

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

2000 APR 12 A 10:17

USE FEC MAILING LABEL
OR
TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
UnitedHealth Group Incorporated Political Fund

ADDRESS (number and street) Check if different than previously reported
9900 Bren Road East

CITY, STATE and ZIP CODE
Minnetonka, MN 55343

2. FEC IDENTIFICATION NUMBER
C00274431

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

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 _____ 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	01/01/00 through 03/31/00		
6. (a) Cash on Hand January 1, 2000			\$ 147,987.07
(b) Cash on Hand at Beginning of Reporting Period		\$ 147,987.07	
(c) Total Receipts (from Line 19)		\$ 41,221.91	\$ 41,221.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)		\$ 189,208.98	\$ 189,208.98
7. Total Disbursements (from Line 30)		\$ 48,500.00	\$ 48,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))		\$ 140,708.98	\$ 140,708.98
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 990 E Street, NW Washington, DC 20468 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. Erandson

Signature of Treasurer



Date

4-10-2000

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

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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 01/01/00 TO: 03/31/00	
		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)		25,858.25	25,858.25
ii. Unitemized		14,363.66	14,363.66
iii. Total (add i and ii) >		40,221.91	40,221.91
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contributions (add a ii, b and c) >		40,221.91	40,221.91
12. Transfers From Affiliated/Other Party Committees		0.00	0.00
13. All Loans Received		0.00	0.00
14. Loan Repayments Received		0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		1,000.00	1,000.00
17. Other Federal Receipts (Dividends, Interest, etc.)		0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity		0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) >		41,221.91	41,221.91
20. Total Federal Receipts (subtract line 18 from line 19) >		41,221.91	41,221.91
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share		0.00	0.00
ii. Non-Federal Share		0.00	0.00
b. Other Federal Operating Expenditures		0.00	0.00
c. Total Operating Expenditures (add a i, a ii, and b) >		0.00	0.00
22. Transfers to Affiliated/Other Party Committees		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees		48,500.00	48,500.00
24. Independent Expenditures (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		0.00	0.00
26. Loan Repayments Made		0.00	0.00
27. Loans Made		0.00	0.00
28. Refunds of Contributions To:			
a. Individual/Persons Other Than Political Committees		0.00	0.00
b. Political Party Committees		0.00	0.00
c. Other Political Committees (such as PACs)		0.00	0.00
d. Total Contribution Refunds (add a, b and c) >		0.00	0.00
29. Other Disbursements		0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >		48,500.00	48,500.00
31. Total Federal Disbursements (subtract line 21 a ii from line 30) >		48,500.00	48,500.00
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)		40,221.91	40,221.91
33. Total Contribution Refunds (from line 28d)		0.00	0.00
34. Net Contributions (other than loans)(subtract line 33 from 32)		40,221.91	40,221.91
35. Total Federal Operating Expenditures (add 21 a i and 21 b) >		0.00	0.00
36. Offsets to Operating Expenditures (from line 15)		0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35) >		0.00	0.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 5
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

<p>A. Full Name, Mailing Address and ZIP Code Stephen J. Hemsley 9900 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 President and Chief Operating Officer</p> <p>Aggregate Year-to-Date > \$ 5,000.00</p>	<p>Date (month, day, year) 12/28/99</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>B. Full Name, Mailing Address and ZIP Code James B Hudak 9900 Bren Road 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 CEO UnitedHealth Technologies</p> <p>Aggregate Year-to-Date > \$ 5,000.00</p>	<p>Date (month, day, year) 01/21/00</p>	<p>Amount of Each Receipt this Period 5,000.00</p>
<p>C. Full Name, Mailing Address and ZIP Code Lee N. Newcomer 9900 Bren Road East MN008-W313 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 & Chief Medical Officer</p> <p>Aggregate Year-to-Date > \$ 500.00</p>	<p>Date (month, day, year) 01/21/00</p>	<p>Amount of Each Receipt this Period 500.00</p>
<p>D. Full Name, Mailing Address and ZIP Code Sheila E. McMillan 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 VP - Finance AARP Division</p> <p>Aggregate Year-to-Date > \$ 1,000.00</p>	<p>Date (month, day, year) 02/24/00</p>	<p>Amount of Each Receipt this Period 1,000.00</p>
<p>E. Full Name, Mailing Address and ZIP Code John P. Anton 2970 Clairmont Rd Suite 650 GA010-3360 Atlanta, GA 30328-1634</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 Senior Vice President</p> <p>Aggregate Year-to-Date > \$ 269.22</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 269.22 (\$38.46 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Richard J. Migliori 475 Kilvert St RI010-3400 Warwick, RI 02886</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 UHC New England</p> <p>Aggregate Year-to-Date > \$ 269.22</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 269.22 (\$38.46 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Jeannie M. Rivet 9900 Bren Road E. MN008-W315 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 COO of Health Plans</p> <p>Aggregate Year-to-Date > \$ 460.00</p>	<p>Date (month, day, year) Payroll Deduction</p>	<p>Amount of Each Receipt this Period 460.00 (\$100.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) 12,498.44

