

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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USE FEC MAILING LABEL OR TYPE OR PRINT

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

4. TYPE OF REPORT

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year End Report
 July 31 Mid Year Report (Non-election Year Only)
 Termination Report
- Monthly Report Due On:
 February 20 June 20 October 20
 March 20 July 20 November 20
 April 20 August 20 December 20
 May 20 September 20 January 31
- Twelfth day report preceding _____ (Type of Election)
 election on _____ in the State of _____
- Thirtieth day report following the General Election on
11/07/00 in the State of _____

(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/19/00</u> through <u>11/27/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ <u>147,987.07</u>
(b) Cash on Hand at Beginning of Reporting Period	\$ <u>10,565.87</u>	
(c) Total Receipts (from Line 19)	\$ <u>8,224.89</u>	\$ <u>112,653.39</u>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ <u>18,790.46</u>	\$ <u>260,640.46</u>
7. Total Disbursements (from Line 20)	\$ <u>0.00</u>	\$ <u>241,750.00</u>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ <u>18,790.46</u>	\$ <u>18,790.46</u>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0.00</u>	For further information contact: Federal Election Commission 950 E Street, NW Washington, DC 20543 Toll Free 800-424-9530 Local 202-694-1100
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$ <u>0.00</u>	

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

Type or Print Name of Treasurer Patrick J. Erlandson	
Signature of Treasurer 	Date <u>11-30-00</u>

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

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

(revised 1/1/91)

NAME OF COMMITTEE UnitedHealth Group Incorporated Political Fund		REPORT COVERING PERIOD FROM 10/19/00 TO: 11/27/00	
		COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	7,261.61	84,205.16	11(a)(i)
ii. Unitemized	962.98	27,348.23	11(a)(ii)
iii. Total (add i and ii) >	8,224.59	111,553.39	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a ii, b and c) >	8,224.59	111,553.39	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	1,000.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >	8,224.59	112,553.39	19
20. Total Federal Receipts (subtract line 18 from line 19) >	8,224.59	112,553.39	20
B. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	0.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) >	0.00	0.00	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	241,750.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) >	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >	0.00	241,750.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >	0.00	241,750.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	8,224.59	111,553.39	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	8,224.59	111,553.39	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) >	0.00	0.00	37

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **1** OF **18**
FOR LINE NUMBER **11 a i**

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tamara A. Smith 750 First Street, NE, Ste 1120 DC020-1000 Washington, DC 20002	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Marketing & Gov't Relations	Payroll	23.08
	Aggregate Year-to-Date > \$ 276.96	Deduction	(\$11.54)
			Biweekly
Richard Collins 450 Columbus Blvd CT030-1030 Hartford, CT 06115-0450	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Underwriting	Payroll	23.08
	Aggregate Year-to-Date > \$ 276.96	Deduction	(\$11.54)
			Biweekly
Anthony J. Kazlauskas 475 Kilvert St, Suite 310 RI010-3400 Warwick, RI 02886-1392	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Payroll	40.00
	Aggregate Year-to-Date > \$ 480.00	Deduction	(\$20.00)
			Biweekly
John P. Anton 2970 Clairmont Rd Suite 650 GA010-3360 Atlanta, GA 30329-1634	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Payroll	76.92
	Aggregate Year-to-Date > \$ 923.04	Deduction	(\$38.46)
			Biweekly
Richard J. Migliori 475 Kilvert St RI010-3400 Warwick, RI 02886	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO UHC New England	Payroll	76.92
	Aggregate Year-to-Date > \$ 923.04	Deduction	(\$38.46)
			Biweekly
Jeannie M. Rivet 8900 Brea Road E. MN008-W315 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO of Health Plans	Payroll	200.00
	Aggregate Year-to-Date > \$ 2,160.00	Deduction	(\$100.00)
			Biweekly
Brian Bellows 1175 Post Rd East Westport, CT 06880	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Sales Strategic Serv	Payroll	30.00
	Aggregate Year-to-Date > \$ 360.00	Deduction	(\$15.00)
			Biweekly

