

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

REC'D
FEC MAIL ROOM

2000 OCT 23 A 10:25

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full) UnitedHealth Group Incorporated Political Fund	2. FEC IDENTIFICATION NUMBER G00274431
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:

- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> February 20 | <input type="checkbox"/> June 20 | <input type="checkbox"/> October 20 |
| <input type="checkbox"/> March 20 | <input type="checkbox"/> July 20 | <input type="checkbox"/> November 20 |
| <input type="checkbox"/> April 20 | <input type="checkbox"/> August 20 | <input type="checkbox"/> December 20 |
| <input type="checkbox"/> May 20 | <input type="checkbox"/> September 20 | <input type="checkbox"/> January 31 |

- Twelfth day report preceding General (Type of Election)
 election on 11/07/00 in the State of _____
- Thirtieth day report following the General Election on _____ in the State of _____

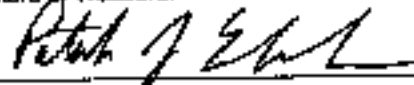
(b) Is this Report an Amendment? YES NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period <u>10/01/00</u> through <u>10/18/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 147,987.07
(b) Cash on Hand at Beginning of Reporting Period	\$ 55,459.73	
(c) Total Receipts (from Line 19)	\$ 4,106.14	\$ 104,328.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 59,565.87	\$ 252,315.87
7. Total Disbursements (from Line 30)	\$ 49,000.00	\$ 241,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 10,565.87	\$ 10,565.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 900 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)	\$ 0.00	

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. Erlanson

Signature of Treasurer



Date

10/19/00

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 5437g.

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FEC FORM 3X
(revised 9/93)

**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 10/01/00	TO 10/18/00	
		COLUMN A	COLUMN B	
		Total This Period	Calendar Year	
I. Receipts				
11.	Contributions (other than loans) From:			
a.	Individual/Persons Other Than Political Committees			
i.	Itemized (use Schedule A)	3,606.96	76,943.55	11(a)(i)
ii.	Unitemized	499.18	26,385.25	11(a)(ii)
ii.	Total (add i and ii) >	4,106.14	103,328.80	11(a)(ii)
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) >	4,106.14	103,328.80	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) >	4,106.14	104,328.80	19
20.	Total Federal Receipts (subtract line 16 from line 19) >	4,106.14	104,328.80	20
II. 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	49,000.00	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.	Individuals/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) >	49,000.00	241,750.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	49,000.00	241,750.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	4,106.14	103,328.80	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	4,106.14	103,328.80	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 17
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 Deduction	11.54
	Aggregate Year-to-Date > \$ 253.88		(\$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 Deduction	11.54
	Aggregate Year-to-Date > \$ 263.88		(\$11.54 Biweekly)
James M. Messina 450 Columbus Blvd CT030-04BB Hartford, CT 06115-0450	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Customer Service Administration	Payroll Deduction	10.00
	Aggregate Year-to-Date > \$ 220.00		(\$10.00 Biweekly)
Anthony J. Kazlauskas 475 Kilvert St, Suite 310 RI010-3400 Warwick, RI 02888-1392	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Payroll Deduction	20.00
	Aggregate Year-to-Date > \$ 440.00		(\$20.00 Biweekly)
John P. Anton 2970 Clairmont Rd Suite 650 GA010-3380 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 Deduction	38.48
	Aggregate Year-to-Date > \$ 846.12		(\$38.48 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 Deduction	38.48
	Aggregate Year-to-Date > \$ 846.12		(\$38.48 Biweekly)
Jeannie M. Rivat 9900 Bren 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 Deduction	100.00
	Aggregate Year-to-Date > \$ 1,960.00		(\$100.00 Biweekly)

