

REPORT OF RECEIPTS AND DISBURSEMENTS

RECEIVED
FEC MAIL ROOM

For Other Than An Authorized Committee
(Summary Page)

2000 JUL 13 A 10:26

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (In full) UnitedHealth Group Incorporated Political Fund	
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 9900 Bren Road East	2. FEC IDENTIFICATION NUMBER C00274431
CITY, STATE and ZIP CODE Minnetonka, MN 55343	3. <input checked="" type="checkbox"/> 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:
- | | | |
|--------------------------------------|---------------------------------------|--------------------------------------|
| <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 _____ (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
6. Covering Period <u>04/01/00</u> through <u>06/30/00</u>		
6. (a) Cash on Hand January 1, <u>2000</u>		\$ 147,987.07
(b) Cash on Hand at Beginning of Reporting Period	\$ 140,708.98	
(c) Total Receipts (from Line 18)	\$ 29,852.70	\$ 71,074.61
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 170,561.88	\$ 218,061.68
7. Total Disbursements (from Line 30)	\$ 48,250.00	\$ 96,760.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 122,311.88	\$ 122,311.68
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 999 E Street, NW Washington, DC 20488 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
Patrick J. Erlanson

Date
7-8-2000

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 9/99)

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	TO:	
		04/01/00	06/30/00	
		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 (see Schedule A)	21,902.71	47,760.96	11(a)(2)
	II. Unitemized	7,948.99	22,313.65	11(a)(3)
	Total (add i and ii) >	29,852.70	70,074.61	11(a)(4)
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) >	29,852.70	70,074.61	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) >	29,852.70	71,074.61	19
20.	Total Federal Receipts (subtract line 16 from line 19) >	29,852.70	71,074.61	20
II. Disbursements				
21.	Operating Expenditures:			
a.	Shared Federal/Non-Federal Activity (from Schedule H4)			
	I. Federal Share	0.00	0.00	21(a)(1)
	II. Non-Federal Share	0.00	0.00	21(a)(2)
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	48,250.00	96,750.00	23
24.	Independent Expenditures (see Schedule E)	0.00	0.00	24
25.	Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (see 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)
	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) >	48,250.00	96,750.00	30
31.	Total Federal Disbursements (subtract line 21 a ii from line 30) >	48,250.00	96,750.00	31
III. Net Contributions/Operating Expenditures				
32.	Total Contributions (other than loans)(from line 11d)	29,852.70	70,074.61	32
33.	Total Contribution Refunds (from line 28d)	0.00	0.00	33
34.	Net Contributions (other than loans)(subtract line 33 from 32)	29,852.70	70,074.61	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 **10**
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
Anthony J. Kazlauskas 475 Kilvert St, Suite 310 R1010-3400 Warwick, RI 02886-1392	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Medical Director	Payroll Deduction	140.00 (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ 280.00		
John P. Anton 2970 Clairmont Rd Suite 650 GA010-3360 Atlanta, GA 30329-1634	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President	Payroll Deduction	289.22 (\$38.46 Biweekly)
	Aggregate Year-to-Date > \$ 538.44		
Richard J. Migliori 475 Kilvert St R1010-3400 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	269.22 (\$38.46 Biweekly)
	Aggregate Year-to-Date > \$ 538.44		
Jeannie M. Rivet 9900 Bran 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	700.00 (\$100.00 Biweekly)
	Aggregate Year-to-Date > \$ 1,160.00		
Brian Bellows 1176 Post Rd East Westport, CT 06880	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Vice President Sales Strategic Serv	Payroll Deduction	105.00 (\$15.00 Biweekly)
	Aggregate Year-to-Date > \$ 210.00		
R. Channing Wheeler 450 Columbus Blvd CT030-1288 Hartford, CT 06115-0450	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Uniprise CEO	Payroll Deduction	1,260.00 (\$180.00 Biweekly)
	Aggregate Year-to-Date > \$ 2,100.00		
Beverly H. Nyce 450 Columbus Blvd, CT030-1030 Hartford, CT 06115	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior VP Uniprise	Payroll Deduction	134.61 (\$19.23 Biweekly)
	Aggregate Year-to-Date > \$ 269.22		