SUBTOTAL of Receipts This Page (optional) **470.00**

TOTAL This Period (see page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

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

<p>A. Full Name, Mailing Address and ZIP Code Brian Poirier 8330 Boona Blvd, Suite 300 VA03-1030 Vianna, VA 22182</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Director of Sales, UHC</p> <p>Aggregate Year-to-Date > 5 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00</p> <p>(\$10.00)</p> <p>Biweekly</p>
<p>B. Full Name, Mailing Address and ZIP Code R. Channing Wheeler 450 Columbus Blvd CT030-12BB Hartford, CT 06115-0450</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Uniprise CEO</p> <p>Aggregate Year-to-Date > 8 3,900.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>360.00</p> <p>(\$180.00)</p> <p>Biweekly</p>
<p>C. Full Name, Mailing Address and ZIP Code John Stevenson 450 Columbus Blvd 5NB-B Hartford, CT 06115-0450</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Associate General Counsel</p> <p>Aggregate Year-to-Date > 6 235.20</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>19.60</p> <p>(\$9.80)</p> <p>Biweekly</p>
<p>D. Full Name, Mailing Address and ZIP Code Beverly H. Nyce 450 Columbus Blvd, CT030-1030 Hartford, CT 06115</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Senior VP Uniprise</p> <p>Aggregate Year-to-Date > 8 461.52</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>38.46</p> <p>(\$19.23)</p> <p>Biweekly</p>
<p>E. Full Name, Mailing Address and ZIP Code Paul J Grandpre 450 Columbus Blvd 3NB-A Hartford, CT 06115-0450</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Director, Customer Admin Svcs</p> <p>Aggregate Year-to-Date > 8 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00</p> <p>(\$10.00)</p> <p>Biweekly</p>
<p>F. Full Name, Mailing Address and ZIP Code Kenneth Alan Burdick 9900 Bren Road East MNC08-W318 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation VP of Underwriting</p> <p>Aggregate Year-to-Date > 8 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00</p> <p>(\$10.00)</p> <p>Biweekly</p>
<p>G. Full Name, Mailing Address and ZIP Code Brian M. Quigley 450 Columbus Blvd 5NB-A Hartford, CT 06115-0450</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Vice President, Gov't Relations</p> <p>Aggregate Year-to-Date > 8 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00</p> <p>(\$10.00)</p> <p>Biweekly</p>

SUBTOTAL of Receipts This Page (optional)

498.06

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **3** OF **18**
FOR LINE NUMBER **11 a i**

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

A. Full Name, Mailing Address and ZIP Code Peter M. Landau 505 Bolces Lane Kingston, NY 12401	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Director of OPS, Kingston Service C	Payroll Deduction 	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		(\$10.00) Biweekly)
B. Full Name, Mailing Address and ZIP Code Dennis Shea 450 Columbus Blvd BNB-A Hartford, CT 06115-0450	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Vice President	Payroll Deduction 	10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 230.00		(\$10.00) Biweekly)
C. Full Name, Mailing Address and ZIP Code Thomas H. Lindquist 9900 Bren Road East MN008-T300 Minnetonka, MN 55343	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation President, AARP Division, Ovations	Payroll Deduction 	38.46
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 461.52		(\$19.23) Biweekly)
D. Full Name, Mailing Address and ZIP Code Cliff Kiel 146 S. State College Blvd #820 Brea, CA 92821	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Strategic Sales Exec.	Payroll Deduction 	19.22
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 230.64		(\$9.61) Biweekly)
E. Full Name, Mailing Address and ZIP Code John A. Dwyer 450 Columbus Blvd 16NB-A Hartford, CT 06115-0450	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Pricing Small Group	Payroll Deduction 	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		(\$10.00) Biweekly)
F. Full Name, Mailing Address and ZIP Code Thomas M. O'Connor 9900 Bren Road East MN008-W250 Minnetonka, MN 55343	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation VP Real Estate	Payroll Deduction 	19.24
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 230.88		(\$9.62) Biweekly)
G. Full Name, Mailing Address and ZIP Code John A Kennedy 2970 Clairmont Rd, Suite 300 GA010-3300 Atlanta, GA 30329	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Director, Government Programs	Payroll Deduction 	20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		(\$10.00) Biweekly)

SUBTOTAL of Receipts This Page (optional) **146.92**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **4** OF **18**
FOR LINE NUMBER **11 a i**