SUBTOTAL of Receipts This Page (optional) **230.00**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code Brian Bellows 1175 Post Rd East Westport, CT 06880	Name of Employer UnitedHealth Group, Inc. Occupation Vice President Sales Strategic Serv Aggregate Year-to-Date > \$ 330.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 15.00 (\$15.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc. Occupation Director of Sales, UHC Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 10.00 (\$10.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc. Occupation Uniprise CEO Aggregate Year-to-Date > \$ 3,540.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 180.00 (\$180.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc. Occupation Associate General Counsel Aggregate Year-to-Date > \$ 215.60	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 9.80 (\$9.80) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc. Occupation Senior VP Uniprise Aggregate Year-to-Date > \$ 423.06	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 19.23 (\$19.23) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc. Occupation Director, Customer Admin Svcs Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 10.00 (\$10.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc. Occupation VP of Underwriting Aggregate Year-to-Date > \$ 220.00	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 10.00 (\$10.00) Biweekly

SUBTOTAL of Receipts This Page (optional) 254.03

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 **17**
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 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 > \$ 220.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>10.00</p> <p>(\$10.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code Peter M. Landau 605 Bolcas Lane Kingston, NY 12401</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Director of OPS, Kingston Service C</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>10.00</p> <p>(\$10.00 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Dennis Shea 450 Columbus Blvd BNB-A Hartford, CT 06115-0450</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Vice President</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>10.00</p> <p>(\$10.00 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Thomas H. Lindquist 9900 Bren Road East MNO08-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 President, AARP Division, Ovations</p> <p>Aggregate Year-to-Date > \$ 423.06</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>19.23</p> <p>(\$19.23 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Cliff Kiel 145 S. State College Blvd #620 Brea, CA 92821</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 Sales Exec.</p> <p>Aggregate Year-to-Date > \$ 211.42</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>9.61</p> <p>(\$9.61 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code John A. Dwyer 450 Columbus Blvd 15NB-A Hartford, CT 06116-0450</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Pricing Small Group</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>10.00</p> <p>(\$10.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Thomas M. OConnor 9900 Bren Road East MNO08-W250 Minnetonka, MN 55343</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation VP Real Estate</p> <p>Aggregate Year-to-Date > \$ 211.64</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt This Period</p> <p>9.62</p> <p>(\$9.62 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) **78.46**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 4 OF 17
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 John A Kennedy 2970 Clairmont Rd, Suite 300 GA010-3300 Atlanta, GA 30329</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, Government Programs</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>10.00 (\$10.00) Biweekly</p>
<p>B. 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 > \$ 660.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>40.00 (\$40.00) Biweekly</p>
<p>C. Full Name, Mailing Address and ZIP Code Michella 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 > \$ 253.88</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>11.54 (\$11.54) Biweekly</p>
<p>D. Full Name, Mailing Address and ZIP Code Gary Schultz 13621 N.W. 12 Street FL075-1000 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 > \$ 860.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>40.00 (\$40.00) Biweekly</p>
<p>E. 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 > \$ 749.97</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>38.46 (\$38.46) Biweekly</p>
<p>F. 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 > \$ 1,692.24</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>76.92 (\$76.92) Biweekly</p>
<p>G. Full Name, Mailing Address and ZIP Code Kenneth D. Roberts 450 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 > \$ 275.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>12.50 (\$12.50) Biweekly</p>

SUBTOTAL of Receipts This Page (optional)

229.42

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 17
FOR LINE NUMBER 11 & 1

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard Segan 281 Winter St., Suite 301 MA68-1000 Waltham, MA 02154	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Director - Evercare	Payroll Deduction	11.54 (\$11.54)
	Aggregate Year-to-Date > \$ 253.88		Biweekly
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Pierre Alain McMahon 450 Columbus Blvd CT030-12BB Hartford, CT 06115-0430	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Council - Uniprise	Payroll Deduction	10.00 (\$10.00)
	Aggregate Year-to-Date > \$ 220.00		Biweekly
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Andria Herr 800 N. Magnolia #600 Orlando Orlando, FL 32803	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Sales, Orlando	Payroll Deduction	15.00 (\$15.00)
	Aggregate Year-to-Date > \$ 330.00		Biweekly
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jack A. Wickens 278 Franklin Rd, Suite 260 TN007-1000 Brentwood, TN 37024	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation SVP Regional Operations	Payroll Deduction	19.23 (\$19.23)
	Aggregate Year-to-Date > \$ 423.06		Biweekly
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Arnold H. Kaplan 9900 Bran Road E MN008-8316 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CFO	Payroll Deduction	76.92 (\$76.92)
	Aggregate Year-to-Date > \$ 1,692.24		Biweekly
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William O. Saunders 450 Columbus Blvd Hartford, CT 06115-0450	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President/Coach, National Acco	Payroll Deduction	10.00 (\$10.00)
	Aggregate Year-to-Date > \$ 220.00		Biweekly
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Elise Anne Gemeinhardt 1620 L St. NY #800 DC030-1000 Washington, DC 20036	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Federal Affairs	Payroll Deduction	38.45 (\$38.45)
	Aggregate Year-to-Date > \$ 846.12		Biweekly

