

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 United Health Group Incorporated Political Fund

ADDRESS (number and street) **9900 Bran Road East**  
 Check if different than previously reported. (ACC) **Minnetonka MN 55343**

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00274431

3. IS THIS REPORT  NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)	(a) Quarterly Reports:	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	April 15 Quarterly Report(Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)	
	July 15 Quarterly Report(Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)	
	October 15 Quarterly Report(Q3)	(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)	
	January 31 Quarterly Report(YE)	Convention (12C)	Special (12G)			
	<input checked="" type="checkbox"/> July 31 Mid-Year Report(Non-election Year Only) (MY)	Election on				in the State of
	Termination Report (TER)	(d) 30-Day Post-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
		Election on				in the State of

5. Covering Period 01 01 2003 through 06 30 2003

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 Electronically Filed by Patrick J. Erlandson Date 07 18 2003

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

Office Use Only							
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**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
 United Health Group Incorporated Political Fund

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2003

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2003 <sup>M</sup> <sup>D</sup>		14282.31
(b) Cash on Hand at Beginning of Reporting Period .....	14282.31	
(c) Total Receipts (from Line 19) .....	61704.91	61704.91
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	75987.22	75987.22
<hr/>		
7. Total Disbursements (from Line 31) .....	62000.00	62000.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	13987.22	13987.22
<hr/>		
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
<hr/>		
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
 999 E street, NW  
 Washington, DC 20463

Toll Free 800-424-9530  
 Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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Page 3

Write or Type Committee Name

United Health Group Incorporated Political Fund

Report Covering the Period: From: <sup>M</sup>01 <sup>D</sup>01 <sup>Y</sup>2003 To: <sup>M</sup>06 <sup>D</sup>30 <sup>Y</sup>2003

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	51685.16	
(ii) Unitemized .....	10019.75	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	61704.91	61704.91
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	61704.91	61704.91
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.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	61704.91	61704.91
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	61704.91	61704.91

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	62000.00	62000.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	62000.00	62000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	62000.00	62000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	61704.91	61704.91
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	61704.91	61704.91
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 / 42	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. Mr. Anthony Webers</b>		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000		Transaction ID: 14959552
City State Zip Code Vienna VA 22182	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 5000.00
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	#1205 deposited on 05/28/2003
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. ROBERT G HARMON, MD</b>		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 10467 White Granite Dr. Suite 300, VA31-1000		Transaction ID: PR115983746078
City State Zip Code Oakton VA 22124-0450	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 280.00
Name of Employer UnitedHealth Group, Inc.	Occupation National Medical Director	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>C. JACK A WICKENS</b>		Date of Receipt M / D / Y 05 / 21 / 2003
Mailing Address 278 Franklin Rd, Suite 260 TN007-1000		Transaction ID: PR115983956078
City State Zip Code Brentwood TN 37024	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 289.22
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Regional Operations	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 289.22	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>5549.22</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 42	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. ROBERT CHANNING WHEELER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 450 Columbus Blvd CT030-12BB		Transaction ID: PR115984216078
City Hartford	State CT	Zip Code 06115-0450
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2520.00
Name of Employer UnitedHealth Group, Inc.	Occupation Uniprise CEO	P/R Deduction (\$180.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2520.00	

Full Name (Last, First, Middle Initial) <b>B. LEONARD A FARR</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-B310		Transaction ID: PR115976066078
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 840.00
Name of Employer UnitedHealth Group, Inc.	Occupation Corporate Vice President	P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) <b>C. KEN L HOVERMAN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 3850 Olentangy River Rd OH020-3010		Transaction ID: PR115976096078
City Columbus	State OH	Zip Code 43214-1138
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 420.00
Name of Employer UnitedHealth Group, Inc.	Occupation COO UHC Ohio	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3780.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 / 42	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. ALLAN J WEISS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Drive MND12-N221		Transaction ID: PR115979246078
City	State Zip Code	
Edina	MN 55436	Amount of Each Receipt this Period <b>210.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Treasurer	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>210.00</b>	

Full Name (Last, First, Middle Initial) <b>B. ROBERT J SHEEHY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 990D Bren Road East MND08-W3D1		Transaction ID: PR115979406078
City	State Zip Code	
Minnetonka	MN 55343	Amount of Each Receipt this Period <b>2660.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$190.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Executive Management	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>2660.00</b>	