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 2 OF 5
FOR LINE NUMBER 11 & i

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

<p>A. Full Name, Mailing Address and ZIP Code R. Channing Wheeler 450 Columbus Blvd CT030-12BB Hartford, CT 06115-0460</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 > \$ 840.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>840.00</p> <p>(\$180.00 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 > \$ 280.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>280.00</p> <p>(\$40.00 Biweekly)</p>
<p>C. 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 > \$ 280.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>280.00</p> <p>(\$40.00 Biweekly)</p>
<p>D. 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 > \$ 538.44</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>538.44</p> <p>(\$76.92 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Arnold H. Kaplan 9900 Bron 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 > \$ 538.44</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>538.44</p> <p>(\$76.92 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Elise Anna 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 > \$ 269.22</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>269.22</p> <p>(\$38.46 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Eugene Cavanaugh 450 Columbus Blvd CT030-12NB-BB 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 CFO Uniprise</p> <p>Aggregate Year-to-Date > \$ 269.22</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>269.22</p> <p>(\$38.46 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) **3,015.32**

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 5
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 David S. Wichmann 9900 Bren Road East MN008-W304 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 SVP - Corporate Development</p> <p>Aggregate Year-to-Date > \$ 840.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>840.00 (\$120.00 Biweekly)</p>
<p>B. Full Name, Mailing Address and ZIP Code William P. Whitaly One South Wacker IL014-0910 Chicago, IL 60608</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 > \$ 538.44</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>538.44 (\$78.92 Biweekly)</p>
<p>C. Full Name, Mailing Address and ZIP Code Stephn 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 > \$ 201.95</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>201.95 (\$28.85 Biweekly)</p>
<p>D. Full Name, Mailing Address and ZIP Code Ken L. Hovarman 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 COO UHC Ohio</p> <p>Aggregate Year-to-Date > \$ 210.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>210.00 (\$30.00 Biweekly)</p>
<p>E. Full Name, Mailing Address and ZIP Code Ronald B. Colby 9900 Bren 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 > \$ 850.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>850.00 (\$175.00 Biweekly)</p>
<p>F. Full Name, Mailing Address and ZIP Code Robert J. Sheahy 9900 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 > \$ 1,130.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>1,130.00 (\$190.00 Biweekly)</p>
<p>G. Full Name, Mailing Address and ZIP Code Michael J. Kohler 106 Farmers Alay, 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 > \$ 280.00</p>	<p>Date (month, day, year)</p> <p>Payroll Deduction</p>	<p>Amount of Each Receipt this Period</p> <p>280.00 (\$40.00 Biweekly)</p>

SUBTOTAL of Receipts This Page (optional) **4,050.39**

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 5
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 John S. Penschom 9900 Bren Road East MN008-8092 Minnetonka, MN 55343	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation VP Investor Relations	Payroll Deduction \$40.00	280.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00		
B. Full Name, Mailing Address and ZIP Code Leonard A. Farr 9900 Bren Road East MN008-8310 Minnetonka, MN 55343	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Corporate Vice President	Payroll Deduction \$60.00	420.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 420.00		
C. Full Name, Mailing Address and ZIP Code Lois Quam 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 CEO, Ovations	Payroll Deduction \$155.00	860.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 860.00		
D. Full Name, Mailing Address and ZIP Code John Ellingboe 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 Senior VP Ovations	Payroll Deduction \$57.69	403.83 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 403.83		
E. Full Name, Mailing Address and ZIP Code Patrick Erlanson 9900 Bren Road E MN008-8315 Minnetonka, MN 55343	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation VP Corporate Controller	Payroll Deduction \$100.00	457.69 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 457.69		
F. Full Name, Mailing Address and ZIP Code Tracy L. Bahl 450 Columbus Blvd Unlprise Towers, 12NB Hartford, CT 06115	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation President, Strategic Services Group	Payroll Deduction \$38.48	269.22 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 269.22		
G. Full Name, Mailing Address and ZIP Code Robert J. Backes 9900 Bren Road E MN008-8317 Minnetonka, MN 55343	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Vice President - Human Resources	Payroll Deduction \$100.00	700.00 Biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 700.00		