SUBTOTAL of Receipts This Page (optional) 181.15

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

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 6 OF 17
FOR LINE NUMBER 11 a 1

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

A. Full Name, Mailing Address and ZIP Code Cheryl A. Popeck 800 N Magnolia Ave., S#600 FL029-1029 Orlando, FL 32803	Name of Employer UnitedHealth Group, Inc. Occupation Director of Operations	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 10.00 (\$10.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 220.00	
B. Full Name, Mailing Address and ZIP Code Eugene Cavanaugh 460 Columbus Blvd CT030-12NB-BB Hartford, CT 08115	Name of Employer UnitedHealth Group, Inc. Occupation CFO Uniprise	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 38.46 (\$38.46) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 848.12	
C. Full Name, Mailing Address and ZIP Code Carla M. Muggio One South Wacker IL014-3605 Chicago, IL 60606	Name of Employer UnitedHealth Group, Inc. Occupation VP Operations	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 19.23 (\$19.23) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 423.06	
D. Full Name, Mailing Address and ZIP Code David S. Wichmann 9900 Bron Road East MN008-W304 Minnetonka, MN 55343	Name of Employer UnitedHealth Group, Inc. Occupation SVP - Corporate Development	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 120.00 (\$120.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 2,640.00	
E. 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. Occupation Medical Director	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 10.00 (\$10.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 220.00	
F. 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. Occupation Sr. Medical Director	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 9.81 (\$9.81) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 211.42	
G. Full Name, Mailing Address and ZIP Code Dolph Mariotti 1401 N. Westshore Blvd Suite 500 Tampa, FL 33607	Name of Employer UnitedHealth Group, Inc. Occupation Director of Operations	Date (month, day, year) Payroll Deduction	Amount of Each Receipt This Period 10.00 (\$10.00) Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		Aggregate Year-to-Date > \$ 220.00	

SUBTOTAL of Receipts This Page (optional) 217.30

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 George D. Shafer 6601 Centerville business Pkwy OH010-3005 Dayton, OH 45459-8028</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 Dayton Ohio Plan</p> <p>Aggregate Year-to-Date > \$ 440.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00 (\$20.00) Biweekly</p>
<p>B. Full Name, Mailing Address and ZIP Code Lawrence J. Kissner 13621 NW 12Th Street FL075-1000 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 Vice President Sales & Marketing</p> <p>Aggregate Year-to-Date > \$ 423.06</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>19.23 (\$19.23) Biweekly</p>
<p>C. Full Name, Mailing Address and ZIP Code Allan J. Weiss 5901 Lincoln Drive MN012-N221 Edina, MN 55438</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):</p>	<p>Name of Employer UnitedHealth Group, Inc.</p> <p>Occupation Treasurer</p> <p>Aggregate Year-to-Date > \$ 330.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>15.00 (\$15.00) Biweekly</p>
<p>D. Full Name, Mailing Address and ZIP Code William P. Whitely One South Wacker IL014-0910 Chicago, IL 60606</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 > \$ 1,692.24</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>76.92 (\$76.92) Biweekly</p>
<p>E. 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 > \$ 253.98</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>11.64 (\$11.64) Biweekly</p>
<p>F. 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 > \$ 220.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>10.00 (\$10.00) Biweekly</p>
<p>G. Full Name, Mailing Address and ZIP Code David Sandkuhl 3650 Olentangy River Road OH020-0280 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 > \$ 440.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>20.00 (\$20.00) Biweekly</p>

