Biweekly)</b>
<b>Saul Feldman</b> 405 Market Street CA035-2701 San Francisco, CA 94105	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CEO United Behavioral Health</b>	<b>Payroll Deduction</b>	<b>538.44</b>
	Aggregate Year-to-Date <b>&gt; 6</b>	<b>1,615.32</b>	<b>(\$78.92 Biweekly)</b>
<b>Kenneth D. Roberts</b> 450 Columbus Blvd Hartford, CT 06115	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>National Account Executive</b>	<b>Payroll Deduction</b>	<b>87.50</b>
	Aggregate Year-to-Date <b>&gt; 6</b>	<b>262.50</b>	<b>(\$12.50 Biweekly)</b>

**SUBTOTAL** of Receipts This Page (optional) ..... **1,605.94**

**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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Richard Segan 281 Winter St., Suite 301 MA66-1000 Waltham, MA 02154</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>United HealthGroup, Inc.</b></p> <p>Occupation <b>Executive Director - Evercare</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>242.34</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>80.78</b></p> <p><b>(\$11.54)</b></p> <p><b>Biweekly</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Pierre Alain McMahon 450 Columbus Blvd CT030-12BB Hartford, CT 06115-0430</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>General Council - Uniprise</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>210.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>70.00</b></p> <p><b>(\$10.00)</b></p> <p><b>Biweekly</b></p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Andria Herr 800 N. Magnolia #600 Orlando Orlando, FL 32803</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>VP Sales, Orlando</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>315.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>105.00</b></p> <p><b>(\$15.00)</b></p> <p><b>Biweekly</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Jack A. Wickens 278 Franklin Rd, Suite 260 TN007-1000 Brentwood, TN 37024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>SVP Regional Operations</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>403.83</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>134.61</b></p> <p><b>(\$19.23)</b></p> <p><b>Biweekly</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Arnold H. Kaplan 9900 Bren Road E MN008-8315 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>CFO</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>1,615.32</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>538.44</b></p> <p><b>(\$76.92)</b></p> <p><b>Biweekly</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> William O. Saunders 450 Columbus Blvd Hartford, CT 06116-0450</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Vice President/Coach, National Acco</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>210.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>70.00</b></p> <p><b>(\$10.00)</b></p> <p><b>Biweekly</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Elise Anne Gemeinhardt 1620 L St. NY #800 DC030-1000 Washington, DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>VP Federal Affairs</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>807.66</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>269.22</b></p> <p><b>(\$38.46)</b></p> <p><b>Biweekly</b></p>

**SUBTOTAL of Receipts This Page (optional)** ..... **1,268.05**

**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
<b>Cheryl A. Popeck</b> 800 N Magnolia Ave., S#600 FL029-1029 Orlando, FL 32803	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Director of Operations</b>	<b>Payroll Deduction</b>	<b>70.00</b> <b>(\$10.00)</b> <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>210.00</b>		
<b>Eugene Cavanaugh</b> 450 Columbus Blvd CT030-12NB-BB Hartford, CT 06115	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CFO Unprise</b>	<b>Payroll Deduction</b>	<b>269.22</b> <b>(\$38.48)</b> <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>807.88</b>		
<b>Carla M. Muggio</b> One South Wacker IL014-3605 Chicago, IL 60605	<b>UnitedHealth Group, Inc.</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>134.61</b> <b>(\$19.23)</b> <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>403.83</b>		
<b>Betsy Whitaker</b> 849 International Drive #126 MD052-1052 Linthicum, MD 21090	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Corporate Marketing Manager</b>	<b>Payroll Deduction</b>	<b>134.61</b> <b>(\$19.23)</b> <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>403.83</b>		
<b>David S. Wichmann</b> 9900 Bran Road East MN008-W304 Minnetonka, MN 55343	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>SVP - Corporate Development</b>	<b>Payroll Deduction</b>	<b>840.00</b> <b>(\$120.00)</b> <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>2,520.00</b>		
<b>Melvin E. Watson MD</b> 2000 West Loop South Ste 900 TX036-1000 Houston, TX 77027	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Medical Director</b>	<b>Payroll Deduction</b>	<b>70.00</b> <b>(\$10.00)</b> <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>210.00</b>		
<b>William Young</b> 800 N. Magnolia Ave Ste 600 FL029-1029 Orlando, FL 32803	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Sr. Medical Director</b>	<b>Payroll Deduction</b>	<b>67.27</b> <b>(\$9.61)</b> <b>Biweekly</b>
	Aggregate Year-to-Date > \$ <b>201.81</b>		