SUBTOTAL of Receipts This Page (optional)

3,390.74

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 5
FOR LINE NUMBER 11 a f

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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
William A. Munsell 5900 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	500.00 (\$100.00 Biweekly)
	Aggregate Year-to-Date > \$ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
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	1,346.17 (\$192.31 Biweekly)
	Aggregate Year-to-Date > \$ 1,346.17		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Daniel J. Mcathie 8900 Bren Road E. MN008-W318 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP Finance & HealthCare Econ	Payroll Deduction	500.00 (\$100.00 Biweekly)
	Aggregate Year-to-Date > \$ 500.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marcia Smith 9900 Bren Road East MN008-W211 Minnetonka, MN 55343	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO - Evercare	Payroll Deduction	67.90 (\$9.70 Biweekly)
	Aggregate Year-to-Date > \$ 217.90		
E. 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-S249 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	220.00 (\$40.00 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
R. Edward Bergmark 6300 Oleon 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	269.29 (\$38.47 Biweekly)
	Aggregate Year-to-Date > \$ 269.29		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation		
	Aggregate Year-to-Date > \$		

SUBTOTAL of Receipts This Page (optional)

2,903.36

TOTAL This Period (last page this line number only)

25,858.25

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 1
FOR LINE NUMBER 16

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

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

A. Full Name, Mailing Address and ZIP Code Kerrey for US Senate Campaign 7602 Pacific St. Ste LL North B Omaha, NE 68114	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period 1,000.00
	Occupation		
	Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify): 2000		
		Aggregate Year-to-Date > \$	1,000.00

B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
		Aggregate Year-to-Date > \$	0

C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
		Aggregate Year-to-Date > \$	0

D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
		Aggregate Year-to-Date > \$	0

E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
		Aggregate Year-to-Date > \$	0

F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
		Aggregate Year-to-Date > \$	0

G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):		
		Aggregate Year-to-Date > \$	0

SUBTOTAL of Receipts This Page (optional)	1,000.00
TOTAL This Period (last page this line number only)	1,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 4
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
Lee Terry for Congress P.O. Box 540098 Omaha, NE 68154	Lee Terry, U.S. HOUSE 2nd NE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	01/12/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Dedicated Americans for the Senate and House 424 C Street NE 1st Floor Washington, DC 20002	Purpose of Disbursement Support of Democratic Candidates to Congress Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/19/00	5,000.00
C. Full Name, Mailing Address and ZIP Code Ashcroft 2000 8229 Clayton Rd #200 St. Louis, MO 63117	Purpose of Disbursement John Ashcroft, U.S. SENATE MO Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/10/00	3,000.00
D. Full Name, Mailing Address and ZIP Code Re-Elect Nancy Johnson to Congress P.O. Box 1986 New Britain, CT 06050	Purpose of Disbursement Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/10/00	500.00
E. Full Name, Mailing Address and ZIP Code Jim Ramstad Volunteer Committee 8100 Penn Avenue South Suite #104 Bloomington, MN 55431	Purpose of Disbursement Jim Ramstad, U.S. HOUSE 3rd MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/15/00	1,000.00
F. Full Name, Mailing Address and ZIP Code Kuykendall Congressional Committee P.O. Box 18021 Alexandria, VA 22302	Purpose of Disbursement Steve Kuykendall, U.S. HOUSE 38th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/15/00	500.00
G. Full Name, Mailing Address and ZIP Code Sabo for Congress Volunteer Cmte 1901 EMERSON AVENUE SOUTH #102 MINNEAPOLIS, MN 55403	Purpose of Disbursement Martin Olav Sabo, U.S. HOUSE 5th MN Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/15/00	1,000.00
H. Full Name, Mailing Address and ZIP Code Re-Elect Nancy Johnson to Congress P.O. Box 1986 New Britain, CT 06050	Purpose of Disbursement Nancy L. Johnson, U.S. HOUSE 6th CT Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/15/00	1,500.00
I. Full Name, Mailing Address and ZIP Code Re-Elect Brian Bilbray For Congress 1307 9th Street Imperial Beach, CA 91832	Purpose of Disbursement Brian P. Bilbray, U.S. HOUSE 49th CA Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/28/00	500.00