Full Name (Last, First, Middle Initial) <b>C. ANTHONY J KAZLAUSKAS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 475 Kilvart St, Suite 310 RID10-3400		Transaction ID: PR115979406078
City	State Zip Code	
Warwick	RI 02888-1392	Amount of Each Receipt this Period <b>280.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Medical Director	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>280.00</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>3150.00</b>
TOTAL This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 / 42	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. GEORGE D SHAFER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 8801 Centerville business Pkwy OH010-3005		Transaction ID: PR115979498078
City Dayton	State OH	Zip Code 45459-8028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 220.00
Name of Employer UnitedHealth Group, Inc.	Occupation CEO Dayton Ohio Plan	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. RONALD S FRANZESE</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address Terrace Plaza, 25D Morris Ave MI013-325D		Transaction ID: PR115979526078
City Muskegon	State MI	Zip Code 49440-1143
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 560.00
Name of Employer UnitedHealth Group, Inc.	Occupation CEO, PHP of West MI	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL J KOEHLER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 108 Farmers Alley, Suite 400 MI012-320D		Transaction ID: PR115979536078
City Kalamazoo	State MI	Zip Code 49005-0271
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 560.00
Name of Employer UnitedHealth Group, Inc.	Occupation CEO PHP Southwest Michigan	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1340.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 42	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. WILLIAM D FELSING</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 10701 W. Research Drive WI130-H420		Transaction ID: PR115979580078
City Milwaukee	State WI Zip Code 53226-0649	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 266.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP&COO PrimeCare HealthPlan Inc.	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

Full Name (Last, First, Middle Initial) <b>B. R EDWARD BERGMARK</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 8300 Olson Memorial Hwy MND10-S203		Transaction ID: PR115979606078
City Golden Valley	State MN Zip Code 55427	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.58
Name of Employer UnitedHealth Group, Inc.	Occupation Vice President CEO IHR (OPTUM)	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 538.58	

Full Name (Last, First, Middle Initial) <b>C. RONALD B GOLBY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Rd East MND08-E211		Transaction ID: PR115979626078
City Minnetonka	State MN Zip Code 55343	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2450.00
Name of Employer UnitedHealth Group, Inc.	Occupation Senior VP, Insurance & Product Mgmt	P/R Deduction (\$175.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2450.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3254.58</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 / 42	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. LYNNE MONTAGUE-CLOUSE</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 12125 Technology Drive MNC002-0161		Transaction ID: PR115979836078
City	State Zip Code	
Eden Prairie	MN 55344	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		280.00
Name of Employer UnitedHealth Group, Inc.	Occupation International HealthCare Consultant	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. CARLA M MUGGIO</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address One South Wacker ILD14-3605		Transaction ID: PR115979826078
City	State Zip Code	
Chicago	IL 60606	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		269.22
Name of Employer UnitedHealth Group, Inc.	Occupation VP Operations	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	

Full Name (Last, First, Middle Initial) <b>C. THOMAS J TAYLOR</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 425 Market St, 13th Floor CA035-1D00		Transaction ID: PR115980376078
City	State Zip Code	
San Francisco	CA 94105	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		280.00
Name of Employer UnitedHealth Group, Inc.	Occupation Senior VP, UHC Key Accounts	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>829.22</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 / 42	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. BRIAN R BELLOWS</b>		Date of Receipt M / D / Y
Mailing Address 1175 Post Rd East		
City Westport	State CT	Zip Code 06880
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR115980388078
		Amount of Each Receipt this Period <b>210.00</b>
Name of Employer UnitedHealth Group, Inc.	Occupation Vice President Sales Strategic Service	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>210.00</b>	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>B. KEITH W NOBLITT</b>		Date of Receipt M / D / Y
Mailing Address 297D Clairmont Rd #650		
City Atlanta	State GA	Zip Code 30329-1634
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR115980556078
		Amount of Each Receipt this Period <b>280.00</b>
Name of Employer UnitedHealth Group, Inc.	Occupation Strategic Account Executive	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>280.00</b>	P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) <b>C. JAMES S WATSON</b>		Date of Receipt M / D / Y
Mailing Address 2717 N. 118th Lucile		
City Omaha	State NE	Zip Code 68164
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR115980606078
		Amount of Each Receipt this Period <b>289.22</b>
Name of Employer UnitedHealth Group, Inc.	Occupation V.P. Govt Relations, UHC Midlands	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>289.22</b>	P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>759.22</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 / 42	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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

NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. ERIC L BERGEN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Drive MND12-S249		Transaction ID: PR115980698078
City Edina	State MN Zip Code 55436	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 320.00
Name of Employer UnitedHealth Group, Inc.	Occupation HealthCare Svcs Ops Sr Mgmt	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. ROBERT GHUSSEY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 833D Boone Blvd Ste 300 VA30-1D30		Transaction ID: PR115982126078
City Vienna	State VA Zip Code 22182-2624	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation VP, Public Policy & Comm Ovations	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM C TRACY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9300 W. 110th Ste 350		Transaction ID: PR115982156078
City Overland	State KS Zip Code 66210	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Sales	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts THs Page (optional) .....	▶	<b>1208.44</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 / 42	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. MICHAEL J HARRINGTON</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 8300 Olson Memorial Hwy MN10-S203		Transaction ID: PR115982176078
City Golden Valley	State MN	Zip Code 55427
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer UnitedHealth Group, Inc.	Occupation Optum-Sales	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>350.00</b>	