**SUBTOTAL of Receipts This Page (optional)** ..... **1,585.71**

**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 Dolph Mariotti 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.  Occupation Director of Operations  Aggregate Year-to-Date > \$ 210.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  70.00 (\$10.00) Biweekly
B. 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.  Occupation CEO Dayton Ohio Plan  Aggregate Year-to-Date > \$ 420.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  140.00 (\$20.00) Biweekly
C. Full Name, Mailing Address and ZIP Code Lawrence J. Klesner 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.  Occupation Vice President Sales & Marketing  Aggregate Year-to-Date > \$ 403.83	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  134.61 (\$19.23) Biweekly
D. Full Name, Mailing Address and ZIP Code Allan J. Weiss 6901 Lincoln Drive MN012-N221 Edina, MN 55438  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.  Occupation Treasurer  Aggregate Year-to-Date > \$ 315.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  106.00 (\$15.00) Biweekly
E. Full Name, Mailing Address and ZIP Code William P. Whitely One South Wacker ILD14-0910 Chicago, IL 60606  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.  Occupation CEO, United HealthCare of Illinois  Aggregate Year-to-Date > \$ 1,615.32	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  538.44 (\$76.92) Biweekly
F. Full Name, Mailing Address and ZIP Code Brett L. Baby 3650 Oientangy 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.  Occupation Director, Provider Relations/Contra  Aggregate Year-to-Date > \$ 242.34	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  80.78 (\$11.54) Biweekly
G. Full Name, Mailing Address and ZIP Code Mollie Chapman 4501 Erskine Road OH035-3035 Cincinnati, OH 45242  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.  Occupation Manager, Provider Relations  Aggregate Year-to-Date > \$ 210.00	Date (month, day, year)  Payroll Deduction	Amount of Each Receipt this Period  70.00 (\$10.00) Biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1,138.83</b>
<b>TOTAL</b> 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

<b>A. Full Name, Mailing Address and ZIP Code</b> <b>David Sandkuhl</b> <b>3650 Olentangy River Road</b> <b>OH020-0260</b> <b>Columbus, OH 43214</b>	Name of Employer <b>United HealthGroup, Inc.</b>	Date (month, day, year)  	Amount of Each Receipt this Period  
	Occupation <b>Director, Medical Sales &amp; Marketing</b>	Payroll Deduction Aggregate Year-to-Date > \$ <b>420.00</b>	140.00 (\$20.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>B. Full Name, Mailing Address and ZIP Code</b> <b>Cicily B. Brogan</b> <b>6601 Centerville Business Pkwy</b> <b>OH010-3005</b> <b>Dayton, OH 45475-1090</b>	Name of Employer <b>UnitedHealth Group, Inc.</b>	Date (month, day, year)  	Amount of Each Receipt this Period  
	Occupation <b>V.P. Administration/Operations</b>	Payroll Deduction Aggregate Year-to-Date > \$ <b>420.00</b>	140.00 (\$20.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>C. Full Name, Mailing Address and ZIP Code</b> <b>Robert G Adams</b> <b>7810 South 3500 East</b> <b>UT010-3500</b> <b>Salt Lake City, UT 84121</b>	Name of Employer <b>UnitedHealth Group, Inc.</b>	Date (month, day, year)  	Amount of Each Receipt this Period  
	Occupation <b>Western Ops - Sr Mgmt</b>	Payroll Deduction Aggregate Year-to-Date > \$ <b>210.00</b>	70.00 (\$10.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>D. Full Name, Mailing Address and ZIP Code</b> <b>Stephn C. Spurgeon</b> <b>13655 Riverport Drive</b> <b>Maryland Heights, MO 63043</b>	Name of Employer <b>UnitedHealth Group, Inc.</b>	Date (month, day, year)  	Amount of Each Receipt this Period  
	Occupation <b>Physician</b>	Payroll Deduction Aggregate Year-to-Date > \$ <b>605.85</b>	201.95 (\$28.85) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>E. Full Name, Mailing Address and ZIP Code</b> <b>Ken L. Hoverman</b> <b>3650 Olentangy River Rd</b> <b>OH020-3010</b> <b>Columbus, OH 43214-1138</b>	Name of Employer <b>UnitedHealth Group, Inc.</b>	Date (month, day, year)  	Amount of Each Receipt this Period  
	Occupation <b>COO UHC Ohio</b>	Payroll Deduction Aggregate Year-to-Date > \$ <b>630.00</b>	210.00 (\$30.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>F. Full Name, Mailing Address and ZIP Code</b> <b>Russell M. Hostetler</b> <b>1401 N. WestShore Blvd, 8th,fl</b> <b>FL067-0800</b> <b>Tampa, FL 33607</b>	Name of Employer <b>UnitedHealth Group, Inc.</b>	Date (month, day, year)  	Amount of Each Receipt this Period  
	Occupation <b>Medical Director</b>	Payroll Deduction Aggregate Year-to-Date > \$ <b>315.00</b>	105.00 (\$15.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
<b>G. Full Name, Mailing Address and ZIP Code</b> <b>Ronald B. Colby</b> <b>9900 Bran Rd East</b> <b>MN008-E211</b> <b>Minnetonka, MN 55343</b>	Name of Employer <b>UnitedHealth Group, Inc.</b>	Date (month, day, year)  	Amount of Each Receipt this Period  
	Occupation <b>Senior VP, Insurance &amp; Product Mgmt</b>	Payroll Deduction Aggregate Year-to-Date > \$ <b>3,300.00</b>	1,225.00 (\$175.00) Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