SUBTOTAL of Receipts This Page (optional) 172.69

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Clelly B. Brogan 6601 Centerville Business Pkwy OH010-3005 Dayton, OH 45475-1090	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Administration/Operations	Payroll Deduction	20.00
	Aggregate Year-to-Date > \$ 440.00		(\$20.00) Biweekly
Robert G Adams 7910 South 3500 East UT010-3500 Salt Lake City, UT 84121	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Western Ops - Sr Mgmt	Payroll Deduction	10.00
	Aggregate Year-to-Date > \$ 220.00		(\$10.00) Biweekly
Steph G. Spurgeon 13655 Riverport Drive Maryland Heights, MO 63043	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Physician	Payroll Deduction	28.85
	Aggregate Year-to-Date > \$ 634.70		(\$28.85) Biweekly
Ken L. Hoverman 3650 Olentangy River Rd OH020-3010 Columbus, OH 43214-1138	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO UHC Ohio	Payroll Deduction	30.00
	Aggregate Year-to-Date > \$ 660.00		(\$30.00) Biweekly
Russell M. Hosteller 1401 N. WestShore Blvd, 8th fl FL067-0800 Tampa, FL 33607	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Payroll Deduction	15.00
	Aggregate Year-to-Date > \$ 330.00		(\$15.00) Biweekly
Ronald B. Colby 9900 Bren Rd East MN008-E211 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP, Insurance & Product Mgmt	Payroll Deduction	175.00
	Aggregate Year-to-Date > \$ 3,475.00		(\$175.00) Biweekly
Keith Noblitt 2970 Clairmont Rd #650 Atlanta, GA 30329-1634	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Strategic Account Executive	Payroll Deduction	20.00
	Aggregate Year-to-Date > \$ 440.00		(\$20.00) Biweekly

SUBTOTAL of Receipts This Page (optional)

298.85

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Robert G. Harmon MD 10467 White Granite Dr. Suite 300, VA31-1000 Oakton, VA 22124-0450	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation National Medical Director	Payroll Deduction	20.00 (\$20.00)
	Aggregate Year-to-Date > \$ 440.00		Biweekly
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Mary Nosblich 9900 Bren Road East MN008-T300 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Marketing	Payroll Deduction	10.00 (\$10.00)
	Aggregate Year-to-Date > \$ 220.00		Biweekly
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Thomas Taylor 425 Market St, 13th Floor CA035-1000 San Francisco, CA 94105	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Western Region Vice President	Payroll Deduction	20.00 (\$20.00)
	Aggregate Year-to-Date > \$ 440.00		Biweekly
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Karl Kendall 6300 Olson Memorial Hwy MN010-W126 Golden Valley, MN 55427	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Computer Operations & Services	Payroll Deduction	9.61 (\$9.61)
	Aggregate Year-to-Date > \$ 211.42		Biweekly
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tina Chilton 5901 Lincoln Dr. MNC12-N221 Edina, MN 55435	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Treasury	Payroll Deduction	15.00 (\$15.00)
	Aggregate Year-to-Date > \$ 330.00		Biweekly
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Melanie B. Park 3141 N 3RD Ave. AZ080-1000 Phoenix, AZ 85013-4345	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Management Director	Payroll Deduction	11.54 (\$11.54)
	Aggregate Year-to-Date > \$ 253.88		Biweekly
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Steven Baker MD 10701 W. Research Dr P.O. Box 26649 (WI030-5360) Milwaukee, WI 53226-0649	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Medical Director	Payroll Deduction	19.23 (\$19.23)
	Aggregate Year-to-Date > \$ 423.06		Biweekly

SUBTOTAL of Receipts This Page (optional)