Full Name (Last, First, Middle Initial) <b>B. MARGARET E STERNBERG</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 2307 W. Cone Blvd NC10-375D		Transaction ID: PR115982286078
City Greensboro	State NC	Zip Code 27408
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>280.00</b>
Name of Employer UnitedHealth Group, Inc.	Occupation VP Corp Affairs & Gov't Programs	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>280.00</b>	

Full Name (Last, First, Middle Initial) <b>C. CAROL M SCHNEEWEIS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 6300 Olson Memorial Hwy MND10-S201		Transaction ID: PR115982356078
City Golden Valley	State MN	Zip Code 55427
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>210.00</b>
Name of Employer UnitedHealth Group, Inc.	Occupation HealthCare	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>210.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>840.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 / 42	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. JOSEPH A BERRY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Drive MN012-5249		Transaction ID: PR115982376078
City Edina	State MN Zip Code 55436	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 280.00
Name of Employer UnitedHealth Group, Inc.	Occupation National Medical Director	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID J LUBBEN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Rd East		Transaction ID: PR115982386078
City Minnetonka	State MN Zip Code 55343	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2692.18
Name of Employer UnitedHealth Group, Inc.	Occupation General Counsel	P/R Deduction (\$192.31 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2692.18	

Full Name (Last, First, Middle Initial) <b>C. ELISE A GEMEINHARDT</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 1820 L St. NY #B00 DC03D-1000		Transaction ID: PR115982496078
City Washington	State DC Zip Code 20038	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation VP Federal Affairs	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	

SUBTOTAL of Receipts This Page (optional) .....	<b>3510.62</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 / 42	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. BEVERLY H NYCE</b>		Date of Receipt M / D / Y
Mailing Address 450 Columbus Blvd, CT030-1030		Transaction ID: PR115982606078
City Hartford	State CT	Zip Code 06115
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Senior VP Uniprise	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	

Full Name (Last, First, Middle Initial) <b>B. RUSSELL MHOSTETLER</b>		Date of Receipt M / D / Y
Mailing Address 1401 N. WestShore Blvd, 8th Fl FL067-0800		Transaction ID: PR115982636078
City Tampa	State FL	Zip Code 33607
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 210.00
Name of Employer UnitedHealth Group, Inc.	Occupation Medical Director	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. LAWRENCE J KISSNER</b>		Date of Receipt M / D / Y
Mailing Address 13621 NW 12Th Street FL075-1000		Transaction ID: PR115982686078
City Sunrise	State FL	Zip Code 33323
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Vice President Sales & Marketing	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	

SUBTOTAL of Receipts This Page (optional) .....	<b>748.44</b>
TOTAL This Period (last page this line number only) .....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 / 42	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. RICHARD J MIGLIORI</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 12125 Technology Drive MNC02-0145		Transaction ID: PR115982746078
City Eden Prairie	State MN	Zip Code 55344
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1076.88
Name of Employer UnitedHealth Group, Inc.	Occupation Senior VP Ingenix Employer Group	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1076.88	

Full Name (Last, First, Middle Initial) <b>B. JEANNINE M RIVET</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road E. MND08-W315		Transaction ID: PR115983006078
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1400.00
Name of Employer UnitedHealth Group, Inc.	Occupation Executive VP/Operations	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>C. STEVEN R BAKER, MD</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 107D1 W. Research Dr P.O. Box 26649 (WI030-5360)		Transaction ID: PR115983136078
City Milwaukee	State WI	Zip Code 53228-0649
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 230.76
Name of Employer UnitedHealth Group, Inc.	Occupation Senior Medical Director	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.76	

SUBTOTAL of Receipts This Page (optional) .....	<b>2707.64</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 / 42	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
<input type="checkbox"/> 17				

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. TRACY L BAHL</b>		Date of Receipt M / D / Y
Mailing Address 450 Columbus Blvd Uniprise Towers, 12NB		Transaction ID: PR115980846078
City Hartford	State CT	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation President, Strategic Services Group	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	

Full Name (Last, First, Middle Initial) <b>B. GARY L SCHULTZ</b>		Date of Receipt M / D / Y
Mailing Address 13621 N.W. 12 Street FLD75-1000		Transaction ID: PR115980846078
City Sunrise	State FL	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 320.00
Name of Employer UnitedHealth Group, Inc.	Occupation CEO - South Florida	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN P ANTON</b>		Date of Receipt M / D / Y
Mailing Address 2970 Clairmont Rd Suite 650 GA01D-3360		Transaction ID: PR115981186078
City Atlanta	State GA	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation Senior Vice President	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1396.88</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 / 42	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
				<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. TINA J CHILTON</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Dr. MND12-N221		Transaction ID: PR115981176078
City	State Zip Code	
Edina	MN 55436	Amount of Each Receipt this Period <b>210.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director, Treasury	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>210.00</b>	