**SUBTOTAL of Receipts This Page (optional)** ..... **2,091.95**

**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

<b>A. Full Name, Mailing Address and ZIP Code</b> Keith Noblitt 2970 Clairmont Rd #650 Atlanta, GA 30329-1634  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>UnitedHealth Group, Inc.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>Strategic Account Executive</b>	Payroll Deduction (\$20.00)	140.00 Biweekly)
Aggregate Year-to-Date > \$ 420.00			
<b>B. Full Name, Mailing Address and ZIP Code</b> Robert G. Harmon MD 10467 White Granite Dr. Suite 300, VA31-1000 Oakton, VA 22124-0450  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>UnitedHealth Group, Inc.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>National Medical Director</b>	Payroll Deduction (\$20.00)	140.00 Biweekly)
Aggregate Year-to-Date > \$ 420.00			
<b>C. Full Name, Mailing Address and ZIP Code</b> Mary Nostbisch 9900 Bren Road East MN008-T300 Minnetonka, MN 55343  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>United Health Group, Inc.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>VP Marketing</b>	Payroll Deduction (\$10.00)	70.00 Biweekly)
Aggregate Year-to-Date > \$ 210.00			
<b>D. Full Name, Mailing Address and ZIP Code</b> Thomas Taylor 425 Market St, 13th Floor CA035-1000 San Francisco, CA 94105  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>UnitedHealth Group, Inc.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>Western Region Vice President</b>	Payroll Deduction (\$20.00)	140.00 Biweekly)
Aggregate Year-to-Date > \$ 420.00			
<b>E. Full Name, Mailing Address and ZIP Code</b> Karl Kendall 6300 Olson Memorial Hwy MN010-W126 Golden Valley, MN 55427  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>UnitedHealth Group, Inc.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>VP, Computer Operations &amp; Services</b>	Payroll Deduction (\$9.61)	67.27 Biweekly)
Aggregate Year-to-Date > \$ 201.61			
<b>F. Full Name, Mailing Address and ZIP Code</b> Tina Chilton 6901 Lincoln Dr. MN012-N221 Edina, MN 55436  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>UnitedHealth Group, Inc.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>Director, Treasury</b>	Payroll Deduction (\$15.00)	106.00 Biweekly)
Aggregate Year-to-Date > \$ 315.00			
<b>G. Full Name, Mailing Address and ZIP Code</b> Sheila 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):	Name of Employer <b>UnitedHealth Group, Inc.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>Attorney</b>	Payroll Deduction (\$19.23)	115.38 Biweekly)
Aggregate Year-to-Date > \$ 384.60			

**SUBTOTAL** of Receipts This Page (optional) ..... **777.85**

**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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Melanie B. Park 3141 N 3RD Ave. AZ080-1000 Phoenix, AZ 85013-4346</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> UnitedHealth Group, Inc.</p> <p><b>Occupation</b> Medical Management Director</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 242.34</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>80.78</p> <p>(\$11.54)</p> <p><b>Biweekly</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> Steven Baker MD 10701 W. Research Dr P.O. Box 26649 (WI030-5350) Milwaukee, WI 53226-0549</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> UnitedHealth Group, Inc.</p> <p><b>Occupation</b> Senior Medical Director</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 403.83</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>134.61</p> <p>(\$19.23)</p> <p><b>Biweekly</b></p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Robert J. Sheehy 9900 Bren Road East MN008-W301 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> UnitedHealth Group, Inc.</p> <p><b>Occupation</b> Executive Management</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 3,790.00</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>1,330.00</p> <p>(\$190.00)</p> <p><b>Biweekly</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Michael J. Koehler 106 Farmers Alley, Suite 400 MI012-3200 Kalamazoo, MI 49005-0271</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> UnitedHealth Group, Inc.</p> <p><b>Occupation</b> CEO PHP Southwest Michigan</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 840.00</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>280.00</p> <p>(\$40.00)</p> <p><b>Biweekly</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> William D. Felsing 10701 W. Research Drive WI130-H420 Milwaukee, WI 53226-0649</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> UnitedHealth Group, Inc.</p> <p><b>Occupation</b> VP&amp;COO PrimeCare HealthPlan Inc.</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 399.00</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>133.00</p> <p>(\$19.00)</p> <p><b>Biweekly</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Thomas J. Okonek 5901 Lincoln Drive MN012-8159 Edina, MN 55438</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> UnitedHealth Group, Inc.</p> <p><b>Occupation</b> Vice President, CSA-UHC</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 201.81</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>87.27</p> <p>(\$9.61)</p> <p><b>Biweekly</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Glenn J. Reinhardt 10701 W. Research Drive WI030-S420 Milwaukee, WI 53226</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> UnitedHealth Group, Inc.</p> <p><b>Occupation</b> Vice President, Finance and Medical</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 210.00</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>70.00</p> <p>(\$10.00)</p> <p><b>Biweekly</b></p>

**SUBTOTAL of Receipts This Page (optional)** ..... 2,095.66

**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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> Michael Dordzinski 10701 W. Research Dr. W030-3550 Milwaukee, WI 53226</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>V.P. Marketing and Sales</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>420.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>140.00</b></p> <p><b>(\$20.00)</b></p> <p><b>Biweekly)</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> John S. Peshorn 9900 Bren Road East MN008-8092 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>VP Investor Relations</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>840.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>280.00</b></p> <p><b>(\$40.00)</b></p> <p><b>Biweekly)</b></p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Tom Owen 5901 Lincoln Drive MN012-N230 Edina, MN 55438</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Vice President - Underwriting</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>210.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>70.00</b></p> <p><b>(\$10.00)</b></p> <p><b>Biweekly)</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> James Scott Garrett 2970 Clairmont Rd, Suite 300 GA010-3300 Atlanta, GA 30329-1634</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Sr. Director Network Management</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>346.14</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>76.92</b></p> <p><b>(\$19.23)</b></p> <p><b>Biweekly)</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> Rhonda Bagby 795 Woodlands Pkwy ste 101 MS001-1001 Ridgeland, MS 39157</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Dir. of Finance</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>201.81</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>67.27</b></p> <p><b>(\$9.61)</b></p> <p><b>Biweekly)</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Leonard A. Farr 9900 Bren Road East MN008-8310 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Corporate Vice President</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>1,260.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>420.00</b></p> <p><b>(\$60.00)</b></p> <p><b>Biweekly)</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> David Falk 2 Penn Plaza Ste 700 NY036-1000 New York, NY 10121</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Medical Director</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>282.50</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt this Period</p> <p><b>87.50</b></p> <p><b>(\$12.50)</b></p> <p><b>Biweekly)</b></p>