SUBTOTAL of Receipts This Page (optional) **2,878.05**

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 10
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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas H. Lindquist 9900 Bren Road East MN008-T300 Minnetonka, MN 55343	United HealthGroup		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation President, AARP Division, Ovations	Payroll Deduction	134.61 (\$19.23 Biweekly)
	Aggregate Year-to-Date > \$ 269.22		
Stephen Mathason 450 Columbus Blvd 12NB-B CT030-12BB Hartford, CT 06115	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Senior Vice President, Rural Market	Payroll Deduction	80.00 (\$20.00 Biweekly)
	Aggregate Year-to-Date > \$ 220.00		
Ronald S. Franzese Terrace Plaza, 250 Morris Ave MI013-3250 Muskegon, MI 49440-1143	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO, PHP of West MI	Payroll Deduction	280.00 (\$40.00 Biweekly)
	Aggregate Year-to-Date > \$ 560.00		
Gary Schultz 13621 N.W. 12 Street FL076-1000 Sunrise, FL 33323	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO - South Florida	Payroll Deduction	280.00 (\$40.00 Biweekly)
	Aggregate Year-to-Date > \$ 560.00		
Robert Hussey 8330 Boons Blvd Ste 300 VA30-1030 Vienna, VA 22182-2624	United HealthGroup		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP, Public Policy & Comm Ovations	Payroll Deduction	269.22 (\$38.46 Biweekly)
	Aggregate Year-to-Date > \$ 442.29		
Saul Feldman 405 Market Street CA036-2701 San Francisco, CA 94105	UnitedHealth Group, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO United Behavioral Health	Payroll Deduction	638.44 (\$76.92 Biweekly)
	Aggregate Year-to-Date > \$ 1,076.88		
Andria Herr 800 N. Magnolia #600 Orlando Orlando, FL 32803	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation VP Sales, Orlando	Payroll Deduction	105.00 (\$15.00 Biweekly)
	Aggregate Year-to-Date > \$ 210.00		

SUBTOTAL of Receipts This Page (optional)

1,887.27

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 10
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 Jack A. Wickens 278 Franklin Rd, Suite 260 TN007-1000 Brentwood, TN 37024 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 134.61 (\$19.23 Biweekly)
	Occupation SVP Regional Operations Aggregate Year-to-Date > \$ 269.22	Deduction	
B. Full Name, Mailing Address and ZIP Code Arnold H. Kaplan 8900 Bren Road E MN008-8315 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 538.44 (\$78.92 Biweekly)
	Occupation CFO Aggregate Year-to-Date > \$ 1,078.88	Deduction	
C. Full Name, Mailing Address and ZIP Code Elise Anne Gemelhardt 1620 L St. NY #800 DC030-1000 Washington, DC 20038 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 269.22 (\$38.46 Biweekly)
	Occupation VP Federal Affairs Aggregate Year-to-Date > \$ 538.44	Deduction	
D. Full Name, Mailing Address and ZIP Code Eugene Cavanaugh 450 Columbus Blvd CT030-12NB-BB Hartford, CT 06115 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 269.22 (\$38.46 Biweekly)
	Occupation CFO Uniprise Aggregate Year-to-Date > \$ 538.44	Deduction	
E. Full Name, Mailing Address and ZIP Code Carla M. Muggio One South Wacker IL014-3605 Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt this Period 134.61 (\$19.23 Biweekly)
	Occupation VP Operations Aggregate Year-to-Date > \$ 269.22	Deduction	
F. Full Name, Mailing Address and ZIP Code Betsy Whitaker 849 International Drive #125 MD052-1052 Linthicum, MD 21090 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 134.61 (\$19.23 Biweekly)
	Occupation Corporate Marketing Manager Aggregate Year-to-Date > \$ 269.22	Deduction	
G. Full Name, Mailing Address and ZIP Code David S. Wichmann 9800 Bren Road East MN008-W304 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt this Period 840.00 (\$120.00 Biweekly)
	Occupation SVP - Corporate Development Aggregate Year-to-Date > \$ 1,680.00	Deduction	