SUBTOTAL of Disbursements This Page (optional)	14,000.00
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 4
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
John Shadegg For Congress Po Box 45444 Phoenix, AZ 85064	John Shadegg, U.S. HOUSE 4th AZ Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/28/00	1,000.00
Ashcroft 2000 8229 Clayton Rd #200 St. Louis, MO 63117	John Ashcroft, U.S. SENATE MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/29/00	5,000.00
J.D. Hayworth for Congress P.O. Box 14273 Scottsdale, AZ 85267	J.D. Hayworth, U.S. HOUSE 6th AZ Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/29/00	1,000.00
Earl Pomeroy for Congress P.O. Box 75214 Washington, DC 200135214	Earl Pomeroy, U.S. HOUSE AL ND Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/29/00	1,000.00
Committee for Preservation of Capitalism PO Box 22614 Alexandria, VA 22304	Election/Re-Election of Repub Members to Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	02/29/00	1,000.00
Dunn Lampton for Congress P.O. Box 24385 Jackson, MS 39225	Dunn Lampton, 4th MS Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/07/00	500.00
National Republican Congressional Committee 320 First Street, SE Washington, DC 20003	Expansion of Republican Majority in Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/07/00	2,000.00
Chris Shays for Congress Committee P.O. Box 4238 Springdale, CT 06907	Voided Check Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 1998	03/08/00	-500.00
Fletcher for Congress P.O. Box 4703 Lexington, KY 40544	Ernest (Ernie) Fletcher, U.S. HOUSE 6th KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/13/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

12,000.00

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 3 OF 4
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
The Reed Committee P.O. Box 8628 Cranston, RI 02920	Jack Reed, U.S. SENATE RI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/13/00	1,000.00
Ed Bryant for Congress 889 Ridge Lake Blvd, Ste212 Memphis, TN 38120	Ed Bryant, U.S. HOUSE 7th TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/13/00	1,000.00
Hatch Election Committee 556 13th Street NW Suite 600 East Washington, DC 20004-1109	Orrin G. Hatch, U.S. SENATE UT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/13/00	1,000.00
Flotron for Congress 16100 Chesterfield Parkway #285 Chesterfield, MO 63017	Franc Flotron, U.S. HOUSE 2nd MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/20/00	500.00
ANNE NORTHUP FOR CONGRESS 3340 LEXINGTON ROAD LOUISVILLE, KY 40206	Anne M. Northup, U.S. HOUSE 3rd KY Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/21/00	1,000.00
Nelson for Senate P.O. Box 265 Baytown, NE 68010	Ben Nelson, U.S. SENATE NE Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/21/00	1,000.00
Cardin for Congress 6305 York Road Baltimore, MD 21212	Benjamin L. Cardin, U.S. HOUSE 3rd MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/21/00	1,000.00
Kiecicka for Congress 3150-A South Twelfth Street Milwaukee, WI 53215	Gerald D. Kiecicka, U.S. HOUSE 4th WI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/21/00	1,000.00
Watts for Congress P.O. Box 6548 Norman, OK 73070	J.C. Watts, U.S. HOUSE 4th OK Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/21/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

8,500.00

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 4 OF 4
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
Friends Of Roy Blunt Po Box 278 Strafford, MO 65757	Roy Blunt, U.S. HOUSE 7th MO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/00	1,000.00
B. Full Name, Mailing Address and ZIP Code Tom DeLay Congressional Committee 10707 Corporate Drive Suite #130 Stafford, TX 77477	Tom DeLay, U.S. HOUSE 22nd TX Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/00	1,000.00
C. Full Name, Mailing Address and ZIP Code Pryce for Congress 340 East Gay Street Columbus, OH 43215	Deborah Pryca, U.S. HOUSE 15th OH Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/00	1,000.00
D. Full Name, Mailing Address and ZIP Code The Majority Leaders Fund 4451 Brookfield Corp Dr. Suite 200 Chantilly, VA 20151	Keep Republican majority in Congress Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/00	5,000.00
E. Full Name, Mailing Address and ZIP Code New Republican Majority Fund 228 S. Washington St, Suite 220 Alexandra, VA 22314	Support Republican candidates to US Senate Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/00	5,000.00
F. Full Name, Mailing Address and ZIP Code Friends of Cliff Stearns P.O. Box 308 Silver Springs, FL 34488-9988	Cliff Stearns, U.S. HOUSE 6th FL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	03/28/00	1,000.00
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)

14,000.00

TOTAL This Period (last page this line number only)

48,500.00

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 4-13-00
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<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	
Y.C. PREPARER	4-13-00 DATE PREPARED