Full Name (Last, First, Middle Initial) <b>B. SHEILA G LETSCHER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-T203		Transaction ID: PR115981206078
City	State Zip Code	
Minnetonka	MN 55343	Amount of Each Receipt this Period <b>269.22</b>
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Attorney	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>269.22</b>	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM P WHITELY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address One South Wacker ILO14-0910		Transaction ID: PR115981206078
City	State Zip Code	
Chicago	IL 60608	Amount of Each Receipt this Period <b>1076.88</b>
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation CEO, United HealthCare of Illinois	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1076.88</b>	

SUBTOTAL of Receipts This Page (optional) .....	<b>1556.10</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 / 42	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. RICHARD J RASKIN, MD</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 1375 E 8th St., Suite 1100 OH030-3015		Transaction ID: PR115981358078
City Cleveland	State OH	Zip Code 44114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Medical Director	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	

Full Name (Last, First, Middle Initial) <b>B. LOIS E QUAM</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-T300		Transaction ID: PR115981376078
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2170.00
Name of Employer UnitedHealth Group, Inc.	Occupation CEO, Ovations	P/R Deduction (\$155.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2170.00	

Full Name (Last, First, Middle Initial) <b>C. THOMAS H LINDQUIST</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-T300		Transaction ID: PR115981416078
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 289.22
Name of Employer UnitedHealth Group, Inc.	Occupation President, AARP Division, Ovations	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 289.22	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2708.44</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 42	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. DAVID SWICHMANN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-W304		Transaction ID: PR115981476078
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1680.00
Name of Employer UnitedHealth Group, Inc.	Occupation SVP - Corporate Development	P/R Deduction (\$120.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1680.00	

Full Name (Last, First, Middle Initial) <b>B. SAUL FELDMAN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 405 Market Street CA035-2701		Transaction ID: PR115981526078
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1076.88
Name of Employer UnitedHealth Group, Inc.	Occupation CEO United Behavioral Health	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1076.88	

Full Name (Last, First, Middle Initial) <b>C. EUGENE C DAVANAUGH</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 450 Columbus Blvd CT030-12NB-BB		Transaction ID: PR115981536078
City Hartford	State CT	Zip Code 06115
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation CFQ Uniprise	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>3295.32</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 / 42	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. PATRICK J ERLANDSON</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road E MNC08-8315		Transaction ID: PR115981598078
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1400.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Corporate Controller	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>B. DANIEL J MCATHIE</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road E. MNC08-W318		Transaction ID: PR115981656078
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1400.00
Name of Employer UnitedHealth Group, Inc.	Occupation Senior VP Finance & HealthCare Economi	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM A MUNSELL</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road E MNC08-W3D1		Transaction ID: PR115981688078
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1400.00
Name of Employer UnitedHealth Group, Inc.	Occupation Chief Operating Officer	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4200.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 / 42	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. JOHN S PENSCHORN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-8092		Transaction ID: PR115981698078
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 560.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Investor Relations	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

Full Name (Last, First, Middle Initial) <b>B. SHEILA E MCMILLAN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-T300		Transaction ID: PR115981756078
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1076.88
Name of Employer UnitedHealth Group, Inc.	Occupation VP - Finance AARP Division	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1076.88	

Full Name (Last, First, Middle Initial) <b>C. KEVIN W PEARSON</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5225 Wiley Post Way, Suite 500 UTD15-0500		Transaction ID: PR115981786078
City Salt Lake City	State UT	Zip Code 84118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1050.00
Name of Employer UnitedHealth Group, Inc.	Occupation CEO Ingenix Health Intelligence	P/R Deduction (\$75.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>2696.88</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 / 42	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. TIMOTHY F RYAN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Rd East MNC08-T400		Transaction ID: PR115981798078
City Minnetonka	State Zip Code MN 55343	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 266.00
Name of Employer UnitedHealth Group	Occupation Segment General Counsel	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 266.00	

Full Name (Last, First, Middle Initial) <b>B. L ROBERT DAPPER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-T902		Transaction ID: PR115981806078
City Minnetonka	State Zip Code MN 55343	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1076.88
Name of Employer UnitedHealth Group	Occupation Senior Vice President Human Capital	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1076.88	

Full Name (Last, First, Middle Initial) <b>C. KELLY J DEKEYSER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 450 Columbus Blvd CT030-15NB		Transaction ID: PR115981846078
City Hartford	State Zip Code CT 06103	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 289.22
Name of Employer UnitedHealth Group	Occupation Senior VP, Business Process Outsourcin	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 289.22	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1612.10</b>
TOTAL This Period (last page this line number only) .....	▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 / 42	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. MARK F LINDSAY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 1225 New York Ave DC030-1000		Transaction ID: PR115981866078
City	State Zip Code	
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		538.44
Name of Employer UnitedHealth Group	Occupation Director Business Development	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	

Full Name (Last, First, Middle Initial) <b>B. SUSAN L ROBERTS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-W130		Transaction ID: PR115981866078
City	State Zip Code	
Minnetonka	MN 55343	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		538.44
Name of Employer UnitedHealth Group	Occupation Senior VP, Business Develop - Evercare	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	