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

<p>A. Full Name, Mailing Address and ZIP Code Ronald S. Franzese Terrace Plaza, 250 Morris Ave MI013-3250 Muskegon, MI 49440-1143</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation CEO, PHP of West MI</p> <p>Aggregate Year-to-Date > \$ 960.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>80.00 (\$40.00) Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Michelle M. Corbin 1225 N.Y. Ave DC030-1000 Washington, DC 20005</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Lobbyist</p> <p>Aggregate Year-to-Date > \$ 276.96</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>23.08 (\$11.54) Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Gary Schultz 13621 N.W. 12 Street FL076-1000 Sunrise, FL 33323</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation CEO - South Florida</p> <p>Aggregate Year-to-Date > \$ 960.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>80.00 (\$40.00) Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Robert Hussey 8330 Boone Blvd Ste 300 VA30-1030 Vienna, VA 22182-2624</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation VP, Public Policy & Comm Ovations</p> <p>Aggregate Year-to-Date > \$ 826.89</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>76.92 (\$38.46) Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Saul Feldman 405 Market Street CA035-2701 San Francisco, CA 94105</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation CEO United Behavioral Health</p> <p>Aggregate Year-to-Date > \$ 1,846.08</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>153.84 (\$76.92) Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Kenneth D. Roberts 460 Columbus Blvd Hartford, CT 06115</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation National Account Executive</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>25.00 (\$12.50) Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Richard Segan 281 Winter St., Suite 301 MA66-1000 Waltham, MA 02154</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Executive Director - Evercare</p> <p>Aggregate Year-to-Date > \$ 276.96</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>23.08 (\$11.54) Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) **461.92**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **5** OF **18**
FOR LINE NUMBER **11 a 1**

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

<p>A. Full Name, Mailing Address and ZIP Code Pierre Alain McMahon 450 Columbus Blvd CT030-12BB Hartford, CT 06115-0430</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation General Counsel - Unprise</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 20.00</p> <p>(\$10.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Andria Herr 800 N. Magnolia #600 Orlando Orlando, FL 32803</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation VP Sales, Orlando</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 30.00</p> <p>(\$15.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Jack A. Wickens 278 Franklin Rd, Suite 260 TN007-1000 Brentwood, TN 37024</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation SVP Regional Operations</p> <p>Aggregate Year-to-Date > \$ 461.52</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 38.46</p> <p>(\$19.23 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Arnold H. Kaplan 9900 Bren Road E MN008-8315 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation CFO</p> <p>Aggregate Year-to-Date > \$ 1,846.08</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 153.84</p> <p>(\$76.92 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code William O. Saunders 450 Columbus Blvd Hartford, CT 06115-0450</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Vice President/Coach, National</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 20.00</p> <p>(\$10.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Elise Anne Gemeinhardt 1620 L St. NY #800 DC030-1000 Washington, DC 20036</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation VP Federal Affairs</p> <p>Aggregate Year-to-Date > \$ 923.04</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 76.92</p> <p>(\$38.46 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Cheryl A. Popeck 800 N Magnolia Ave., S#600 FL029-1028 Orlando, FL 32803</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Director of Operations</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 20.00</p> <p>(\$10.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional)

359.22

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

Use separate schedules for each category of the Detailed Summary Page

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FOR LINE NUMBER 11 a I

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

A. Full Name, Mailing Address and ZIP Code Eugene Cavanaugh 450 Columbus Blvd CT030-12NB-BB Hartford, CT 06115	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 76.92
	Occupation CFO Uniprise	Deduction (\$38.46)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 923.04		
B. Full Name, Mailing Address and ZIP Code Carla M. Muggio One South Wacker IL014-3608 Chicago, IL 60608	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 38.46
	Occupation VP Operations	Deduction (\$19.23)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 481.52		
C. Full Name, Mailing Address and ZIP Code David S. Wichmann 9900 Bran Road East MIN008-W304 Minnetonka, MN 55343	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 240.00
	Occupation SVP - Corporate Development	Deduction (\$120.00)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,880.00		
D. Full Name, Mailing Address and ZIP Code Melvin E. Watson MD 2000 West Loop South Ste 900 TX035-1000 Houston, TX 77027	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 28.00
	Occupation Medical Director	Deduction (\$10.00)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
E. Full Name, Mailing Address and ZIP Code William Young 800 N. Magnolia Ave Ste 600 FL029-1029 Orlando, FL 32803	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 19.22
	Occupation Sr. Medical Director	Deduction (\$9.61)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 230.64		
F. Full Name, Mailing Address and ZIP Code Dolph Marotti 1401 N. Westshore Blvd Suite 500 Tampa, FL 33607	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 20.00
	Occupation Director of Operations	Deduction (\$10.00)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 240.00		
G. Full Name, Mailing Address and ZIP Code George D. Shafer 6801 Centerville business Pkwy OH010-3005 Dayton, OH 45459-8028	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 40.00
	Occupation CEO Dayton Ohio Plan	Deduction (\$20.00)	Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 480.00		

