

RECEIVED
FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

AUG 4 11 52 AM '01

UnitedHealth Group Incorporated Political Fund (C00274431)

9900 Bren Road East
Minnetonka, MN 55343
MN008-W395

30 July 2001

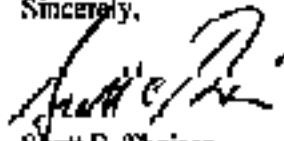
Federal Election Commission

Attention: Reports Analysis Division (Brik W. Koeppe & John D. Gibson)

Ref: Federal Election Commission letter dated Jul 3, 2001 & Federal Election Commission letter dated July 26, 2001

The itemized Receipt identified on the Majority Leader's Fund as United Healthcare Corp PAC, Government Affairs Director, 1620 L Street NW, Washington, DC 20036 was recorded incorrectly by the Majority Leader's Fund. The check was issued by The UnitedHealth Group Incorporated Political Fund (FEC # C00274431) and was reported as an itemized disbursement by the fund in our April 15 Quarterly Report for 01/01/2000 through 03/31/2000.

Sincerely,



Scott E. Theisen
Assistant Treasurer

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

7084 MAR 22 A 9 11

1. (a) NAME OF COMMITTEE IN FULL UnitedHealth Group Incorporated Political Fund	(b) (Check Name to change)	2. DATE March 13, 2000
(c) Mailing and Street Address 9900 Bree Road East	(d) (Check Address to change)	3. FEC Identification Number C00274431
(e) City, State and ZIP Code Minnetonka, MN 55343		4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 | State/Division |
|-------------------|-----------------------------|---------------|----------------|
| | | | |
- (c) This committee is a separate segregated fund of a candidate, committee, or party, and is NOT an authorized committee.
 - (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
 - (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 a party committee.

Name of Any Connected Organization or Affiliated Organization	Mailing Address and ZIP Code	Relationship
UnitedHealth Group Incorporated	9900 Bree Road East Minnetonka, MN 55343	Connected

Type of Connected Organization
 Corporation Corporation with Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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

Full Name	Mailing Address	Title or Position
Marla Torges	9900 Bree Road East, Minnetonka, MN 55343	Manager

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

Full Name	Mailing Address	Title or Position
Patrick Erlanson	9900 Bree Road East, Minnetonka, MN 55343	Treasurer

9. Banks or Other Depository Institutions: Identify all banks or other depository institutions in which the committee has deposits, funds, or accounts, with assets placed at the sale or maintenance funds.

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Mellon Bank	P.O. Box 329 Pittsburgh, PA 15290-0329

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 Erlanson	SIGNATURE OF TREASURER <i>Patrick Erlanson</i>	DATE 3-14-2000
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 6107. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact
Federal Election Commission
Toll-free 800-424-9520
Local 202-694-1900

FEB 2000

FEC FORM 1
(Revised 4/97)

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
2003 JAN 10 AM 11:13

1. <input checked="" type="checkbox"/> NAME OF COMMITTEE IN FULL United Healthcare Corporation Political Fund	<input type="checkbox"/> Check if name is changed	2. DATE January 6, 2003
3. NUMBER AND STREET ADDRESS 9900 Bren Road East	<input type="checkbox"/> Check if address is changed	1. FEDERAL IDENTIFICATION NUMBER CEN02746331
(If City, State and ZIP Code) Minnetonka, MN 55343		4. Is This Report An Amendment? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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 | State/Office |
|-------------------|-----------------------------|---------------|--------------|
| | | | |
- (c) This committee supports/opposes only one candidate, _____ (name of candidate) who is NOT an authorized candidate.
 - (d) This committee is a _____ committee of the _____ Party.
(National, State or local) (Democratic, Republican, etc.)
 - (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 a party committee.

Name of Any Connected Organizations or Affiliated Committees	Mailing Address and ZIP Code	Relationship
United Healthcare Corporation d/b/a UnitedHealth Group	9900 Bren Road East Minnetonka, MN 55343	Connected

Type of Connected Organization:
 Corporation Corporation with Capital Stock Labor Organization Membership Organization Trade Association Cooperative

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

Full Name	Mailing Address	Title or Position
Marie Ferguson	9900 Bren Road East, Minnetonka, MN 55343	Manager

4. Treasurer (If the treasurer's address is different - optional) of the treasurer of the committee and the name and address of any designated agent (e.g., accountant, insurance agent).

Full Name	Mailing Address	Title or Position
Patrick Erlanson	9900 Bren Road East, Minnetonka, MN 55343	Treasurer
Scott Thelsson		Asst. Treasurer

9. Depository or Other Depositories: (List all banks or other depositories in which the committee deposits funds, holds accounts, holds money deposit boxes or maintains funds.)

Name of Bank, Depository, etc.	Mailing Address and ZIP Code
Mellon Bank	P.O. Box 929 Pittsburgh, PA 15230-0329

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 ERLANSON	SIGNATURE OF TREASURER <i>Patrick Erlanson</i>	DATE 1-6-2003
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NOTE: Submission of false, inaccurate, or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 9437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-694-1100

FD-900 (1-01)

FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> First Class Mail	POSTMARKED 7-31-01
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>cJMP</i> PREPARER	8-4-01 DATE PREPARED