**SUBTOTAL of Receipts This Page (optional) ..... 1,141.69**

**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

<p>A. Full Name, Mailing Address and ZIP Code <b>Thomas L. Knabel</b> 8120 Penn Ave. South Suite 200 MN030-1000 Bloomington, MN 55431</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Medical Director</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>210.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt This Period <b>70.00</b> <b>(\$10.00)</b> <b>Biweekly)</b></p>
<p>B. Full Name, Mailing Address and ZIP Code <b>Michael Hawkins</b> 1250 Capital of Tx Hwy S. Bldg I, Ste 400 Austin, TX 78746</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Medical Director</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>210.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt This Period <b>70.00</b> <b>(\$10.00)</b> <b>Biweekly)</b></p>
<p>C. Full Name, Mailing Address and ZIP Code <b>Joe Berry</b> 5901 Lincoln Drive MN012-8249 Edina, MN 55436</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>National Medical Director</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>420.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt This Period <b>140.00</b> <b>(\$20.00)</b> <b>Biweekly)</b></p>
<p>D. Full Name, Mailing Address and ZIP Code <b>Diane Flottamesch</b> 5901 Lincoln Dr. MN012-N220 Edina, MN 55436</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealthGroup, Inc.</b></p> <p>Occupation <b>VP Tax &amp; Risk Mgmt</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>210.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt This Period <b>70.00</b> <b>(\$10.00)</b> <b>Biweekly)</b></p>
<p>E. Full Name, Mailing Address and ZIP Code <b>Lois Quam</b> 9900 Bran Road East MN008-T300 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>CEO, Ovations</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>3,030.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt This Period <b>1,085.00</b> <b>(\$155.00)</b> <b>Biweekly)</b></p>
<p>F. Full Name, Mailing Address and ZIP Code <b>Gregory Springer</b> 5901 Lincoln Drive MN012-N282 Edina, MN 55436-1611</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer <b>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>VP Controller UHC</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>526.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt This Period <b>175.00</b> <b>(\$25.00)</b> <b>Biweekly)</b></p>
<p>G. Full Name, Mailing Address and ZIP Code <b>Charles Weber</b> 9705 Data Park Drive MN006-0252 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>UnitedHealth Group, Inc.</b></p> <p>Occupation <b>Information Systems</b></p> <p>Aggregate Year-to-Date &gt; \$ <b>210.00</b></p>	<p>Date (month, day, year)</p> <p><b>Payroll Deduction</b></p>	<p>Amount of Each Receipt This Period <b>70.00</b> <b>(\$10.00)</b> <b>Biweekly)</b></p>

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

**1,680.00**

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
John Ellingboe 9900 Bren Road East MN008-T300 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Occupation Senior VP Ovations		Payroll Deduction	403.83 (\$57.69)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,211.49		Biweekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Kevin Casey 9900 Bren Road E. Suite 305 MN008-T302 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Occupation Senior VP, Uniprise Health Plan Ops		Payroll Deduction	70.00 (\$10.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 210.00		Biweekly)
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Patrick Erlandson 9900 Bren Road E MN008-8315 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Occupation VP Corporate Controller		Payroll Deduction	700.00 (\$100.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,857.69		Biweekly)
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Christina R. Palma-Krizak 9900 Bren Road MN008-T300 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Occupation Deputy General Counsel		Payroll Deduction	70.00 (\$10.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 210.00		Biweekly)
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Harrington 6300 Olson Memorial Hwy MN10-S203 Golden Valley, MN 55427	UnitedHealth Group, Inc.		
Occupation Optum-Sales		Payroll Deduction	175.00 (\$25.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 525.00		Biweekly)
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John M. Brasch 2717 N 118th Circle NE010-3700 Omaha, NE 68164	UnitedHealth Group, Inc.		
Occupation CEO - UHCM		Payroll Deduction	140.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 420.00		Biweekly)
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Lawrence A. Rivers 5901 Lincoln Drive MN012-N168 Edina, MN 55436	UnitedHealth Group, Inc.		
Occupation Director, Information Systems		Payroll Deduction	70.00 (\$10.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 210.00		Biweekly)

**SUBTOTAL** of Receipts This Page (optional) ..... 1,628.83

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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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
Carol Schneeweis 6300 Olson Memorial Hwy MN010-S201 Golden Valley, MN 55427	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HealthCare	Payroll Deduction	105.00 (\$15.00 Biweekly)
	Aggregate Year-to-Date > \$	315.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
David B. Smith 5901 Lincoln Drive MND12-N230 Edina, MN 55438	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Underwriting	Payroll Deduction	70.00 (\$10.00 Biweekly)
	Aggregate Year-to-Date > \$	210.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tracy L. Bahl 450 Columbus Blvd Uniprise Towers, 12NB Hartford, CT 06115	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President, Strategic Services Group	Payroll Deduction	269.22 (\$38.46 Biweekly)
	Aggregate Year-to-Date > \$	807.66	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Backes 9900 Bren Road E MN008-8317 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President - Human Resources	Payroll Deduction	700.00 (\$100.00 Biweekly)
	Aggregate Year-to-Date > \$	2,100.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pamela A. Tulumello 1949 E. Sunshine, Suite 300 MO015-1000 Springfield, MO 65804	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Group Services Admin	Payroll Deduction	70.00 (\$10.00 Biweekly)
	Aggregate Year-to-Date > \$	210.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marilyn Nevin 5901 Lincoln Drive MND12-N220 Edina, MN 55436	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Risk Management	Payroll Deduction	70.00 (\$10.00 Biweekly)
	Aggregate Year-to-Date > \$	210.00	
G. 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	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Medicare	Payroll Deduction	67.27 (\$9.61 Biweekly)
	Aggregate Year-to-Date > \$	201.61	