SUBTOTAL of Receipts This Page (optional) **454.60**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11a

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

<p>A. Full Name, Mailing Address and ZIP Code Lawrence J. Kissner 13621 NW 12Th Street FL075-1000 Sunnee, FL 33323</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Vice President Sales & Marketing</p> <p>Aggregate Year-to-Date > \$ 461.52</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>38.46 (\$19.23 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Allan J. Weiss 5901 Lincoln Drive MN012-N221 Edina, MN 55436</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Treasurer</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>30.00 (\$15.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code William P. Whitely One South Wacker IL014-0910 Chicago, IL 60605</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation CEO, United HealthCare of Illinois</p> <p>Aggregate Year-to-Date > \$ 1,846.08</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>153.84 (\$76.92 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Brett L. Baby 3650 Olentangy River Rd. OH020-3010 Columbus, OH 43214-1138</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Director, Provider Relations/Contra</p> <p>Aggregate Year-to-Date > \$ 276.86</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>23.08 (\$11.54 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Mollie Chapman 4501 Erskine Road OH035-3035 Cincinnati, OH 45242</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Manager, Provider Relations</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00 (\$10.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code David Sandkuhl 3650 Olentangy River Road OH020-0260 Columbus, OH 43214</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Director, Medical Sales & Marketing</p> <p>Aggregate Year-to-Date > \$ 480.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>40.00 (\$20.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Cicily B. Brogan 6601 Centerville Business Pkwy OH010-3005 Dayton, OH 45475-1090</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation V.P. Administration/Operations</p> <p>Aggregate Year-to-Date > \$ 480.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>40.00 (\$20.00 Biweekly)</p>
<p>SUBTOTAL of Receipts This Page (optional)</p>			<p>345.38</p>
<p>TOTAL This Period (last page this line number only)</p>			<p></p>

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and ZIP Code Robert G Adams 7910 South 3500 East UT010-3500 Salt Lake City, UT 84121</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Western Ops - Sr Mgmt</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00</p> <p>(\$10.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Steph C. Spurgeon 13655 Riverport Drive Maryland Heights, MO 63043</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Physician</p> <p>Aggregate Year-to-Date > \$ 692.40</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>57.70</p> <p>(\$28.85 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Kan L. Hoveman 3850 Olentangy River Rd OH020-3010 Columbus, OH 43214-1138</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation COO UHC Ohio</p> <p>Aggregate Year-to-Date > \$ 720.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>60.00</p> <p>(\$30.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Russell M. Hostetler 1401 N. WestShore Blvd, 8th, fl FL067-0800 Tampa, FL 33607</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Medical Director</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>30.00</p> <p>(\$15.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Ronald B. Colby 9900 Bron Rd East MN008-E211 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Senior VP, Insurance & Product Mgmt</p> <p>Aggregate Year-to-Date > \$ 3,825.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>350.00</p> <p>(\$175.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Keith Noblitt 2970 Clairmont Rd #650 Atlanta, GA 30329-1634</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Strategic Account Executive</p> <p>Aggregate Year-to-Date > \$ 480.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>40.00</p> <p>(\$20.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Robert G. Harmon MD 10467 White Granite Dr. Suite 300, VA31-1000 Oakton, VA 22124-0450</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation National Medical Director</p> <p>Aggregate Year-to-Date > \$ 480.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>40.00</p> <p>(\$20.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) **597.70**