SUBTOTAL of Receipts This Page (optional) 2,320.71

TOTAL This Period (last page this line number only)

SCHEDULE A

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PAGE 4 OF 10
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
George D. Shafer 6601 Centerville business Pkwy OH010-3005 Dayton, OH 45459-8028 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: CEO Dayton Ohio Plan Aggregate Year-to-Date > \$ 280.00	Payroll Deduction \$ 20.00 Biweekly	140.00 (\$20.00)
Lawrence J. Kissner 13621 NW 12Th Street FL075-1000 Sunrise, FL 33323 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthGroup Occupation: Vice President Sales & Marketing Aggregate Year-to-Date > \$ 269.22	Payroll Deduction \$ 19.23 Biweekly	134.61 (\$19.23)
B. Thomas Palmer 1900 E. Goff Road Suite 400 IL035-1000 Schaumburg, IL 60173 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthGroup Occupation: Regional Vice President Aggregate Year-to-Date > \$ 269.22	Payroll Deduction \$ 19.23 Biweekly	134.61 (\$19.23)
Allan J. Weiss 5901 Lincoln Drive MN012-N221 Edina, MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: Treasurer Aggregate Year-to-Date > \$ 210.00	Payroll Deduction \$ 15.00 Biweekly	105.00 (\$15.00)
William P. Whitely One South Wacker IL014-0910 Chicago, IL 60606 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	UnitedHealth Group, Inc. Occupation: CEO, United HealthCare of Illinois Aggregate Year-to-Date > \$ 1,076.88	Payroll Deduction \$ 78.92 Biweekly	538.44 (\$78.92)
David Sandkuhl 3650 Olentangy River Road OH020-0260 Columbus, OH 43214 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthGroup, Inc. Occupation: Director, Medical Sales & Marketing Aggregate Year-to-Date > \$ 280.00	Payroll Deduction \$ 20.00 Biweekly	140.00 (\$20.00)
Cicily B. Brogan 6601 Centerville Business Pkwy OH010-3005 Dayton, OH 45475-1090 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	United HealthGroup Occupation: V.P. Administration/Operations Aggregate Year-to-Date > \$ 280.00	Payroll Deduction \$ 20.00 Biweekly	140.00 (\$20.00)

SUBTOTAL of Receipts This Page (optional)

1,332.66

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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PAGE 5 OF 10
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 Stephn C. Spurgeon 13655 Riverport Drive Maryland Heights, MO 63043 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 Physician	Payroll Deduction	201.95 (\$28.85 Biweekly)
Aggregate Year-to-Date > \$ 403.90			
B. Full Name, Mailing Address and ZIP Code Ken L. Hoverman 3650 Olentangy River Rd OH020-3010 Columbus, OH 43214-1138 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 COO UHC Ohio	Payroll Deduction	210.00 (\$30.00 Biweekly)
Aggregate Year-to-Date > \$ 420.00			
C. Full Name, Mailing Address and ZIP Code Russell M. Hostetler 1401 N. WestShore Blvd, 8th, fl FL067-0800 Tampa, FL 33607 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthGroup	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Medical Director	Payroll Deduction	105.00 (\$15.00 Biweekly)
Aggregate Year-to-Date > \$ 210.00			
D. Full Name, Mailing Address and ZIP Code Ronald B. Colby 9900 Bren Rd East MN008-E211 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 Senior VP, Insurance & Product Mgmt	Payroll Deduction	1,225.00 (\$175.00 Biweekly)
Aggregate Year-to-Date > \$ 2,075.00			
E. Full Name, Mailing Address and ZIP Code Keith Noblitt 2970 Clairmont Rd #850 Atlanta, GA 30329-1634 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 Strategic Account Executive	Payroll Deduction	140.00 (\$20.00 Biweekly)
Aggregate Year-to-Date > \$ 280.00			
F. Full Name, Mailing Address and ZIP Code Robert G. Harmon MD 10467 White Granite Dr. Suite 300, VA31-1000 Oakton, VA 22124-0450 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation National Medical Director	Payroll Deduction	140.00 (\$20.00 Biweekly)
Aggregate Year-to-Date > \$ 280.00			
G. Full Name, Mailing Address and ZIP Code Thomas Taylor 425 Market St, 13th Floor CA036-1000 San Francisco, CA 94105 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthGroup, Inc.	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation Western Region Vice President	Payroll Deduction	140.00 (\$20.00 Biweekly)
Aggregate Year-to-Date > \$ 280.00			

