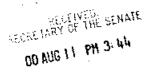
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name		
Powell, Goldstein, Frazer & Murphy LLP		
2. Address   Check if different than previously reported		
1001 Pennsylvania Avenue, N.W., Suite 600, Washington, D.C	. 20004	
3. Principal Place of Business (if different from line 2)		
Chy: N/A	State/Zip (or Country)	
4. Contact Name Telephone	E-mail (optional) 5. Senato ID #	
Michael Fine 202-347-0066	31942-606	
7. Clicat Name 🔲 Self	6. House ID #	
UnitedHealthcare Services	31255058	
TYPE OF REPORT 8. Year 2000 Midyear (Fanuar	y 1-June 30) El OR Year End (July 1-December 31) 🔾	
9. Check if this filing amends a previously filed version of this repo		
10. Check if this is a Termination Report 🚨 🗢 Termination Dat	e II. No Lobbying Activity 🚨	
INCOME OR EXPENSES - Complete Either Line 12 OR Lin	æ 13	
12. Lobbying Firms	I3. Organizațions	
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:	
Less than \$10,000 🔲	Less than \$10,000 🖸	
\$10,000 or more IXI => \$ 20,000   Income (source \$20,000)	\$10,000 or more	
Provide a good faith estimate, rounded to the nearest \$20,000, of	14. REPORTING METHOD. Check box to indicate expense	
all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf	accounting method. See instructions for description of options.	
of the client).	☐ Method A. Reporting amounts using LDA definitions only ☐ Method B. Reporting amounts under section 6033(b)(8) of the	
	Internal Revenue Code	
	Method C. Reporting amounts under section 162(e) of the Internal Revenue Code	
Signature		
Printed Name and Title	THE PROPERTY OF THE PROPERTY O	
Form LO-2 (REV. 698) ::ODAGPCEOCSWSINESSIGN:	Page   of 3	

Registrant Name: <u>Powell, Goldstein, Frazer &amp; Murphy LLF</u>	Client Name: UnitedHealthcare Serv	ices
LOBBYING ACTIVITY. Select as many codes as necessar engaged in lobbying on behalf of the client during the reportin information as requested. Attach additional page(s) as needed.		
15. General issue area code HCR (one per page)		
16. Specific lobbying issues		
Managed care reform (no specific legislation) Quality Care for the Uninsured Act of 1999 (H.R. 2990) Bipartisan Consensus Managed Care Act of 1999 (H.R. 2723) Patients Bill of Rights Act of 1999 (S. 1344) Comprehensive Access and Responsibility in Health Care Act of 19	999 (H. R. 2926)	
17. House(s) of Congress and Federal agencies contacted	☐ Check if None	
U.S. House of Representatives U.S. Senate		
18. Name of each individual who acted as a lobbyist in this issue.  Name	ue area Covered Official Position (if applicable)	New
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19. Interest of each foreign entity in the specific issues listed or	n line 16 above Check if None N/A	F
SignatureDate_		
Printed Name and Title		
Form LE-2 (REV. 6/98) ::0DAA/PCDDCS/W3881856360		Page 2 of 3

OBBYING ACTIVITY. Select as many codes as necessing aged in lobbying on behalf of the client during the report information as requested. Attach additional page(s) as needed	ing period. Using a separate page for each code,	provide
<ol> <li>General issue area code <u>MMM</u> (one per page)</li> </ol>		
16. Specific lobbying issues		
Medicare reform (no specific legislation) Medicare & Choice Risk Adjustment Act of 1999 (H.R. 24	19)	
17. House(s) of Congress and Federal agencies contacted	Check if None	
U.S. House of Representatives		
U.S. Semate  18. Name of each individual who acted as a lobbyist in this is	sue area	
	sue area Covered Official Position (if applicable)	New
18. Name of each individual who acted as a lobbyist in this is  Name	Covered Official Position (if applicable)	New
18. Name of each individual who acted as a lobbyist in this is  Name	Covered Official Position (if applicable)	
18. Name of each individual who acted as a lobbyist in this is  Name  Vlad Cartwright	Covered Official Position (if applicable)	<u>a</u>
18. Name of each individual who acted as a lobbyist in this is  Name  Vlad Cartwright	Covered Official Position (if applicable)	
18. Name of each individual who acted as a lobbyist in this is  Name  Vlad Cartwright  Butler Derrick	Covered Official Position (if applicable)	
18. Name of each individual who acted as a lobbyist in this is  Name  Vlad Cartwright  Butler Desrick	Covered Official Position (if applicable)	0 0
18. Name of each individual who acted as a lobbyist in this is  Name  Vlad Cartwright  Butler Desrick	Covered Official Position (if applicable)	
18. Name of each individual who acted as a lobbyist in this is  Name  Vlad Cartwright  Butler Desrick	Covered Official Position (if applicable)	0 0
18. Name of each individual who acted as a lobbyist in this is  Name  Vlad Cartwright  Butler Desrick	Covered Official Position (if applicable)  on line 16 above	0 0