Full Name (Last, First, Middle Initial) <b>C. CHARLES C PITTS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 3700 Colonnade Parkway AL001-0607		Transaction ID: PR115981926078
City	State Zip Code	
Birmingham	AL 35243	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>		289.22
Name of Employer UnitedHealth Group	Occupation CEO, UnitedHealthCare of AL, LA & MS	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 289.22	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1348.10</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 42	
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. AMY K KNAPP</b>		Date of Receipt M / D / Y
Mailing Address Two Penn Plaza, 7th Floor NY036-1000		Transaction ID: PR115981936078
City New York	State NY	Zip Code 10121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1615.32
Name of Employer UnitedHealth Group	Occupation Regional President, Eastern Region, UH	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.32	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM E MOELLER</b>		Date of Receipt M / D / Y
Mailing Address 233 North Michigan Ave IL014-0300		Transaction ID: PR115981956078
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group	Occupation CEO UnitedHealthcare Illinois	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	

Full Name (Last, First, Middle Initial) <b>C. ROBERT FLESHNER</b>		Date of Receipt M / D / Y
Mailing Address 441 B East-West Highway MD031-1000		Transaction ID: PR115981976078
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group	Occupation CEO UHC of the Mid Atlantic	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	

SUBTOTAL of Receipts This Page (optional) .....	<b>2692.20</b>
TOTAL This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 / 42	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. REED V TUCKSON, M.D.</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-T902		Transaction ID: PR115981986078
City	State Zip Code	
Minnetonka	MN 55343	Amount of Each Receipt this Period 1615.32
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$115.38 Bi-Weekly)
Name of Employer UnitedHealth Group	Occupation Sr. V.P. Consumer Health & Medical Car	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.32	

Full Name (Last, First, Middle Initial) <b>B. BARBARA E WASHINGTON</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 1225 New York Avenue, NW S475 DC03D-1000		Transaction ID: PR115981986078
City	State Zip Code	
Washington	DC 20005	Amount of Each Receipt this Period 538.44
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer UnitedHealth Group	Occupation Vice President Public Policy Ovations	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	

Full Name (Last, First, Middle Initial) <b>C. DONNA L L. HOFFMEIER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 1225 New York Ave, Nw, Suite 475 DC03D-1000		Transaction ID: PR116235456078
City	State Zip Code	
Washington	DC 20005	Amount of Each Receipt this Period 380.00
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>2513.78</b>
TOTAL This Period (last page this line number only) .....	▶	<b>51685.16</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 28 / 42			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) A. Ryan for Congress Committee		Transaction ID: 12380851 Date of Disbursement 02 / 10 / 2003	
Mailing Address P. O. Box 1919			
City Janesville	State WI	Zip Code 53547-1919	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Paul Ryan			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WI	District: 1		

Full Name (Last, First, Middle Initial) B. Judd Gregg Committee		Transaction ID: 12377642 Date of Disbursement 02 / 10 / 2003	
Mailing Address PO Box 1812			
City Concord	State NH	Zip Code 03302	Amount of Each Disbursement this Period  2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Judd Gregg			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NH	District: 1		

Full Name (Last, First, Middle Initial) C. Nelson For U S Senate		Transaction ID: 14051122 Date of Disbursement 02 / 13 / 2003	
Mailing Address PO Box 540154			
City Omaha	State NE	Zip Code 68154	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Ben Nelson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: NE	District: 2		

SUBTOTAL of Disbursements This Page (optional) .....	▶	4000.00
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 29 / 42			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) A. Brown-Waite For Congress		Transaction ID: 14051131 Date of Disbursement 02 / 13 / 2003	
Mailing Address 704 Ponce De Leon Blvd		Amount of Each Disbursement this Period 1000.00	
City Brooksville	State FL	Zip Code 34601	011 Category/ Type
Purpose of Disbursement			
Candidate Name Rep. Virginia Brown-Waite			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL	District: 5		

Full Name (Last, First, Middle Initial) B. Evan Bayh Committee		Transaction ID: 14051140 Date of Disbursement 02 / 28 / 2003	
Mailing Address 601 15th Street, N.W.		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20005	011 Category/ Type
Purpose of Disbursement			
Candidate Name Evan Bayh			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IN	District: D		

Full Name (Last, First, Middle Initial) C. Collins For Congress		Transaction ID: 14051145 Date of Disbursement 02 / 28 / 2003	
Mailing Address PO Box 35		Amount of Each Disbursement this Period 1000.00	
City Jonesboro	State GA	Zip Code 30237	011 Category/ Type
Purpose of Disbursement			
Candidate Name Mac Collins			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: GA	District: 3		