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

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a i

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

<p>A. Full Name, Mailing Address and ZIP Code Mary Nobsich 9900 Bran Road East MN008-T300 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation VP Marketing</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00</p> <p>(\$10.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Thomas Taylor 425 Market St, 13th Floor CA035-1000 San Francisco, CA 94105</p> <p>Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Western Region Vice President</p> <p>Aggregate Year-to-Date > \$ 480.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>40.00</p> <p>(\$20.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Karl Kendall 6300 Olson Memorial Hwy MN010-W126 Golden Valley, MN 55427</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation VP, Computer Operations & Services</p> <p>Aggregate Year-to-Date > \$ 230.64</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>19.22</p> <p>(\$9.61 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Tina Chilton 6901 Lincoln Dr. MN012-N221 Edina, MN 55436</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Director, Treasury</p> <p>Aggregate Year-to-Date > \$ 360.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>30.00</p> <p>(\$15.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Shella Letscher 9900 Bran Road East MN008-T203 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Attorney</p> <p>Aggregate Year-to-Date > \$ 442.29</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>67.69</p> <p>(\$28.64 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Melanie B. Park 3141 N 3RD Ave. AZ080-1000 Phoenix, AZ 85013-4345</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Medical Management Director</p> <p>Aggregate Year-to-Date > \$ 276.96</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>23.08</p> <p>(\$11.54 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Steven Baker MD 10701 W. Research Dr P.O. Box 26649 (WI030-5360) Milwaukee, WI 53226-0849</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Senior Medical Director</p> <p>Aggregate Year-to-Date > \$ 461.52</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>38.46</p> <p>(\$19.23 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) **228.45**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and ZIP Code Robert J. Shaehy 8900 Bren Road East MN008-W301 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Executive Management</p> <p>Aggregate Year-to-Date > \$ 4,360.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>380.00</p> <p>(\$190.00)</p> <p>Biweekly</p>
<p>B. Full Name, Mailing Address and ZIP Code Michael J. Koehler 106 Farmers Alley, Suite 400 MI012-3200 Kalamazoo, MI 49005-0271</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation CEO PHP Southwest Michigan</p> <p>Aggregate Year-to-Date > \$ 960.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>80.00</p> <p>(\$40.00)</p> <p>Biweekly</p>
<p>C. Full Name, Mailing Address and ZIP Code William D. Feising 10701 W. Research Drive WI130-H420 Milwaukee, WI 53226-0649</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation VP&COO PrimeCare HealthPlan Inc.</p> <p>Aggregate Year-to-Date > \$ 458.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>38.00</p> <p>(\$19.00)</p> <p>Biweekly</p>
<p>D. Full Name, Mailing Address and ZIP Code Thomas J. Okonek 5901 Lincoln Drive MN012-S159 Edina, MN 55436</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Vice President, CSA-UHC</p> <p>Aggregate Year-to-Date > \$ 230.64</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>19.22</p> <p>(\$9.61)</p> <p>Biweekly</p>
<p>E. Full Name, Mailing Address and ZIP Code Glenn J. Reinhardt 10701 W. Research Drive WI030-S420 Milwaukee, WI 53226</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Vice President, Finance and Medicare</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00</p> <p>(\$10.00)</p> <p>Biweekly</p>
<p>F. Full Name, Mailing Address and ZIP Code Michael Dardzinski 10701 W. Research Dr. WI030-3550 Milwaukee, WI 53226</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation V.P. Marketing and Sales</p> <p>Aggregate Year-to-Date > \$ 480.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>40.00</p> <p>(\$20.00)</p> <p>Biweekly</p>
<p>G. Full Name, Mailing Address and ZIP Code John S. Peshorn 8900 Bren Road East MN008-8092 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation VP Investor Relations</p> <p>Aggregate Year-to-Date > \$ 960.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>80.00</p> <p>(\$40.00)</p> <p>Biweekly</p>

SUBTOTAL of Receipts This Page (optional)

657.22

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **11** OF **18**
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NAME OF COMMITTEE (in Full)
UnitedHealth Group Incorporated Political Fund

