

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		220131.42
(b) Cash on Hand at Beginning of Reporting Period.....	263153.04	
(c) Total Receipts (from Line 19)	71331.25	119352.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	334484.29	339484.29
7. Total Disbursements (from Line 31).....	0.00	5000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	334484.29	334484.29
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	44533.70	60177.76
(ii) Unitemized	26797.55	59175.11
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	71331.25	119352.87
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	71331.25	119352.87
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.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	71331.25	119352.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	71331.25	119352.87

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 21(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.....	0.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Individuals/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 Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	5000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	5000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	71331.25	119352.87
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	71331.25	119352.87
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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 PAC (United for Health)

Full Name (Last, First, Middle Initial) A. WAYNE F COOK		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : PR1159812829801
Mailing Address 1200 PEBBLE HILL ROAD		Amount of Each Receipt this Period 180.00
City DOYLESTOWN	State PA	Zip Code 18901-3007
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP Ops
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DAVID S WICHMANN		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : PR1159814729801
Mailing Address 7000 ANTRIM ROAD		Amount of Each Receipt this Period 576.90
City EDINA	State MN	Zip Code 55439-1708
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation EVP Pres UHG Ops
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.50	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. PATRICK J ERLANDSON		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : PR1159815929801
Mailing Address 1000 OLD LONG LAKE ROAD		Amount of Each Receipt this Period 576.90
City WAYZATA	State MN	Zip Code 55391-9690
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation SVP Bus Ops
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 961.50	P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1333.80
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. PATRICIA R SAURO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8943 HIDDEN MEADOW R
 City State Zip Code
 WOODBURY MN 55125-9138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP UnitedHlthcare
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR1159816429801
 Amount of Each Receipt this Period
 180.00
 P/R Deduction (\$60.00 Bi-Weekly)

B. WILLIAM A MUNSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2119 WINDSONG CIRCLE
 City State Zip Code
 WAYZATA MN 55391-2259
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc EVP UnitedHlth Group
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR1159816629801
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. JOHN S PENSHORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 BLACK OAKS LANE
 City State Zip Code
 WAYZATA MN 55391-1363
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP UnitedHlth Group
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 961.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR1159816929801
 Amount of Each Receipt this Period
 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1056.90
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. PAUL D KALLMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 HERALD DR
 City AMBLER State PA Zip Code 19002-1530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1159817429801
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. TIMOTHY F RYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4913 BRUCE AVE
 City EDINA State MN Zip Code 55424-1113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1159817929801
 Amount of Each Receipt this Period 291.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. THOMAS J QUIRK
 Full Name (Last, First, Middle Initial)
 Mailing Address 4307 BEECHWOOD LANE
 City DALLAS State TX Zip Code 75220-1909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1159819129801
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 591.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. REED V TUCKSON M.D.
Full Name (Last, First, Middle Initial)
Mailing Address 3501 ZENITH AVE SOUTH
City MINNEAPOLIS State MN Zip Code 55416-4623
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation EVP Consumr Hlth Med Care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.90

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1159819829801
Amount of Each Receipt this Period 346.14
P/R Deduction (\$115.38 Bi-Weekly)

B. WILLIAM C TRACY
Full Name (Last, First, Middle Initial)
Mailing Address 13016 CANTERBURY
City LEAWOOD State KS Zip Code 66209-1768
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 288.50

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1159821529801
Amount of Each Receipt this Period 173.10
P/R Deduction (\$57.70 Bi-Weekly)

C. RICHARD J MIGLIORI
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 72
City WAYZATA State MN Zip Code 55391-0072
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP Bus Initi Clin Aff
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1159827429801
Amount of Each Receipt this Period 300.00
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 819.24
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JEANNINE M RIVET
 Full Name (Last, First, Middle Initial)
 Mailing Address 4305 TRILLIUM WAY
 City State Zip Code
 MINNETRISTA MN 55364-7708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc EVP UnitedHlth Grp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 961.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR1159830029801
 Amount of Each Receipt this Period
 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