SUBTOTAL of Receipts This Page (optional)

2,161.95

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 **6** OF **10**
FOR LINE NUMBER **11a1**

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

A. Full Name, Mailing Address and ZIP Code Tina Chilton 5901 Lincoln Dr. MN012-N221 Edina, MN 55436 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthGroup	Date (month, day, year) Payroll	Amount of Each Receipt This Period 105.00
	Occupation Director, Treasury	Deduction (\$15.00)	Biweekly
Aggregate Year-to-Date > \$ 210.00			
B. Full Name, Mailing Address and ZIP Code Sheila Letacher 9900 Bren Road East MN008-T203 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthGroup	Date (month, day, year) Payroll	Amount of Each Receipt This Period 134.61
	Occupation Attorney	Deduction (\$19.23)	Biweekly
Aggregate Year-to-Date > \$ 269.22			
C. Full Name, Mailing Address and ZIP Code Steven Baker MD 10701 W. Research Dr P.O. Box 28649 (WI030-5380) Milwaukee, WI 53226-0549 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt This Period 134.61
	Occupation Senior Medical Director	Deduction (\$19.23)	Biweekly
Aggregate Year-to-Date > \$ 269.22			
D. Full Name, Mailing Address and ZIP Code Robert J. Sheehy 9900 Bren Road East MN008-W301 Minnetonka, MN 55343 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt This Period 1,330.00
	Occupation Executive Management	Deduction (\$190.00)	Biweekly
Aggregate Year-to-Date > \$ 2,460.00			
E. Full Name, Mailing Address and ZIP Code Michael J. Koehler 106 Farmers Alley, Suite 400 MI012-3200 Kalamazoo, MI 49006-0271 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll	Amount of Each Receipt This Period 280.00
	Occupation CEO PHP Southwest Michigan	Deduction (\$40.00)	Biweekly
Aggregate Year-to-Date > \$ 560.00			
F. Full Name, Mailing Address and ZIP Code William D. Felsing 10701 W. Research Drive WI130-H420 Milwaukee, WI 53226-0649 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthGroup	Date (month, day, year) Payroll	Amount of Each Receipt This Period 133.00
	Occupation VP&COO PrimeCare HealthPlan Inc.	Deduction (\$19.00)	Biweekly
Aggregate Year-to-Date > \$ 266.00			
G. Full Name, Mailing Address and ZIP Code Michael Derdzinski 10701 W. Research Dr. W030-3550 Milwaukee, WI 53226 Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll	Amount of Each Receipt This Period 140.00
	Occupation V.P. Marketing and Sales	Deduction (\$20.00)	Biweekly
Aggregate Year-to-Date > \$ 280.00			
SUBTOTAL of Receipts This Page (optional)			2,257.22
TOTAL This Period (last page this line number only)			