105.38

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Sheehy 8900 Bren Road East MN008-W301 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Executive Management	Payroll Deduction	190.00 (\$190.00) Biweekly
	Aggregate Year-to-Date > \$ 3,980.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael J. Koehler 105 Farmers Alley, Suite 400 MI012-3200 Kalamazoo, MI 49005-0271	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO PHP Southwest Michigan	Payroll Deduction	40.00 (\$40.00) Biweekly
	Aggregate Year-to-Date > \$ 880.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
William D. Felsing 10701 W. Research Drive WI130-H420 Milwaukee, WI 53226-0649	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP&COO PrimaCare HealthPlan Inc.	Payroll Deduction	19.00 (\$19.00) Biweekly
	Aggregate Year-to-Date > \$ 418.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas J. Okonek 5901 Lincoln Drive MN012-S159 Edina, MN 55436	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, CSA-UHC	Payroll Deduction	9.61 (\$9.61) Biweekly
	Aggregate Year-to-Date > \$ 211.42		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Glenn J. Reinhardt 10701 W. Research Drive WI030-S420 Milwaukee, WI 53226	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Finance and Medical	Payroll Deduction	10.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 220.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Michael Dardzinaki 10701 W. Research Dr. WI030-3550 Milwaukee, WI 53226	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Marketing and Sales	Payroll Deduction	20.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 440.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
John S. Peshorn 8900 Bren Road East MN008-8092 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Investor Relations	Payroll Deduction	40.00 (\$40.00) Biweekly
	Aggregate Year-to-Date > \$ 880.00		

SUBTOTAL of Receipts This Page (optional)	328.61
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tom Owen 5901 Lincoln Drive MN012-N230 Edina, MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Vice President - Underwriting Aggregate Year-to-Date > \$ 220.00	Payroll Deduction (\$10.00)	10.00 Biweekly
Rhonda Bagby 795 Woodlands Pkwy ste 101 MS001-1001 Ridgeland, MS 39157 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Dir. of Finance Aggregate Year-to-Date > \$ 211.42	Payroll Deduction (\$9.61)	9.61 Biweekly
Leonard A. Farr 9900 Bren Road East MN008-B310 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Corporate Vice President Aggregate Year-to-Date > \$ 1,320.00	Payroll Deduction (\$60.00)	60.00 Biweekly
David Falk 2 Penn Plaza Ste 700 NY036-1000 New York, NY 10121 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Medical Director Aggregate Year-to-Date > \$ 275.00	Payroll Deduction (\$12.50)	12.50 Biweekly
Thomas L. Knabel 8120 Penn Ave. South Suite 200 MND30-1000 Bloomington, MN 55431 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Medical Director Aggregate Year-to-Date > \$ 220.00	Payroll Deduction (\$10.00)	10.00 Biweekly
Michael Hawkins 1260 Capital of Tx Hwy S. Bldg I, Ste 400 Austin, TX 78746 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Medical Director Aggregate Year-to-Date > \$ 220.00	Payroll Deduction (\$10.00)	10.00 Biweekly
Joe Berry 5901 Lincoln Drive MN012-S249 Edina, MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: National Medical Director Aggregate Year-to-Date > \$ 440.00	Payroll Deduction (\$20.00)	20.00 Biweekly

SUBTOTAL of Receipts This Page (optional)

132.11

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Diane Flottemesch 5901 Lincoln Dr. MN012-N220 Edina, MN 55436	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Tax & Risk Mgmt	Payroll Deduction	10.00
	Aggregate Year-to-Date > \$ 220.00		(\$10.00 Biweekly)
Lola Quam 9900 Bran Road East MN008-T300 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO, Ovations	Payroll Deduction	155.00
	Aggregate Year-to-Date > \$ 3,185.00		(\$155.00 Biweekly)
Gregory Springer 5901 Lincoln Drive MN012-N282 Edina, MN 55436-1611	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Controller UHC	Payroll Deduction	25.00
	Aggregate Year-to-Date > \$ 550.00		(\$25.00 Biweekly)
Charles Weber 9705 Data Park Drive MN008-0252 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Information Systems	Payroll Deduction	10.00
	Aggregate Year-to-Date > \$ 220.00		(\$10.00 Biweekly)
John Ellingboe 9900 Bran Road East MN008-T300 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP Ovations	Payroll Deduction	57.69
	Aggregate Year-to-Date > \$ 1,269.18		(\$57.69 Biweekly)
Kevin Casey 9900 Bran Road E. Suite 305 MN008-T302 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP, Uniprise Health Plan Ops	Payroll Deduction	10.00
	Aggregate Year-to-Date > \$ 220.00		(\$10.00 Biweekly)
Patrick Erlanson 9900 Bran Road E MN008-8315 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Corporate Controller	Payroll Deduction	100.00
	Aggregate Year-to-Date > \$ 1,857.69		(\$100.00 Biweekly)