B. JILL WINTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 SPOEDE LN
 City State Zip Code
 SAINT LOUIS MO 63141-7708
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR1159840429801
 Amount of Each Receipt this Period
 162.00
 P/R Deduction (\$54.00 Bi-Weekly)

C. Mr. ANTHONY WELTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 919 SAIGON ROAD
 City State Zip Code
 MCLEAN VA 22102-2116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc EVP UnitedHlth Group
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 961.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR1332013229801
 Amount of Each Receipt this Period
 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1315.80
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. THOMAS J VALERIUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2820 DEER RUN TRAIL
 City LONG LAKE State MN Zip Code 55356-9690
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Recruiting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1551161329801
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$76.92 Bi-Weekly)

B. LOIS T WEIHRAUCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 10392 SHERMAN DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347-4452
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1551161429801
 Amount of Each Receipt this Period 180.00
 P/R Deduction (\$60.00 Bi-Weekly)

C. JOHN O ENDERLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 ANDREIS TRAIL
 City SOUTH WINDSOR State CT Zip Code 06074-2142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1554323529801
 Amount of Each Receipt this Period 165.00
 P/R Deduction (\$55.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	575.76
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. RICK M JELINEK
Full Name (Last, First, Middle Initial)

Mailing Address 5570 WOODSIDE LANE

City Shorewood State MN Zip Code 55331

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : PR1554323929801

Amount of Each Receipt this Period
384.60

P/R Deduction (\$192.30 Bi-Weekly)

B. MICHAEL RADU
Full Name (Last, First, Middle Initial)

Mailing Address 42820 VIOLA CT

City Leesburg State VA Zip Code 20176-6847

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation COO Collaborative Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : PR1554324529801

Amount of Each Receipt this Period
162.00

P/R Deduction (\$54.00 Bi-Weekly)

C. KAREN L ERICKSON
Full Name (Last, First, Middle Initial)

Mailing Address 15348 RED OAKS ROAD SE

City Prior Lake State MN Zip Code 55372-1834

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Optum Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **961.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : PR1575957629801

Amount of Each Receipt this Period
576.90

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **1123.50**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ERNEST MONFILETTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3062 COMFORT ROAD
 City NEW HOPE State PA Zip Code 18938-5622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Plan Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1575958129801
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$76.92 Bi-Weekly)

B. LEE D VALENTA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4701 GOLF TERRACE
 City EDINA State MN Zip Code 55424-1514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Pres Lif Scis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1575958529801
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

C. THOMAS S PAUL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2006 QUEEN AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55405-2350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation UHC Chief Cnsmr Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1580864729801
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1107.66
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 14 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ROBERT THOMAS WEBB
 Full Name (Last, First, Middle Initial)
 Mailing Address 4516 DREXEL AVENUE
 City EDINA State MN Zip Code 55424-1130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP UNITEDHLTH GRP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1580865329801
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

B. RICHARD J HUGHES
 Full Name (Last, First, Middle Initial)
 Mailing Address 735 SAINT MORITZ
 City VICTORIA State MN Zip Code 55386-3706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Human Capital Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1596304129801
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. THAD C JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 16848 STIRRUP LN
 City EDEN PRAIRIE State MN Zip Code 55347-3339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1596304329801
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1176.90
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. GAYE ADAMS MASSEY
Full Name (Last, First, Middle Initial)
Mailing Address 3801 ABBOTT AVE S
City MINNEAPOLIS State MN Zip Code 55410-1036
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 576.90

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1596304529801
Amount of Each Receipt this Period 346.14
P/R Deduction (\$115.38 Bi-Weekly)

B. DANIEL J SCHUMACHER
Full Name (Last, First, Middle Initial)
Mailing Address 11582 RASPBERRY HILL ROAD
City EDEN PRAIRIE State MN Zip Code 55344-3268
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 575.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1596305429801
Amount of Each Receipt this Period 345.00
P/R Deduction (\$115.00 Bi-Weekly)