<p>A. Full Name, Mailing Address and ZIP Code Tom Owen 5901 Lincoln Drive MN012-N230 Edina, MN 55436</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Vice President - Underwriting</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00</p> <p>(\$10.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Rhonda Bagby 795 Woodlands Pkwy ste 101 MS001-1001 Ridgeland, MS 39157</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Dir. of Finance</p> <p>Aggregate Year-to-Date > \$ 230.64</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>19.22</p> <p>(\$9.61 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Leonard A. Farr 9900 Bren Road East MN008-8310 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Corporate Vice President</p> <p>Aggregate Year-to-Date > \$ 1,440.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>120.00</p> <p>(\$60.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code David Falk 2 Penn Plaza Ste 700 NY036-1000 New York, NY 10121</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Medical Director</p> <p>Aggregate Year-to-Date > \$ 300.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>25.00</p> <p>(\$12.50 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Thomas L. Knabel 8120 Penn Ave. South Suite 200 MN030-1000 Bloomington, MN 55431</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Medical Director</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00</p> <p>(\$10.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Michael Hawkins 1250 Capital of Tx Hwy S. Bldg I, Ste 400 Austin, TX 78746</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Medical Director</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00</p> <p>(\$10.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Joe Berry 5901 Lincoln Drive MN012-S249 Edina, MN 55436</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation National Medical Director</p> <p>Aggregate Year-to-Date > \$ 480.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>40.00</p> <p>(\$20.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional)

264.22

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a 1

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

<p>A. Full Name, Mailing Address and ZIP Code Diane Flottemesch 5901 Lincoln Dr. MNO12-N220 Edina, MN 55436</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation VP Tax & Risk Mgmt</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00</p> <p>(\$10.00)</p> <p>Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Lois Quam 9900 Bren Road East MN008-T300 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation CEO, Ovations</p> <p>Aggregate Year-to-Date > \$ 3,495.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>310.00</p> <p>(\$165.00)</p> <p>Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Gregory Springer 5901 Lincoln Drive MND12-N282 Edina, MN 55436-1611</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation VP Controller UHC</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>50.00</p> <p>(\$25.00)</p> <p>Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Charles Weber 9705 Data Park Drive MN006-0262 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Information Systems</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00</p> <p>(\$10.00)</p> <p>Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code John Ellingboe 9900 Bren Road East MN008-T300 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Senior VP Ovations</p> <p>Aggregate Year-to-Date > \$ 1,384.58</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>115.38</p> <p>(\$57.69)</p> <p>Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Kevin Casey 9900 Bren Road E, Suite 305 MN008-T302 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Senior VP, Unprise Health Plan Ops</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00</p> <p>(\$10.00)</p> <p>Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Patrick Erlandson 9900 Bren Road E MN008-8315 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation VP Corporate Controller</p> <p>Aggregate Year-to-Date > \$ 2,157.69</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>200.00</p> <p>(\$100.00)</p> <p>Biweekly)</p>

SUBTOTAL of Receipts This Page (optional)

735.38

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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FOR LINE NUMBER 11 a I

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

A. Full Name, Mailing Address and ZIP Code Christina R. Palma-Krizak 9900 Bren Road MN008-T300 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 20.00 (\$10.00 Biweekly)
	Occupation Deputy General Counsel Aggregate Year-to-Date > 5 240.00		
B. Full Name, Mailing Address and ZIP Code Michael Harrington 6300 Olson Memorial Hwy MN10-S203 Golden Valley, MN 55427 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 50.00 (\$25.00 Biweekly)
	Occupation Optum-Sales Aggregate Year-to-Date > 5 600.00		
C. Full Name, Mailing Address and ZIP Code John M. Braasch 2717 N 118th Circle NE010-3700 Omaha, NE 68164 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 40.00 (\$20.00 Biweekly)
	Occupation CEO - UHCM Aggregate Year-to-Date > 5 480.00		
D. Full Name, Mailing Address and ZIP Code Lawrence A. Rivers 5901 Lincoln Drive MN012-N188 Edina, MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 20.00 (\$10.00 Biweekly)
	Occupation Director, Information Systems Aggregate Year-to-Date > 5 240.00		
E. Full Name, Mailing Address and ZIP Code Carol Schneeweis 6300 Olson Memorial Hwy MN010-S201 Golden Valley, MN 55427 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 30.00 (\$15.00 Biweekly)
	Occupation HealthCare Aggregate Year-to-Date > 5 360.00		
F. Full Name, Mailing Address and ZIP Code David B. Smith 5901 Lincoln Drive MN012-N230 Edina, MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 20.00 (\$10.00 Biweekly)
	Occupation V.P. Underwriting Aggregate Year-to-Date > 5 240.00		
G. Full Name, Mailing Address and ZIP Code Tracy L. Bahl 450 Columbus Blvd Uniprise Towers, 12NE Hartford, CT 06115 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 76.92 (\$38.46 Biweekly)
	Occupation President, Strategic Services Group Aggregate Year-to-Date > 5 923.04		