SUBTOTAL of Receipts This Page (optional) **367.59**

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Christina R. Palme-Krizak 9900 Bren Road MN008-T300 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Deputy General Counsel	Payroll Deduction	10.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 220.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Michael Harrington 6300 Olson Memorial Hwy MN10-S203 Golden Valley, MN 55427	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Optum-Sales	Payroll Deduction	25.00 (\$25.00) Biweekly
	Aggregate Year-to-Date > \$ 550.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John M. Braasch 2717 N 118th Circle NE010-3700 Omaha, NE 68164	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO - UHCM	Payroll Deduction	20.00 (\$20.00) Biweekly
	Aggregate Year-to-Date > \$ 440.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Lawrence A. Rivers 5901 Lincoln Drive MN012-N188 Edina, MN 55436	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Information Systems	Payroll Deduction	10.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 220.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Carol Schneeweis 6300 Olson Memorial Hwy MN010-S201 Golden Valley, MN 55427	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HealthCare	Payroll Deduction	15.00 (\$15.00) Biweekly
	Aggregate Year-to-Date > \$ 330.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
David B. Smith 5901 Lincoln Drive MN012-N230 Edina, MN 55436	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation V.P. Underwriting	Payroll Deduction	10.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 220.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Tracy L. Bahl 460 Columbus Blvd Uniprise Towers, 12NB Hartford, CT 06115	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President, Strategic Services Group	Payroll Deduction	38.48 (\$38.48) Biweekly
	Aggregate Year-to-Date > \$ 848.12		

SUBTOTAL of Receipts This Page (optional)	128.46
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 14 OF 17
FOR LINE NUMBER 11 a

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert J. Backes 9900 Bren Road E MN008-8317 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President - Human Resources	Payroll Deduction	100.00 (\$100.00) Biweekly
	Aggregate Year-to-Date > \$ 2,200.00		
Pamela A. Tulumello 1949 E. Sunshine, Suite 300 MO015-1000 Springfield, MO 66804	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Group Services Admin	Payroll Deduction	10.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 220.00		
Marilyn Nevin 5901 Lincoln Drive MN012-N220 Edina, MN 55436	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Risk Management	Payroll Deduction	10.00 (\$10.00) Biweekly
	Aggregate Year-to-Date > \$ 220.00		
Thomas L. Anderson 5901 Lincoln Drive MN012-S161 Edina, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President, Medicare	Payroll Deduction	9.61 (\$9.61) Biweekly
	Aggregate Year-to-Date > \$ 211.42		
William A. Munsell 9900 Bren Road E MN008-W301 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Chief Operating Officer	Payroll Deduction	100.00 (\$100.00) Biweekly
	Aggregate Year-to-Date > \$ 2,000.00		
David Lubben 9900 Bren Rd East Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation General Counsel	Payroll Deduction	192.31 (\$192.31) Biweekly
	Aggregate Year-to-Date > \$ 4,230.82		
Barbara C. Buenemann 13655 Riverport Trail MO050-1000 Maryland Heights, MO 63043	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation COO UHG of the Midwest, Inc.	Payroll Deduction	11.54 (\$11.54) Biweekly
	Aggregate Year-to-Date > \$ 253.88		

SUBTOTAL of Receipts This Page (optional)

433.48

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 15 OF 17
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 Mary Nowotny 13655 Riverport Drive MO050-1000 Maryland Heights, MO 63043-8550</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 > \$ 237.80</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 10.80</p> <p>(\$10.80)</p> <p>Biweekly</p>
<p>B. Full Name, Mailing Address and ZIP Code William Tracy 9300 W. 110th Ste 360 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 > \$ 550.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 25.00</p> <p>(\$25.00)</p> <p>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 > \$ 220.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 10.00</p> <p>(\$10.00)</p> <p>Biweekly</p>
<p>D. Full Name, Mailing Address and ZIP Code Brian K. Bautner 8800 Bren Road East MND08-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 > \$ 423.08</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 19.23</p> <p>(\$19.23)</p> <p>Biweekly</p>
<p>E. Full Name, Mailing Address and ZIP Code Harbert 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 > \$ 211.42</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 9.61</p> <p>(\$9.61)</p> <p>Biweekly</p>
<p>F. Full Name, Mailing Address and ZIP Code Mary A. Warne 2550 University Ave W, 8#401S 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 > \$ 220.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 10.00</p> <p>(\$10.00)</p> <p>Biweekly</p>
<p>G. Full Name, Mailing Address and ZIP Code Daniel J. Mcathia 9800 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 > \$ 2,000.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period 100.00</p> <p>(\$100.00)</p> <p>Biweekly</p>