C. ROBERT W OBERRENDER
Full Name (Last, First, Middle Initial)
Mailing Address 4505 MOORLAND AVENUE
City EDINA State MN Zip Code 55424-1158
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP Treasurer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 550.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR1596307029801
Amount of Each Receipt this Period 330.00
P/R Deduction (\$110.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1021.14
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KEVIN J RUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 16621 ALEXANDER MANOR DRIVE
 City State Zip Code
 SILVER SPRING MD 20905-5028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Entrprs Clin Alignm
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR1596317429801
 Amount of Each Receipt this Period
 225.00
 P/R Deduction (\$75.00 Bi-Weekly)

B. MICHAEL D MICHAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 742 GOODRICH AVE
 City State Zip Code
 SAINT PAUL MN 55105-3343
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP GM PCM
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR1600598529801
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. LEWIS G SANDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 SUNNYSLOPE ROAD E
 City State Zip Code
 EDINA MN 55424-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Clin Advancement
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR1600598729801
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 825.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MATTHEW W PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20595 SPENCER LANE
 City State Zip Code
 EXCELSIOR MN 55331-4523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR1602669929801
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JEFFREY W MALONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 18076 CLEAR SPRING LANE
 City State Zip Code
 EDEN PRAIRIE MN 55347-1078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.75

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR1613243529801
 Amount of Each Receipt this Period
 288.45
 P/R Deduction (\$96.15 Bi-Weekly)

C. STEVE R KOOREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4444 ELLSWORTH DRIVE
 City State Zip Code
 EDINA MN 55435-4150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 961.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR1653443229801
 Amount of Each Receipt this Period
 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1165.35
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. THOMAS J BELLAMY
Full Name (Last, First, Middle Initial)

Mailing Address 2743 THOMAS AVENUE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55416-4346

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	SB RVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : PR1653444329801

Amount of Each Receipt this Period

173.10

P/R Deduction (\$57.70 Bi-Weekly)

B. ALISTAIR D JACQUES
Full Name (Last, First, Middle Initial)

Mailing Address 645 OLD LONG LAKE ROAD

City	State	Zip Code
WAYZATA	MN	55391-9684

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Bus Segment CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **961.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : PR1653445229801

Amount of Each Receipt this Period

576.90

P/R Deduction (\$192.30 Bi-Weekly)

C. Mr. MILES S SNOWDEN
Full Name (Last, First, Middle Initial)

Mailing Address 1216 CHASTAIN DRIVE NE

City	State	Zip Code
ATLANTA	GA	30342-4124

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
United HealthCare Services Inc	Chief Med Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **961.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : PR1746717829801

Amount of Each Receipt this Period

576.90

P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1326.90
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. CATHERINE K ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 W 2000 S

City DRIGGS	State ID	Zip Code 83422-4874
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR1903550729801

Amount of Each Receipt this Period
 173.10

P/R Deduction (\$57.70 Bi-Weekly)

B. SUSAN B EDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 9727 WELLINGTON RIDGE

City WOODBURY	State MN	Zip Code 55125-9592
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Bus Segment COO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR1903578129801

Amount of Each Receipt this Period
 300.00

P/R Deduction (\$100.00 Bi-Weekly)

C. JOHN C SANTELLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 17498 GEORGE MORAN DRIVE

City EDEN PRAIRIE	State MN	Zip Code 55347-2163
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SVP CIO
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR1903622029801

Amount of Each Receipt this Period
 300.00

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	773.10
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. SUSAN LYNN BERKEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 SHADOW GLEN
 City IRVINE State CA Zip Code 92620-0204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2119468129801
 Amount of Each Receipt this Period 576.00
 P/R Deduction (\$192.00 Bi-Weekly)

B. LESLIE J CARTER
 Full Name (Last, First, Middle Initial)
 Mailing Address 19021 POPPY HILL CIRCLE
 City HUNTINGTON BEACH State CA Zip Code 92648-6710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2119470329801
 Amount of Each Receipt this Period 288.00
 P/R Deduction (\$96.00 Bi-Weekly)