**SUBTOTAL** of Receipts This Page (optional) ..... 1,351.49

**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

<p><b>A. Full Name, Mailing Address and ZIP Code</b> William A. Munsell 9900 Bren Road E MN008-W301 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> UnitedHealth Group, Inc.</p> <p><b>Occupation</b> Chief Operating Officer</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 1,900.00</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>700.00 (\$100.00) <b>Biweekly</b></p>
<p><b>B. Full Name, Mailing Address and ZIP Code</b> David Lubben 9900 Bren Rd East Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> UnitedHealth Group, Inc.</p> <p><b>Occupation</b> General Counsel</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 4,038.51</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>1,346.17 (\$192.31) <b>Biweekly</b></p>
<p><b>C. Full Name, Mailing Address and ZIP Code</b> Barbara C. Buenemann 13655 Riverport Trail MO050-1000 Maryland Heights, MO 63043</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> UnitedHealth Group, Inc.</p> <p><b>Occupation</b> GOO DHC of the Midwest, Inc.</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 242.34</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>80.78 (\$11.54) <b>Biweekly</b></p>
<p><b>D. Full Name, Mailing Address and ZIP Code</b> Mary Nowotny 13655 Riverport Drive MO050-1000 Maryland Heights, MO 63043-8560</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> UnitedHealth Group, Inc.</p> <p><b>Occupation</b> Director, Corp Communications</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 226.80</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>75.60 (\$10.80) <b>Biweekly</b></p>
<p><b>E. Full Name, Mailing Address and ZIP Code</b> William Tracy 9300 W. 110th Ste 350 Overland, KS 66210</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> UnitedHealth Group, Inc.</p> <p><b>Occupation</b> VP Sales</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 525.00</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>175.00 (\$25.00) <b>Biweekly</b></p>
<p><b>F. Full Name, Mailing Address and ZIP Code</b> Bruce Mead 1600 W Plano Pkwy, Ste 100 TX032-1000 Dallas, TX 75075</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> UnitedHealth Group, Inc.</p> <p><b>Occupation</b> Director Strategic SVCS Sales</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 210.00</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>70.00 (\$10.00) <b>Biweekly</b></p>
<p><b>G. Full Name, Mailing Address and ZIP Code</b> Brian K. Beutner 9900 Bren Road East MN008-T202 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p><b>Name of Employer</b> UnitedHealth Group, Inc.</p> <p><b>Occupation</b> Deputy General Counsel</p> <p><b>Aggregate Year-to-Date</b> &gt; \$ 403.83</p>	<p><b>Date (month, day, year)</b></p> <p><b>Payroll Deduction</b></p>	<p><b>Amount of Each Receipt this Period</b></p> <p>134.81 (\$19.23) <b>Biweekly</b></p>

**SUBTOTAL of Receipts This Page (optional)** ..... 2,582.16

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

**SCHEDULE A**

**ITEMIZED RECEIPTS**

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

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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
<b>Herbert L. Whetstone</b> 513 Eaton St. MN003-1000 St. Paul, MN 55107	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Aviation Department Manager</b>	<b>Payroll Deduction</b>	<b>67.27</b> (\$9.61 Biweekly)
	Aggregate Year-to-Date > \$ <b>201.81</b>		
<b>Mary A. Warne</b> 2550 University Ave W, S#401S MN040-2500 St. Paul, MN 55114-1904	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Clinical Team Leader</b>	<b>Payroll Deduction</b>	<b>70.00</b> (\$10.00 Biweekly)
	Aggregate Year-to-Date > \$ <b>210.00</b>		
<b>Daniel J. Mcathle</b> 9900 Bren Road E. MN008-W318 Minnetonka, MN 55343	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Senior VP Finance &amp; HealthCare Econ</b>	<b>Payroll Deduction</b>	<b>700.00</b> (\$100.00 Biweekly)
	Aggregate Year-to-Date > \$ <b>1,900.00</b>		
<b>James Watson</b> 2717 N. 118th Lucile Omaha, NE 68164	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>V.P. Govt Relations, UHC Midlands</b>	<b>Payroll Deduction</b>	<b>134.81</b> (\$19.23 Biweekly)
	Aggregate Year-to-Date > \$ <b>403.83</b>		
<b>Mag Stenberg</b> 2307 W. Cone Blvd NC10-3750 Greensboro, NC 27408	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>VP Corp Affairs &amp; Gov't Programs</b>	<b>Payroll Deduction</b>	<b>140.00</b> (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ <b>420.00</b>		
<b>Kevin Marcum</b> 5225 Wiley Post Way #500 UT015-0500 Salt Lake City, UT 84116	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>Senior VP - Manager Utah</b>	<b>Payroll Deduction</b>	<b>70.00</b> (\$10.00 Biweekly)
	Aggregate Year-to-Date > \$ <b>210.00</b>		
<b>Marcia Smith</b> 9900 Bren Road East MN008-W211 Minnetonka, MN 55343	<b>UnitedHealth Group, Inc.</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation <b>CEO - Evercare</b>	<b>Payroll Deduction</b>	<b>67.90</b> (\$9.70 Biweekly)
	Aggregate Year-to-Date > \$ <b>353.70</b>		