SUBTOTAL of Receipts This Page (optional)

256.92

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and ZIP Code Robert J. Backes 9900 Bren Road E MN008-B317 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Vice President - Human Resources</p> <p>Aggregate Year-to-Date > \$ 2,400.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>200.00</p> <p>(\$100.00)</p> <p>Biweekly</p>
<p>B. Full Name, Mailing Address and ZIP Code Pamela A. Tulumello 1949 E. Sunshine, Suite 300 MO015-1000 Springfield, MO 65804</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Director, Group Services Admin</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00</p> <p>(\$10.00)</p> <p>Biweekly</p>
<p>C. Full Name, Mailing Address and ZIP Code Marilyn Nevin 5901 Lincoln Drive MN012-N220 Edina, MN 55436</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Director of Risk Management</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00</p> <p>(\$10.00)</p> <p>Biweekly</p>
<p>D. Full Name, Mailing Address and ZIP Code Thomas L. Anderson 5901 Lincoln Drive MN012-S181 Edina, MN 55433</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Vice President, Medicare</p> <p>Aggregate Year-to-Date > \$ 230.64</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>19.22</p> <p>(\$9.61)</p> <p>Biweekly</p>
<p>E. Full Name, Mailing Address and ZIP Code William A. Munsell 9900 Bren Road E MN008-W301 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Chief Operating Officer</p> <p>Aggregate Year-to-Date > \$ 2,200.00</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>200.00</p> <p>(\$100.00)</p> <p>Biweekly</p>
<p>F. Full Name, Mailing Address and ZIP Code David Lubben 9900 Bren Rd East Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation General Counsel</p> <p>Aggregate Year-to-Date > \$ 4,615.44</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>384.62</p> <p>(\$192.31)</p> <p>Biweekly</p>
<p>G. Full Name, Mailing Address and ZIP Code Barbara C. Buenemann 13655 Riverport Trail MO060-1000 Maryland Heights, MO 63043</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation COO UHC of the Midwest, Inc.</p> <p>Aggregate Year-to-Date > \$ 276.98</p>	<p>Date (month, day, year)</p> <p>Payroll</p> <p>Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>23.08</p> <p>(\$11.54)</p> <p>Biweekly</p>

SUBTOTAL of Receipts This Page (optional)