SUBTOTAL of Receipts This Page (optional) **184.64**

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

A. Full Name, Mailing Address and ZIP Code James Watson 2717 N. 118th Lucile 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)	Amount of Each Receipt This Period
	Occupation V.P. Govt Relations, UHC Midlands Aggregate Year-to-Date > \$ 423.06	Payroll Deduction	19.23 (\$19.23)
B. Full Name, Mailing Address and ZIP Code Meg Stenberg 2307 W. Cone Blvd NC10-3750 Greensboro, NC 27408 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)	Amount of Each Receipt This Period
	Occupation VP Corp Affairs & Gov't Programs Aggregate Year-to-Date > \$ 440.00	Payroll Deduction	20.00 (\$20.00)
C. Full Name, Mailing Address and ZIP Code Kevin Marcum 5225 Wiley Post Way #500 UT015-0500 Salt Lake City, UT 84116 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)	Amount of Each Receipt This Period
	Occupation Senior VP - Manager Utah Aggregate Year-to-Date > \$ 220.00	Payroll Deduction	10.00 (\$10.00)
D. Full Name, Mailing Address and ZIP Code Marcia Smith 9900 Bren Road East MN008-W211 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)	Amount of Each Receipt This Period
	Occupation CEO - Evercare Aggregate Year-to-Date > \$ 363.40	Payroll Deduction	9.70 (\$9.70)
E. Full Name, Mailing Address and ZIP Code Lynne Montague-Clauss 12126 Technology Drive MN002-0161 Eden Prairie, MN 55344 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)	Amount of Each Receipt This Period
	Occupation International HealthCare Consultant Aggregate Year-to-Date > \$ 440.00	Payroll Deduction	20.00 (\$20.00)
F. Full Name, Mailing Address and ZIP Code Sharon Swan 6251 Greenwood Plaza Blvd Englewood, CO 80206 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)	Amount of Each Receipt This Period
	Occupation Br. Director - Govt Programs Aggregate Year-to-Date > \$ 220.00	Payroll Deduction	10.00 (\$10.00)
G. Full Name, Mailing Address and ZIP Code Judith Murphy 9900 Bren Road E. MN008-W302 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)	Amount of Each Receipt This Period
	Occupation Business Segment CIO Aggregate Year-to-Date > \$ 550.00	Payroll Deduction	26.00 (\$25.00)

SUBTOTAL of Receipts This Page (optional)

113.93

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 17 OF 17
FOR LINE NUMBER 11 a i

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Richard J. Raskin MD 1376 E 9th St., Suite 1100 OH030-3015 Cleveland, OH 44114	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Payroll Deduction	19.23 (\$19.23)
	Aggregate Year-to-Date > \$ 423.06		Biweekly
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Walter W. Wakefield 2409 Harrodsburg Road KY020-1000 Lexington, KY 40504	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO United HealthCare of Kentucky	Payroll Deduction	20.00 (\$20.00)
	Aggregate Year-to-Date > \$ 440.00		Biweekly
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John McCready 129 Sea Hammock Way Ponte Vedra Beach, FL 32082	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director, Sales/Services	Payroll Deduction	10.00 (\$10.00)
	Aggregate Year-to-Date > \$ 220.00		Biweekly
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
John Alexander 425 Market St 27th floor San Francisco, CA	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Director of Intake/San Francisco	Payroll Deduction	11.54 (\$11.54)
	Aggregate Year-to-Date > \$ 263.88		Biweekly
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Ruth Kaplan 425 Market St. 27th Floor CA035-2707 San Francisco, CA 94106	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation UBH VP of Employer Svcs	Payroll Deduction	11.54 (\$11.54)
	Aggregate Year-to-Date > \$ 253.88		Biweekly
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
Eric Bergen 5901 Lincoln Drive MN012-S248 Edina, MN 55436	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation HealthCare Svcs Ops Sr Mgmt	Payroll Deduction	40.00 (\$40.00)
	Aggregate Year-to-Date > \$ 820.00		Biweekly
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt This Period
R. Edward Bergmark 6300 Olson Memorial Hwy MN010-S203 Golden Valley, MN 55427	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President CEO IHR (OPTUM)	Payroll Deduction	38.47 (\$38.47)
	Aggregate Year-to-Date > \$ 846.34		Biweekly