**SUBTOTAL of Receipts This Page (optional)** ..... **1,249.78**

**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

<b>A. Full Name, Mailing Address and ZIP Code</b> Lynne Montague-Clouse 12125 Technology Drive MN002-0181 Eden Prairie, MN 55344	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation International HealthCare Consultant	Payroll Deduction	140.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 420.00		Biweekly)
<b>B. Full Name, Mailing Address and ZIP Code</b> Sharon Swan 6261 Greenwood Plaza Blvd Englewood, CO 80206	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Sr. Director - Govt Programs	Payroll Deduction	70.00 (\$10.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 210.00		Biweekly)
<b>C. Full Name, Mailing Address and ZIP Code</b> Judith Murphy 9900 Bron Road E. MN008-W302 Minnetonka, MN 55343	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Business Segment CIO	Payroll Deduction	175.00 (\$26.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 526.00		Biweekly)
<b>D. Full Name, Mailing Address and ZIP Code</b> Richard J. Raskin MD 1375 E 9th St., Suite 1100 OH030-3015 Cleveland, OH 44114	Name of Employer United HealthGroup, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Medical Director	Payroll Deduction	134.61 (\$19.23)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 403.83		Biweekly)
<b>E. Full Name, Mailing Address and ZIP Code</b> Walter W. Wakefield 2409 Harrodsburg Road KY020-1000 Lexington, KY 40504	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation CEO United HealthCare of Kentucky	Payroll Deduction	140.00 (\$20.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 420.00		Biweekly)
<b>F. Full Name, Mailing Address and ZIP Code</b> John McCreedy 129 Sea Hammock Way Ponte Vedra Beach, FL 32082	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Director, Sales/Services	Payroll Deduction	70.00 (\$10.00)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 210.00		Biweekly)
<b>G. Full Name, Mailing Address and ZIP Code</b> John Alexander 425 Market St 27th floor San Francisco, CA	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Director of Intake/San Francisco	Payroll Deduction	80.78 (\$11.64)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 242.34		Biweekly)

**SUBTOTAL of Receipts This Page (optional)** ..... **B10.39**

**TOTAL This Period (Just 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

<b>A. Full Name, Mailing Address and ZIP Code</b> 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 <b>UnitedHealth Group, Inc.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>OBH VP of Employer Svcs</b>	Payroll Deduction	80.78 (\$11.54)
Aggregate Year-to-Date > \$ 242.34		Biweekly)	
<b>B. Full Name, Mailing Address and ZIP Code</b> Eric Bergen 5901 Lincoln Drive MN012-S248 Edina, MN 55435  Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer <b>UnitedHealth Group, Inc.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>HealthCare Svcs Ops Sr Mgmt</b>	Payroll Deduction	280.00 (\$40.00)
Aggregate Year-to-Date > \$ 780.00		Biweekly)	
<b>C. Full Name, Mailing Address and ZIP Code</b> R. Edward Bergmark 6300 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 <b>UnitedHealth Group, Inc.</b>	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation <b>Vice President CEO IHR (OPTUM)</b>	Payroll Deduction	269.29 (\$38.47)
Aggregate Year-to-Date > \$ 807.87		Biweekly)	
<b>D. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
<b>E. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
<b>F. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
<b>G. Full Name, Mailing Address and ZIP Code</b>   Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	830.07
<b>TOTAL</b> This Period (last page this line number only) .....	25,575.53

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE **1** OF **6**  
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
Abraham Senate 2000 900 2nd street N.E. #114 Washington, DC 20002	Spencer Abraham, U.S. SENATE MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/06/00	1,000.00
The Dick Arney Campaign P.O. Box 85 Lawsville, TX 76067	Dick Arney, U.S. HOUSE 26th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/21/00	2,500.00
Santorum 2000 1206 Locust Street Suite 100 Philadelphia, PA 19102	Rick Santorum, U.S. SENATE PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/26/00	2,000.00
Pryce for Congress 340 East Gay Street Columbus, OH 43215	Deborah Fryce, U.S. HOUSE 15th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	07/26/00	1,000.00
Good Government for America 3091 Maple Drive, Suite 200 Atlanta, GA 30305	Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/02/00	-1,000.00
Friends Of John Boehner 7908-I Cincinnati Dayton Road West Chester, OH 45069	John A. Boehner, U.S. HOUSE 8th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/08/00	1,000.00
Congressional Majority Committee 4100 Truxton Ave Suite 210 Bakersfield, CA 93309	Support Republican Candidates to US Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/09/00	1,000.00
Kline For Congress 7500 Hudson Boulevard Suite 130B Oakdale, MN 55128	John Kline, U.S. HOUSE 6th MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/15/00	2,500.00
ANNE NORTHUP FOR CONGRESS 3340 LEXINGTON ROAD LOUISVILLE, KY 40206	Anne M. Northup, U.S. HOUSE 3rd KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/17/00	1,000.00