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE **7** OF **10**
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 John S. Penahom 9900 Bren Road East MN008-8092 Minnetonka, MN 55343	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 280.00
	Occupation VP Investor Relations	Aggregate Year-to-Date > \$ 560.00	(\$40.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code James Scott Garrett 2970 Clairmont Rd, Suite 300 GA010-3300 Atlanta, GA 30329-1634	Name of Employer United HealthGroup	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 134.61
	Occupation Str. Director Network Management	Aggregate Year-to-Date > \$ 269.22	(\$19.23 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. 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) Payroll Deduction	Amount of Each Receipt this Period 420.00
	Occupation Corporate Vice President	Aggregate Year-to-Date > \$ 840.00	(\$60.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code Joe Berry 5901 Lincoln Drive MN012-S249 Edina, MN 55435	Name of Employer United HealthCare Corporation	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 140.00
	Occupation National Medical Director	Aggregate Year-to-Date > \$ 280.00	(\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. 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) Payroll Deduction	Amount of Each Receipt this Period 1,085.00
	Occupation CEO, Ovations	Aggregate Year-to-Date > \$ 1,945.00	(\$155.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code Gregory Springer 5901 Lincoln Drive MN012-N282 Edina, MN 55436-1611	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) Payroll Deduction	Amount of Each Receipt this Period 175.00
	Occupation VP Controller UHC	Aggregate Year-to-Date > \$ 350.00	(\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. 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) Payroll Deduction	Amount of Each Receipt this Period 403.83
	Occupation Senior VP Ovations	Aggregate Year-to-Date > \$ 807.66	(\$57.69 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

SUBTOTAL of Receipts This Page (optional) **2,638.44**

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 8 OF 10
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
Patrick Erlandson 9900 Bren 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 VP Corporate Controller	Payroll Deduction	700.00 (\$100.00) Biweekly)
	Aggregate Year-to-Date > \$ 1,157.69		
Michael Harrington 6300 Olson Memorial Hwy MN10-S203 Golden Valley, MN 55427	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Optum-Sales	Payroll Deduction	175.00 (\$25.00) Biweekly)
	Aggregate Year-to-Date > \$ 350.00		
John M. Braasch 2717 N 118th Circle NE010-3700 Omaha, NE 68164	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation CEO - UHCM	Payroll Deduction	140.00 (\$20.00) Biweekly)
	Aggregate Year-to-Date > \$ 280.00		
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	105.00 (\$15.00) Biweekly)
	Aggregate Year-to-Date > \$ 210.00		
Tracy L. Bahl 450 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	269.22 (\$38.46) Biweekly)
	Aggregate Year-to-Date > \$ 538.44		
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	700.00 (\$100.00) Biweekly)
	Aggregate Year-to-Date > \$ 1,400.00		
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	700.00 (\$100.00) Biweekly)
	Aggregate Year-to-Date > \$ 1,200.00		

SUBTOTAL of Receipts This Page (optional)

2,789.22

TOTAL This Period (last page this line number only)

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 9 OF 10
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated Political Fund