SUBTOTAL of Disbursements This Page (optional) .....	▶	3000.00
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 30 / 42			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) A. McCollum for Congress		Transaction ID: 14051158 Date of Disbursement 02 / 28 / 2003	
Mailing Address 2464 Burke Ave E		Amount of Each Disbursement this Period 1000.00	
City North St Paul	State MN	Zip Code 55109	011 Category/ Type
Purpose of Disbursement		Candidate Name Betty McCollum	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MN	District: 4		

Full Name (Last, First, Middle Initial) B. Ramstad Volunteer Committee		Transaction ID: 14051146 Date of Disbursement 02 / 28 / 2003	
Mailing Address 8100 Penn Avenue South Suite #104		Amount of Each Disbursement this Period 1000.00	
City Bloomington	State MN	Zip Code 55431	011 Category/ Type
Purpose of Disbursement		Candidate Name Jim Ramstad	
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MN	District: 3		

Full Name (Last, First, Middle Initial) C. America's Majority Trust		Transaction ID: 14051232 Date of Disbursement 03 / 07 / 2003	
Mailing Address 1815 L Street NW Ste 1215		Amount of Each Disbursement this Period 1000.00	
City Washington	State DC	Zip Code 20036	011 Category/ Type
Purpose of Disbursement Support for Republican Candidates of US		Candidate Name	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		
State: District 0			Support for Republican Ca- ndidates of US House

SUBTOTAL of Disbursements This Page (optional) .....	▶	3000.00
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 31 / 42			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) A. A Lot of People Supporting Tom Daschle		Transaction ID: 14079358 Date of Disbursement 03 / 07 / 2003	
Mailing Address P O Box 1656			
City Sioux Falls	State SD	Zip Code 57101	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Tom Daschle			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: SD	District: 2		

Full Name (Last, First, Middle Initial) B. Voinovich for Senate Committee		Transaction ID: 14079372 Date of Disbursement 03 / 07 / 2003	
Mailing Address 8 East Broad St 8th Floor			
City Columbus	State OH	Zip Code 43215	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name George V. Voinovich			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OH	District: D		

Full Name (Last, First, Middle Initial) C. PRYCE PROJECT		Transaction ID: 14079243 Date of Disbursement 03 / 07 / 2003	
Mailing Address 1155 21st Street NW Suite 300			
City Washington	State DC	Zip Code 20036	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Support for Republican Candidates to US		011 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Support for Republican Ca- ndidates to US House
State:	District: D		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>3000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 32 / 42			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) A. Campbell for Colorado		Transaction ID: 14079373 Date of Disbursement 03 / 07 / 2003	
Mailing Address PO Box 1319			
City Denver	State CO	Zip Code 80201	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Ben Nighthorse Campbell			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CO	District: D		

Full Name (Last, First, Middle Initial) B. Friends Of John Boehner		Transaction ID: 14079548 Date of Disbursement 03 / 13 / 2003	
Mailing Address 7908-I Cincinnati Dayton Road			
City West Chester	State OH	Zip Code 45060	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name John A. Boehner			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OH	District: B		

Full Name (Last, First, Middle Initial) C. Akin for Congress		Transaction ID: 14079559 Date of Disbursement 03 / 14 / 2003	
Mailing Address P.O. Box 31222			
City St. Louis	State MO	Zip Code 63131	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Todd Akin			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MO	District: 2		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>3000.00</b>
TOTAL This Period (last page this line number only) .....	▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 33 / 42			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) A. Judy Biggert For Congress		Transaction ID: 14079570 Date of Disbursement 03 / 18 / 2003	
Mailing Address PO Box 637			
City Hinsdale	State IL	Zip Code 60522	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Judy Biggert			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: IL	District: 13		

Full Name (Last, First, Middle Initial) B. Nancy Johnson for Congress		Transaction ID: 14079560 Date of Disbursement 03 / 18 / 2003	
Mailing Address P.O. Box 1086			
City New Britain	State CT	Zip Code 06050	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Nancy L. Johnson			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT	District: B		

Full Name (Last, First, Middle Initial) C. PRYCE PROJECT		Transaction ID: 14079593 Date of Disbursement 03 / 18 / 2003	
Mailing Address 1155 21st Street NW Suite 300			
City Washington	State DC	Zip Code 20036	Amount of Each Disbursement this Period 1500.00
Purpose of Disbursement Support for Republican Candidates US Hou		011 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Support for Republican Ca- ndidates US House
State: District D			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>4500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 34 / 42			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. Citizens For Bunning</b>		Transaction ID: 14079567 Date of Disbursement 03 / 18 / 2003	
Mailing Address 1717 Dixie Highway Suite 180		Amount of Each Disbursement this Period 1000.00	
City Ft Wright	State KY	Zip Code 41011	011 Category/ Type
Purpose of Disbursement			
Candidate Name Sen. Jim Bunning			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: KY	District: 1		

Full Name (Last, First, Middle Initial) <b>B. Ben Cardin for Congress</b>		Transaction ID: 14051085 Date of Disbursement 03 / 23 / 2003	
Mailing Address 6305 York Road		Amount of Each Disbursement this Period 1000.00	
City Baltimore	State MD	Zip Code 21212	011 Category/ Type
Purpose of Disbursement			
Candidate Name Benjamin L. Cardin			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MD	District: 3		