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

11,000.00

**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

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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
Lincoln Chafee U.S. Senate 10 Dorrance St. Suite 221 Providence, RI 02903	Lincoln Chafee, U.S. SENATE RI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/21/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Linder For Congress 2821 Greystone Cove South Atlanta, GA 30341	John Linder, U.S. HOUSE 11th GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/21/00	1,000.00
C. Full Name, Mailing Address and ZIP Code J.D. Hayworth for Congress P.O. Box 14273 Scottsdale, AZ 85267	J.D. Hayworth, U.S. HOUSE 6th AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Fletcher for Congress P.O. Box 4703 Lexington, KY 40544	Ernest (Ernie) Fletcher, U.S. HOUSE 6th KY Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/00	1,000.00
E. Full Name, Mailing Address and ZIP Code Friends of Jennifer Dunn P.O. Box 40110 Bellevue, WA 98015	Jennifer Dunn, U.S. HOUSE 8th WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/00	1,000.00
F. Full Name, Mailing Address and ZIP Code Runbeck For Congress PO Box 40340 St. Paul, MN 55104	Linda Runbeck, U.S. HOUSE 4th MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/24/00	1,000.00
G. Full Name, Mailing Address and ZIP Code Chabot For Congress 331 E. 4th Street Cincinnati, OH 45211	Steve Chabot, U.S. HOUSE 1st OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/25/00	500.00
H. Full Name, Mailing Address and ZIP Code Lincoln Chafee U.S. Senate 10 Dorrance St Suite 221 Providence, RI 02903	Lincoln Chafee, U.S. SENATE RI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/28/00	1,000.00
I. Full Name, Mailing Address and ZIP Code Frist 2000 4205 Hillsboro Road S 305 Nashville, TN 37215	Bill Frist, U.S. SENATE TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/28/00	1,000.00

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

8,500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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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
Victory 2000/RPV 1329 E Cory Street Richmond, VA 23219	Evening Reception with Governor George Allen Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/29/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Larson for Congress 6282 Occoquan Forest Dr c/o Lori LaFave Manassas, VA 20112	Purpose of Disbursement John B. Larson, U.S. HOUSE 1st CT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/29/00	1,000.00
C. Full Name, Mailing Address and ZIP Code The Rangel National Leadership PAC P.O. Box 5577 New York, NY 10027	Purpose of Disbursement Support for Republican Candidates to US House Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/05/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Porter Goss Re-Election Team 3859 Gulf Drive Sanibel, FL 33957	Purpose of Disbursement Porter J. Goss, U.S. HOUSE 14th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/07/00	1,000.00
E. Full Name, Mailing Address and ZIP Code Kolbe 2000 Committee P.O. Box 23593 Alexandria, VA 22304	Purpose of Disbursement Jim Kolbe, U.S. HOUSE 5th AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/07/00	1,000.00
F. Full Name, Mailing Address and ZIP Code Tiber 2000 211 South Fifth St. Columbus, OH 43215	Purpose of Disbursement Patrick J. Tiber, U.S. HOUSE 12th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/07/00	500.00
G. Full Name, Mailing Address and ZIP Code Bill McCollum For U.S. Senate 1212 New York Ave., NW#350 Washington, DC 20059	Purpose of Disbursement Bill McCollum, U.S. SENATE FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/00	1,000.00
H. Full Name, Mailing Address and ZIP Code Friends Of Mark Foley For Congress 3507 Village Blvd #5-304 West Palm Beach, FL 33409	Purpose of Disbursement Mark Foley, U.S. HOUSE 16th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/08/00	1,000.00
I. Full Name, Mailing Address and ZIP Code Democratic Congressional Campaign Committee 430 South Capitol St. SE Washington, DC 20003	Purpose of Disbursement Support for Democratic candidates to US House Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	1,000.00

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

8,500.00

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

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

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**NAME OF COMMITTEE (in Full)**

UnRedHealth 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
Bill Thomas Campaign Committee P.O. Box 396 Bakersfield, CA 93302	Bill Thomas, U.S. HOUSE 21st CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/11/00	2,000.00
DeWine for Senate 8 E Broad St. Columbus, OH 43215	Mike DeWine, U.S. SENATE OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/12/00	1,000.00
Crane For Congress Committee 32020 North Pine Street Grayslake, IL 60030	Philip M. Crane, U.S. HOUSE 8th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/19/00	1,000.00
Nelson 2000 P.O. Box 265 Baytown, NE 68010	Ben Nelson, U.S. SENATE NE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/18/00	1,000.00
DOOLEY FOR CONGRESS POST OFFICE BOX 1367 VISALIA, CA 93279	Cal Dooley, U.S. HOUSE 20th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/19/00	1,000.00
Sue Myrick For Congress 1850 E. Third Street, Suite 350 Charlotte, NC 28202-284	Sue Myrick, U.S. HOUSE 9th NC Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/19/00	1,000.00
Dunn Lampton for Congress P.O. Box 24385 Jackson, MS 39225	Dunn Lampton, U.S. HOUSE 4th MS Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/20/00	1,000.00
Democratic Congressional Campaign Committee 430 South Capitol St. SE Washington, DC 20003	Support for Democratic Candidates to Congress Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	08/21/00	4,000.00
National Republican Congressional Committee 320 First Street, SE Washington, DC 20003	Support for Republican Candidates to Congress Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	09/21/00	4,000.00

