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FEC  
FORM 1

STATEMENT OF  
ORGANIZATION

1. NAME OF  
COMMITTEE (in full)

(Check if name  
is changed)

Example: If typing, type  
over the lines.

12FE4MS

United Health Group Incorporated Political Fund

ADDRESS (number and street)

9900 Brent Road East

(Check if address  
is changed)

Milpitas, CA

CA

95034

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

202-371-5569

2. DATE 03 22 2004

3. FEC IDENTIFICATION NUMBER ► C00274431

4. IS THIS STATEMENT NEW (N) OR  AMENDED (A)

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

Type or Print Name of Treasurer Patrick J Erlanson

Signature of Treasurer *Patrick J Erlanson*

Date 03 29 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

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For further information contact:  
Federal Election Commission  
Toll Free 800-674-2530  
Local 202-694-2500

FEC FORM 1  
(Revised 12/01/03)

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation	Office Sought:	House	Senate	President	State District
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- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d) This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Colindale Runia Pensions and Compensation Political Action Committee

Mailing Address 7400 World and Drive

Indianapolis IN 46228

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship: Affiliated Committee

Type of Connected Organization:

- |   |                               |                    |
|---|-------------------------------|--------------------|
| <input checked="" type="checkbox"/> Corporation | Corporation w/o Capital Stock | Labor Organization |
| Membership Organization                         | Trade Association             | Cooperative        |

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation \_\_\_\_\_ Office Sought \_\_\_\_\_ House \_\_\_\_\_ Senate \_\_\_\_\_ President \_\_\_\_\_ State \_\_\_\_\_ District \_\_\_\_\_

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

(d) This committee is a \_\_\_\_\_ (National, State or subordinate) committee of the \_\_\_\_\_ (Democratic, Republican, etc.) Party.

- (e)  This committee is a separate segregated fund.

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Med. At. Lia. Re. Tri. C. Med. & Al. S. Serv. & Int. P. & M. C. Inc.

Agitation Committee

Mailing Address 4 Traf. C. O. U. T.

Rockville MD 20850

CITY STATE ZIP CODE

Relationship Affiliated

Type of Connected Organization:

- Corporation
- Membership Organization
- Corporation w/o Capital Stock
- Trade Association
- Labor Organization
- Cooperative

Name or Type Committee Name

7. Custodian or Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Manuela S. Deviana Blosh

Mailing Address 2251 Miami York Avenue NW  
Sec 475  
Washington DC 20005

Title or Position  CITY  STATE  ZIP CODE

Executive Assistant Telephone number           -      -      

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee, and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Patrick J. Pridmore

Mailing Address 9900 Breun Road East  
Minnetonka MN 55343

Title or Position  CITY  STATE  ZIP CODE

           Telephone number           -      -      

Full Name of Designated Agent Scott R. Johnson

Mailing Address 9900 Breun Road East  
Minnetonka MN 55343

Title or Position  CITY  STATE  ZIP CODE

VP - Corporate Governance Telephone number           -      -

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mutual Loan Bank

Mailing Address

P.O. Box 329

Pictsburgh

Pictsburgh PA 15201-0329

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
 FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
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(2/2004)