Full Name (Last, First, Middle Initial) <b>C. Deutsch for Congress</b>		Transaction ID: 14051077 Date of Disbursement 03 / 23 / 2003	
Mailing Address P.O. Box 817889		Amount of Each Disbursement this Period 1000.00	
City Hollywood	State FL	Zip Code 33081	011 Category/ Type
Purpose of Disbursement			
Candidate Name Peter Deutsch			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL	District: 20		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 35 / 42	
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. Keep Our Majority PAC</b>		Transaction ID: 14051090 Date of Disbursement 03 / 28 / 2003	
Mailing Address 1275 Pennsylvania Ave, NW 10th Floor		Amount of Each Disbursement this Period  5000.00	
City Washington	State DC Zip Code 20004		
Purpose of Disbursement Support for Republican Reps to US House			011 Category/ Type
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	Support for Republican Re- ps to US House	
State: District D			

Full Name (Last, First, Middle Initial) <b>B. Friends of Chris Dodd</b>		Transaction ID: 14051115 Date of Disbursement 03 / 28 / 2003	
Mailing Address 601-15th St. N.W.		Amount of Each Disbursement this Period  1000.00	
City Washington	State DC Zip Code 20005		
Purpose of Disbursement			011 Category/ Type
Candidate Name Christopher J. Dodd			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: CT District 1			

Full Name (Last, First, Middle Initial) <b>C. Friends Of Mark Foley</b>		Transaction ID: 14051121 Date of Disbursement 03 / 28 / 2003	
Mailing Address 3507 Village Blvd #5-304		Amount of Each Disbursement this Period  1000.00	
City West Palm Beach	State FL Zip Code 33409		
Purpose of Disbursement			011 Category/ Type
Candidate Name Mark Foley			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: FL District 16			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 36 / 42			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) A. Friends of Blanche Lincoln		Transaction ID: 14416B43 Date of Disbursement 04 / 10 / 2003	
Mailing Address P.O. Box 77572			
City Washington	State DC	Zip Code 20013	Amount of Each Disbursement this Period  2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Blanche Lambert Lincoln			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AR	District: 1		

Full Name (Last, First, Middle Initial) B. Carper For Senate		Transaction ID: 14416B47 Date of Disbursement 04 / 16 / 2003	
Mailing Address 240 North James Street Suite 100a			
City Newport	State DE	Zip Code 19804	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Thomas Carper			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: DE	District: 2		

Full Name (Last, First, Middle Initial) C. Committee for the Preservation of Capitalism		Transaction ID: 14855408 Date of Disbursement 04 / 25 / 2003	
Mailing Address P.O. Box 22814			
City Alexandria	State VA	Zip Code 22304	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement Support Republican Candidates to US House		011 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Support Republican Candidates to US House of Representatives
State: District 0			

SUBTOTAL of Disbursements This Page (optional) .....	▶	4000.00
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) A. Gutknecht For Congress		Transaction ID: 14855475 Date of Disbursement 04 / 28 / 2003
Mailing Address PO Box 6428		Amount of Each Disbursement this Period  1000.00
City Rochester	State MN	
Zip Code 55903	Purpose of Disbursement	
Candidate Name Gil Gutknecht	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: MN District: 1	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Dedicated Americans for the Senate and House		Transaction ID: 14880286 Date of Disbursement 05 / 09 / 2003
Mailing Address 424 C Street NE 1st Floor		Amount of Each Disbursement this Period  5000.00
City Washington	State DC	
Zip Code 20002	Purpose of Disbursement	
Candidate Name	011 Category/ Type	
Office Sought: House Senate President State: District: D	Disbursement For: Primary General Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Mike Bilirakis for Congress		Transaction ID: 14880286 Date of Disbursement 05 / 09 / 2003
Mailing Address P.O. Box 1077		Amount of Each Disbursement this Period  1000.00
City Tarpon Springs	State FL	
Zip Code 34688	Purpose of Disbursement	
Candidate Name Michael Bilirakis	011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House Senate President State: FL District: 9	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 38 / 42			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) A. Friends Of Roy Blunt		Transaction ID: 14880267 Date of Disbursement 05 / 09 / 2003	
Mailing Address Po Box 278			
City Strafford	State MO	Zip Code 65757	Amount of Each Disbursement this Period  2000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Roy Blunt			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2006 Primary General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary Electio		
State: MO	District: 7		

Full Name (Last, First, Middle Initial) B. The Grassley Committee, Inc.		Transaction ID: 14880265 Date of Disbursement 05 / 09 / 2003	
Mailing Address P.O. Box 6193			
City Alexandria	State VA	Zip Code 22306-0193	Amount of Each Disbursement this Period  1500.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Charles E. Grassley			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General Other (specify) ▼		
State: IA	District: 1		