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

16,000.00

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



**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

<p>A. Full Name, Mailing Address and ZIP Code  <b>NORTHUP FOR CONGRESS</b>                  3340 LEXINGTON ROAD                  LOUISVILLE, KY 40205</p>	<p>Purpose of Disbursement  <b>Anne M. Northup, U.S. HOUSE 3rd KY</b>                  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year)  <b>09/27/00</b></p>	<p>Amount of Each Disbursement This Period  <b>3,000.00</b></p>
<p>B. Full Name, Mailing Address and ZIP Code  <b>Fletcher for Congress</b>                  P.O. Box 4703                  Lexington, KY 40544</p>	<p>Purpose of Disbursement  <b>Ernest (Emie) Fletcher, U.S. HOUSE 6th KY</b>                  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year)  <b>09/27/00</b></p>	<p>Amount of Each Disbursement This Period  <b>4,000.00</b></p>
<p>C. Full Name, Mailing Address and ZIP Code  <b>Chabot For Congress</b>                  331 E. 4th Street                  Cincinnati, OH 45211</p>	<p>Purpose of Disbursement  <b>Steve Chabot, U.S. HOUSE 1st OH</b>                  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year)  <b>09/27/00</b></p>	<p>Amount of Each Disbursement This Period  <b>2,000.00</b></p>
<p>D. Full Name, Mailing Address and ZIP Code  <b>Friends of Jim Maloney</b>                  20 East Main Street                  Suite 235                  Waterbury, CT 06702</p>	<p>Purpose of Disbursement  <b>Jim Maloney, U.S. HOUSE 5th CT</b>                  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year)  <b>09/27/00</b></p>	<p>Amount of Each Disbursement This Period  <b>1,000.00</b></p>
<p>E. Full Name, Mailing Address and ZIP Code  <b>Chabot For Congress</b>                  331 E. 4th Street                  Cincinnati, OH 45211</p>	<p>Purpose of Disbursement  <b>Steve Chabot, U.S. HOUSE 1st OH</b>                  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year)  <b>09/28/00</b></p>	<p>Amount of Each Disbursement This Period  <b>2,000.00</b></p>
<p>F. Full Name, Mailing Address and ZIP Code  <b>NORTHUP FOR CONGRESS</b>                  3340 LEXINGTON ROAD                  LOUISVILLE, KY 40205</p>	<p>Purpose of Disbursement  <b>Anne M. Northup, U.S. HOUSE 3rd KY</b>                  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year)  <b>09/28/00</b></p>	<p>Amount of Each Disbursement This Period  <b>1,000.00</b></p>
<p>G. Full Name, Mailing Address and ZIP Code  <b>Friends of Blanche Lincoln</b>                  P.O. Box 77572                  Washington, DC 20013</p>	<p>Purpose of Disbursement  <b>Blanche Lambert Lincoln, U.S. SENATE</b>                  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year)  <b>09/28/00</b></p>	<p>Amount of Each Disbursement This Period  <b>1,000.00</b></p>
<p>H. Full Name, Mailing Address and ZIP Code  <b>Kuykendall Congressional Committee</b>                  P.O. Box 16021                  Alexandria, VA 22302</p>	<p>Purpose of Disbursement  <b>Steve Kuykendall, U.S. HOUSE 38th CA</b>                  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year)  <b>09/29/00</b></p>	<p>Amount of Each Disbursement This Period  <b>4,500.00</b></p>
<p>I. Full Name, Mailing Address and ZIP Code  <b>Friends of Clay Shaw</b>                  P.O. Box 2188                  Ft. Lauderdale, FL 33303</p>	<p>Purpose of Disbursement  <b>E. Clay Shaw, U.S. HOUSE 22nd FL</b>                  Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General  <input type="checkbox"/> Other (specify) 2000</p>	<p>Date (month, day, year)  <b>09/29/00</b></p>	<p>Amount of Each Disbursement This Period  <b>5,000.00</b></p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><b>23,500.00</b></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p></p>

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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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
<b>Friends of George Allen</b> P.O. Box 573 Richmond, VA 23218	<b>George Allen, U.S. SENATE VA</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	<b>09/29/00</b>	<b>1,000.00</b>
<b>Grucci for Congress</b> 2884 Route 122, Unit 12 Medford, NY 11763	<b>Felix Grucci, U.S. HOUSE 1st NY</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	<b>09/29/00</b>	<b>5,000.00</b>
<b>Mike Ferguson for Congress</b> P.O. Box 4205 Warren, NJ 07059	<b>Mike Ferguson, U.S. HOUSE 7th NJ</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	<b>09/29/00</b>	<b>6,000.00</b>
<b>People with Hart</b> P.O. Box 435 Waxford, PA 15090	<b>Melissa Hart, U.S. HOUSE 4th PA</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	<b>09/29/00</b>	<b>3,500.00</b>
<b>Roth Senate Committee</b> P.O. Box 105 Wilmington, DE 19899	<b>William V. Roth, U.S. SENATE DE</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	<b>09/29/00</b>	<b>4,500.00</b>
<b>Akin for Congress</b> P.O. Box 31222 St. Louis, MO 63131	<b>Todd Akin, U.S. HOUSE 2nd MO</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	<b>09/29/00</b>	<b>5,000.00</b>
<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) 2000	<b>09/29/00</b>	<b>2,500.00</b>
<b>Minge for Congress</b> PO Box 71 Granite Falls, MN 56241	<b>David Minge, U.S. HOUSE 2nd MN</b> Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	<b>09/29/00</b>	<b>2,000.00</b>
<b>I. Full Name, Mailing Address and ZIP Code</b>	<b>Purpose of Disbursement</b> Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>Date (month, day, year)</b>	<b>Amount of Each Disbursement This Period</b>

<b>SUBTOTAL of Disbursements This Page (optional)</b> .....	<b>28,500.00</b>
<b>TOTAL This Period (last page this line number only)</b> .....	<b>98,000.00</b>

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 10/16/00
<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	
CR PREPARER	10/16/00 DATE PREPARED