SUBTOTAL of Receipts This Page (optional) 150.78

TOTAL This Period (Mat page this line number only) 3,608.86

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 2
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Kay Granger Campaign Fund 910 Houston Street Suite 105-c Fort Worth, TX 76102	Kay Granger, U.S. HOUSE 12th TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/02/00	500.00
B. Full Name, Mailing Address and ZIP Code Grams for Senate 607 Capitol Court, NE Ste 100 Washington, DC 20002	Rod Grams, U.S. SENATE MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/02/00	5,000.00
C. Full Name, Mailing Address and ZIP Code Bob Franks for US Senate 930 Stuyvesant Ave. Suite B Union, NJ 07083	Bob Franks, U.S. HOUSE 7th NJ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/02/00	5,000.00
D. Full Name, Mailing Address and ZIP Code Lincoln Chafee U.S. Senate 10 Dorrance St. Suite 221 Providence, RI 02903	Lincoln Chafee, U.S. SENATE RI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/02/00	3,000.00
E. Full Name, Mailing Address and ZIP Code Runbeck For Congress PO Box 40340 St. Paul, MN 55104	Linda Runbeck, U.S. HOUSE 4th MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/02/00	4,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Slade Gorton P.O. Box 3348 Bellevue, WA 98009	Slade Gorton, U.S. SENATE WA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/02/00	4,000.00
G. Full Name, Mailing Address and ZIP Code Graves for Congress P.O. Box 34744 Kansas City, MO 64116	Sam Graves, U.S. HOUSE 6th MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/02/00	5,000.00
H. Full Name, Mailing Address and ZIP Code Kline For Congress 7500 Hudson Boulevard Suite 130B Oakdale, MN 55128	John Kline, U.S. HOUSE 6th MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/02/00	2,600.00
I. Full Name, Mailing Address and ZIP Code Bill McCollum For U.S. Senate 1212 New York Ave., NW#350 Washington, DC 20059	Bill McCollum, U.S. SENATE FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/02/00	4,000.00

SUBTOTAL of Disbursements This Page (optional)

33,000.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 2 OF 2
FOR LINE NUMBER 23

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

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
National Leadership PAC P.O. Box 6677 New York, NY 10027	Support for Democratic candidates to US House Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/09/00	1,000.00
HULSHOF FOR CONGRESS 1411 BOUCHELLE AVE COLUMBIA, MO 66220	Purpose of Disbursement Kenny Hulshof, U.S. HOUSE 9th MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/12/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Democratic Legislative Campaign Committee 499 South Capital Street SW Suite #103 Washington, DC 20003	Purpose of Disbursement Support for Democratic candidates for State Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/12/00	5,000.00
D. Full Name, Mailing Address and ZIP Code Health Plan PAC (AAHP) 1129 20th Street NW Washington, DC 20036	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/12/00	5,000.00
E. Full Name, Mailing Address and ZIP Code Pryce for Congress 340 East Gay Street Columbus, OH 43215	Purpose of Disbursement Deborah Pryce, U.S. HOUSE 15th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/13/00	2,000.00
F. Full Name, Mailing Address and ZIP Code The Freedom Project 111 C Street SE Washington, DC 20003	Purpose of Disbursement Support for Republican Candidates to US House Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	10/17/00	2,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	16,000.00
TOTAL This Period (last page this line number only)	49,000.00

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 10/23/00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 CR	 10/23/00
PREPARER	DATE PREPARED