866.92

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and ZIP Code Mary Nowolny 13655 Riverport Drive MO050-1000 Maryland Heights, MO 63043-8580</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Director, Corp Communications</p> <p>Aggregate Year-to-Date > \$ 259.20</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>21.60</p> <p>(\$10.80 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code William Tracy 9300 W. 110th Ste 350 Overland, KS 66210</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation VP Sales</p> <p>Aggregate Year-to-Date > \$ 600.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>50.00</p> <p>(\$25.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Bruce Mead 1600 W Plano Pkwy, Ste 100 TX032-1000 Dallas, TX 75075</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Director Strategic SVCS Sales</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>20.00</p> <p>(\$10.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Brian K. Bautner 9900 Bren Road East MN008-T202 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Deputy General Counsel</p> <p>Aggregate Year-to-Date > \$ 461.62</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>38.46</p> <p>(\$19.23 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Herbert L. Whetstone 513 Eaton St. MN003-1000 St. Paul, MN 55107</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Aviation Department Manager</p> <p>Aggregate Year-to-Date > \$ 230.64</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>19.22</p> <p>(\$9.51 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Mary A. Warne 2550 University Ave W, S#4018 MN040-2500 St. Paul, MN 55114-1904</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Clinical Team Leader</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>20.00</p> <p>(\$10.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Daniel J. Mcathie 9900 Bren Road E. MN008-W318 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Senior VP Finance & HealthCare Econ</p> <p>Aggregate Year-to-Date > \$ 2,200.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>200.00</p> <p>(\$100.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) **369.28**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code James Watson 2717 N. 118th Lucile Omaha, NE 68164	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation V.P. Govt Relations, UHC Midlands	Payroll Deduction \$19.23	38.48 (\$19.23 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 461.52		
B. Full Name, Mailing Address and ZIP Code Meg Stamborg 2307 W. Cone Blvd NC10-3760 Greensboro, NC 27408	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation VP Corp Affairs & Gov't Programs	Payroll Deduction \$20.00	40.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 480.00		
C. Full Name, Mailing Address and ZIP Code Kevin Marcum 5225 Wiley Post Way #600 UT015-0500 Salt Lake City, UT 84118	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Senior VP - Manager Utah	Payroll Deduction \$10.00	20.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 240.00		
D. Full Name, Mailing Address and ZIP Code Marcia Smith 9900 Bren Road East MN008-W211 Minnetonka, MN 55343	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation CEO - Evercare	Payroll Deduction \$9.70	19.40 (\$9.70 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 382.90		
E. Full Name, Mailing Address and ZIP Code Lynne Montague-Clouse 12125 Technology Drive MN002-0161 Eden Prairie, MN 55344	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation International HealthCare Consultant	Payroll Deduction \$20.00	40.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 480.00		
F. Full Name, Mailing Address and ZIP Code Sharon Swan 6251 Greenwood Plaza Blvd Englewood, CO 80206	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Str. Director - Govt Programs	Payroll Deduction \$10.00	20.00 (\$10.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 240.00		
G. Full Name, Mailing Address and ZIP Code Judith Murphy 9900 Bren Road E. MN008-W302 Minnetonka, MN 55343	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Business Segment CIO	Payroll Deduction \$25.00	50.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date \$ 600.00		

SUBTOTAL of Receipts This Page (optional)

227.86

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and ZIP Code Richard J. Raskin MD 1375 E 9th St., Suite 1100 OH030-3016 Cleveland, OH 44114</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Medical Director</p> <p>Aggregate Year-to-Date > \$ 461.52</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>38.46 (\$19.23 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Walter W. Wakefield 2409 Harrodsburg Road KY020-1000 Lexington, KY 40504</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation CEO United HealthCare of Kentucky</p> <p>Aggregate Year-to-Date > \$ 480.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>40.00 (\$20.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code John McCready 129 Sea Hammock Way Ponte Vedra Beach, FL 32082</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Director, Sales/Services</p> <p>Aggregate Year-to-Date > \$ 240.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00 (\$10.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code John Alexander 425 Market St 27th floor San Francisco, CA</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Director of Intake/San Francisco</p> <p>Aggregate Year-to-Date > \$ 276.96</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>23.08 (\$11.54 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Ruth Kaplan 425 Market St. 27th Floor CA035-2707 San Francisco, CA 94105</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation UBH VP of Employer Svcs</p> <p>Aggregate Year-to-Date > \$ 276.96</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>23.08 (\$11.54 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Donna C. Schufze 4170 Ashford Dunwoody RD#10 GA035-1200 Atlanta, GA 30318</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Executive Director Evercare</p> <p>Aggregate Year-to-Date > \$ 220.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00 (\$10.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Eric Bergen 5901 Lincoln Drive MN012-S249 Edina, MN 55436</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation HealthCare Svcs Ops Sr Mgmt</p> <p>Aggregate Year-to-Date > \$ 900.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>80.00 (\$40.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional)

244.62

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

<p>A. Full Name, Mailing Address and ZIP Code R. Edward Bergmark 6300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Vice President CEO IHR (OPTUM)</p> <p>Aggregate Year-to-Date > \$ 923.28</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 76.94 (\$38.47 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>C. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>D. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>E. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>F. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>
<p>G. Full Name, Mailing Address and ZIP Code</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date > \$</p>	<p>Date (month, day, year)</p>	<p>Amount of Each Receipt this Period</p>

SUBTOTAL of Receipts This Page (optional) **76.94**

TOTAL This Period (last page this line number only) **7,261.61**

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>12-4-00</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>JmJ</i> PREPARER	<i>12-4-00</i> DATE PREPARED