A. Full Name, Mailing Address and ZIP Code David Lubban 9900 Bren Rd East Minnetonka, MN 55343	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation General Counsel	Payroll Deduction 	1,348.17 (\$192.31 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 2,692.34		
B. Full Name, Mailing Address and ZIP Code William Tracy 9300 W. 110th Sts 360 Overland, KS 66210	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation VP Sales	Payroll Deduction 	176.00 (\$25.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 350.00		
C. Full Name, Mailing Address and ZIP Code Brian K. Beutner 9900 Bren Road East MN008-T202 Minnetonka, MN 55343	Name of Employer United HealthGroup	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Dputy General Counsel	Payroll Deduction 	134.61 (\$19.23 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 269.22		
D. Full Name, Mailing Address and ZIP Code Daniel J. Mcathia 9900 Bren Road E. MN008-W318 Minnetonka, MN 55343	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation Senior VP Finance & HealthCare Econ	Payroll Deduction 	700.00 (\$100.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 1,200.00		
E. Full Name, Mailing Address and ZIP Code James Watson 2717 N. 118th Lucile Omaha, NE 68164	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation V.P. Govt Relations, UHC Midlands	Payroll Deduction 	134.61 (\$19.23 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 269.22		
F. Full Name, Mailing Address and ZIP Code Meg Sternberg 2307 W. Cone Blvd NC10-3750 Greensboro, NC 27408	Name of Employer United HealthGroup, Inc.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation VP Corp Affairs & Gov't Programs	Payroll Deduction 	140.00 (\$20.00 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 280.00		
G. Full Name, Mailing Address and ZIP Code Marcia Smith 9900 Bren Road East MN008-W211 Minnetonka, MN 55343	Name of Employer UnitedHealth Group, Inc.	Date (month, day, year) 	Amount of Each Receipt this Period
	Occupation CEO - Evercare	Payroll Deduction 	67.90 (\$9.70 Biweekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Aggregate Year-to-Date > \$ 285.80		

SUBTOTAL of Receipts This Page (optional) **2,698.29**

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 10 OF 10
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
Lynne Montagua-Clouse 12125 Technology Drive MN002-0161 Eden Prairie, MN 55344	United HealthCare Corporation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: International HealthCare Consultant	Payroll	140.00
	Aggregate Year-to-Date > \$ 280.00	Deduction	(\$20.00)
			Biweekly)
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Judith Murphy 9900 Bren Road E. MN008-W302 Minnetonka, MN 55343	United HealthGroup		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Business Segment CIO	Payroll	175.00
	Aggregate Year-to-Date > \$ 350.00	Deduction	(\$25.00)
			Biweekly)
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Richard J. Raskin MD 1375 E 9th St., Suite 1100 OH030-3015 Cleveland, OH 44114	United HealthGroup, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: Medical Director	Payroll	134.61
	Aggregate Year-to-Date > \$ 269.22	Deduction	(\$19.23)
			Biweekly)
D. 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	United HealthGroup, Inc.		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation: CEO United HealthCare of Kentucky	Payroll	140.00
	Aggregate Year-to-Date > \$ 280.00	Deduction	(\$20.00)
			Biweekly)
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	280.00
	Aggregate Year-to-Date > \$ 500.00	Deduction	(\$40.00)
			Biweekly)
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 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	269.29
	Aggregate Year-to-Date > \$ 538.58	Deduction	(\$38.47)
			Biweekly)
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)

1,138.90

TOTAL This Period (last page this line number only)

21,902.71

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
The Grassley Committee, Inc. P.O. Box 6193 Alexandria, VA 22306-0193	Charles E. Grassley, U.S. SENATE IA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/04/00	1,000.00
EHRlich FOR CONGRESS COMMITTEE P.O. Box 9021 Lutherville, MD 21094	Robert L. Ehrlich, U.S. HOUSE 2nd MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/06/00	500.00
Weller for Congress P.O. Box 687 Morris, IL 60450	Gerald C. Weller, U.S. HOUSE 11th IL Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/10/00	1,000.00
People with Hart P.O. Box 435 Wexford, PA 15090	Melissa Hart, U.S. HOUSE 4th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/12/00	1,000.00
Minge for Congress PO Box 71 Granite Falls, MN 56241	David Minge, U.S. HOUSE 2nd MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/12/00	500.00
Heather Wilson for Congress P.O. Box 14070 Albuquerque, NM 87102	Heather A. Wilson, U.S. HOUSE 1st NM Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/17/00	500.00
Jeffords for Vermont P.O. Box 248 Montpelier, VT 05602	James M. Jeffords, U.S. SENATE VT Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/17/00	1,000.00
Luther for Congress Volunteer Commi 1399 Geneva Ave. Suite 103 Oakdale, MN 55128	William P. Luther, U.S. HOUSE 6th MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/17/00	1,000.00
Minge for Congress PO Box 71 Granite Falls, MN 56241	David Minge, U.S. HOUSE 2nd MN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/00	500.00