Full Name (Last, First, Middle Initial) C. Earl Pomeroy for Congress		Transaction ID: 14880264 Date of Disbursement 05 / 09 / 2003	
Mailing Address P.O. Box 75214			
City Washington	State DC	Zip Code 20013-5214	Amount of Each Disbursement this Period  1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Earl Pomeroy			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 Primary General Other (specify) ▼		
State: ND	District: 1		

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>4500.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 39 / 42			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) A. Pryce for Congress		Transaction ID: 15081725 Date of Disbursement 05 / 09 / 2003	
Mailing Address 340 East Gay Street			
City Columbus	State OH	Zip Code 43215	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Deborah Pryce			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OH District 15			

Full Name (Last, First, Middle Initial) B. Sabo for Congress Volunteer Comm.		Transaction ID: 14855459 Date of Disbursement 05 / 09 / 2003	
Mailing Address 11702 Selkirk Avenue			
City Burnsville	State MN	Zip Code 55337	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Martin Olav Sabo			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MN District 5			

Full Name (Last, First, Middle Initial) C. The Sensenbrenner Committee		Transaction ID: 15081757 Date of Disbursement 05 / 09 / 2003	
Mailing Address P.O. Box 575			
City Brookfield	State WI	Zip Code 53008-0575	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name F. James Sensenbrenner, Jr.			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: WI District 9			

SUBTOTAL of Disbursements This Page (optional) .....	▶	<b>3000.00</b>
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 40 / 42			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) A. John Shadegg's Friends		Transaction ID: 15081724 Date of Disbursement 05 / 09 / 2003	
Mailing Address Po Box 45444			
City Phoenix	State AZ	Zip Code 85004	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name John Shadegg			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: AZ District: 4			

Full Name (Last, First, Middle Initial) B. Friends Of Byron Dorgan		Transaction ID: 14880270 Date of Disbursement 05 / 09 / 2003	
Mailing Address PO Box 871			
City Bismarck	State ND	Zip Code 58502	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Byron Dorgan			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: ND District: 2			

Full Name (Last, First, Middle Initial) C. Volunteer PAC		Transaction ID: 15100529 Date of Disbursement 05 / 20 / 2003	
Mailing Address 2000 Glen Echo Road, Suite 107			
City Nashville	State TN	Zip Code 37215	Amount of Each Disbursement this Period 5000.00
Purpose of Disbursement Support for Republican Candidates to US		011 Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House Senate President	Disbursement For: <input type="checkbox"/> Primary General Other (specify) ▼		Support for Republican Ca- ndidates to US Senate
State: District: 0			

SUBTOTAL of Disbursements This Page (optional) .....	▶	7000.00
TOTAL This Period (last page this line number only) .....	▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 41 / 42			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) A. Friends Of Byron Dorgan		Transaction ID: 15461317 Date of Disbursement 06 / 16 / 2003	
Mailing Address PO Box 871			
City Bismarck	State ND	Zip Code 58502	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Sen. Byron Dorgan			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: ND	District: 2		

Full Name (Last, First, Middle Initial) B. Pioneer PAC		Transaction ID: 15461332 Date of Disbursement 06 / 17 / 2003	
Mailing Address 1212 North Vernon St			
City Arlington	State VA	Zip Code 22201	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Support for Republican Candidates to US		011 Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼		Support for Republican Ca- ndidates to US House
State:	District: D		

Full Name (Last, First, Middle Initial) C. John Breaur Senate Committee		Transaction ID: 15461324 Date of Disbursement 06 / 17 / 2003	
Mailing Address 10 B East Broad St.			
City Falls church	State VA	Zip Code 22046	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name John B. Breaur			
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: LA	District: 2		

SUBTOTAL of Disbursements This Page (optional) .....	▶	3000.00
TOTAL This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 42 / 42			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b		

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. People with Hart</b>		Transaction ID: 15461321 Date of Disbursement 06 / 17 / 2003	
Mailing Address P.O. Box 495			
City Wexford	State PA	Zip Code 15090	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Melissa Hart			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: PA District 4			

Full Name (Last, First, Middle Initial) <b>B. Mark Kennedy for Congress</b>		Transaction ID: 15461328 Date of Disbursement 06 / 17 / 2003	
Mailing Address 507 Capitol Court NE #100 P.O. Box 49333, Blaine, MN 55449			
City Washington	State DC	Zip Code 20002	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Mark Kennedy			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: MN District 2			

Full Name (Last, First, Middle Initial) <b>C. Tiberi For Congress</b>		Transaction ID: 15461325 Date of Disbursement 06 / 17 / 2003	
Mailing Address 2021 East Dublin Granville Road Suite 2000			
City Columbus	State OH	Zip Code 43229	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		011 Category/ Type	
Candidate Name Rep. Patrick Tiberi			
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2004 <input checked="" type="checkbox"/> Primary General Other (specify) ▼		
State: OH District 12			

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>3000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>62000.00</b>