SUBTOTAL of Disbursements This Page (optional)

7,000.00

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
The Republican Majority Fund 425 Second Street NE Washington, DC	Support of Republican Candidates for U.S. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	04/28/00	5,000.00
Democratic Senatorial Campaign Committee 430 S Capitol Washington, DC 20003	Support of Democratic Candidates for US Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/01/00	2,000.00
Nelson 2000 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	06/01/00	1,000.00
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	05/01/00	1,000.00
Keep Our Majority PAC 1275 Pennsylvania Ave, NW 10th Floor Washington, DC 20004	Preservation of Republican Majority in Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/01/00	5,000.00
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	05/09/00	3,500.00
The Sensenbrenner Committee P.O. Box 575 Brookfield, WI 53008-0575	F. James Sensenbrenner, U.S. Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/09/00	750.00
Bill Thomas Campaign Committee P.O. Box 395 Bakersfield, CA 93302	Bill Thomas, U.S. HOUSE 21st CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/09/00	2,000.00
DOOLEY FOR CONGRESS POST OFFICE BOX 1367 VISALIA, CA 93279	Cal Dooley, U.S. HOUSE 20th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/09/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)

21,250.00

TOTAL This Period (last page this line number only)

SCHEDULE B

ITEMIZED DISBURSEMENTS

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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
Roth Senate Committee P.O. Box 105 Wilmington, DE 19899	William V. Roth, U.S. SENATE DE Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/09/00	500.00
Ehrlich for Maryland Committee P.O. Box 9021 Lutherville, MD 21084	Robert L. Ehrlich, U.S. HOUSE 2nd MD Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/19/00	1,000.00
Democratic Leader's Victory Fund 2000 P.O. Box 15849 Washington, DC 20003	Support for Democratic Candidates to U.S. Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	05/24/00	5,000.00
People with Hart P.O. Box 436 Waxford, PA 15090	Melissa Hart, U.S. HOUSE 4th PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/06/00	500.00
Friends Of Scott McInnis P.O. Box 3157 Grand Junction, CO 81502	Scott McInnis, U.S. HOUSE 3rd CO Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/00	500.00
Frist 2000 4205 Hillsboro Road S 306 Nashville, TN 37215	Bill Frist, U.S. SENATE TN Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/00	1,000.00
The Freedom Project 111 E Street SE Washington, DC 20003	Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/00	1,000.00
People for English Committee P.O. Box 1940 Erie, PA 16507	Phil English, U.S. HOUSE 21st PA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/00	1,000.00
Abraham Senate 2000 900 2nd street N.E. #114 Washington, DC 20002	Spencer Abraham, U.S. SENATE MI Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/08/00	1,000.00

SUBTOTAL of Disbursements This Page (optional)	11,500.00
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

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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
New Democrat Network 501 Capitol Court N.E. Suite 200 Washington, DC 20002	Support for business Friendly democratic Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/14/00	5,000.00
B. Full Name, Mailing Address and ZIP Code DOOLEY FOR CONGRESS POST OFFICE BOX 1387 VISALIA, CA 93279	Purpose of Disbursement Cal Dooley, U.S. HOUSE 20th CA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/19/00	500.00
C. Full Name, Mailing Address and ZIP Code Pioneer PAC 1212 North Vernon St. Arlington, VA 22201	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/22/00	1,000.00
D. Full Name, Mailing Address and ZIP Code Good Government for America 3091 Maple Drive, Suite 200 Atlanta, GA 30305	Purpose of Disbursement Paul Coverdell, U.S. SENATE GA Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/28/00	1,000.00
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) 2000	06/30/00	1,000.00
F. 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
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)

8,500.00


TOTAL This Period (last page this line number only)

48,250.00

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 7.13.00
<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
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<input type="checkbox"/> Electronic Filing	
 PREPARER	7.13.00 DATE PREPARED