C. DAVID M HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 VIA CONOCIDO
 City SAN CLEMENTE State CA Zip Code 92673-7044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2119476729801
 Amount of Each Receipt this Period 405.00
 P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1269.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 21 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. SAMUEL W HO
 Mailing Address 4220 OCEAN DR
 City State Zip Code
 MANHATTAN BEACH CA 90266-3059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Mkt Grp Chief Clin Off
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 769.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2119477929801
 Amount of Each Receipt this Period
 461.40
 P/R Deduction (\$153.80 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JOHN D JONES
 Mailing Address 3562 REDWOOD
 City State Zip Code
 IRVINE CA 92606-2124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Govt Rel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2119479229801
 Amount of Each Receipt this Period
 288.00
 P/R Deduction (\$96.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. AUSTIN T PITTMAN
 Mailing Address 14 LOCH RIDGE DRIVE
 City State Zip Code
 GREENSBORO NC 27408-3868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Pres Ntwks
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 675.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2119486729801
 Amount of Each Receipt this Period
 405.00
 P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1154.40
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. CYNTHIA L POLICH
Full Name (Last, First, Middle Initial)
Mailing Address 3401 E VIA PALOMITA
City TUCSON State AZ Zip Code 85718-3371
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation M R Pres
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2119486829801
Amount of Each Receipt this Period 300.00
P/R Deduction (\$100.00 Bi-Weekly)

B. STEVEN M TUCKER
Full Name (Last, First, Middle Initial)
Mailing Address 12331 COUNTRY LANE
City SANTA ANA State CA Zip Code 92705-3330
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Regl Affs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2119492029801
Amount of Each Receipt this Period 288.00
P/R Deduction (\$96.00 Bi-Weekly)

C. FORREST G BURKE
Full Name (Last, First, Middle Initial)
Mailing Address 380 LEAF STREET
City ORONO State MN Zip Code 55356-9733
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Pres PS Labor Trust
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2133132429801
Amount of Each Receipt this Period 300.00
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	888.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. SUSAN C MORISATO
Full Name (Last, First, Middle Initial)
Mailing Address 238 ARDMORE ROAD
City DES PLAINES State IL Zip Code 60016-2119
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Pres Insurance Sols
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 965.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2133133829801
Amount of Each Receipt this Period 579.00
P/R Deduction (\$193.00 Bi-Weekly)

B. T JEFFREY PUTNAM
Full Name (Last, First, Middle Initial)
Mailing Address 303 ELMWOOD PLACE WEST
City MINNEAPOLIS State MN Zip Code 55419-1349
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP Financial Plng Anlys
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2133134229801
Amount of Each Receipt this Period 576.90
P/R Deduction (\$192.30 Bi-Weekly)

C. DANNETTE L SMITH
Full Name (Last, First, Middle Initial)
Mailing Address 5414 BYSCANE LANE
City MINNETONKA State MN Zip Code 55345-5601
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 965.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2145729929801
Amount of Each Receipt this Period 579.00
P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1734.90
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MARGARET W WEAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 TOPANGA
 City IRVINE State CA Zip Code 92602-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2145730229801
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. DAVID A SPIVACK
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 HIDDEN TRAIL
 City IRVINE State CA Zip Code 92603-0212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Bus Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2162867629801
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

C. CHRISTINE W GIBSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8516 29TH AVE N
 City NEW HOPE State MN Zip Code 55427-2622
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Strat Initi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2225166729801
 Amount of Each Receipt this Period 346.14
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1073.04
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ANDREW M SLAVITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5125 MIRROR LAKES DRIVE
 City EDINA State MN Zip Code 55436-1341
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2225167429801
 Amount of Each Receipt this Period 750.00
 P/R Deduction (\$250.00 Bi-Weekly)

B. JEAN-FRANCOIS BEAULE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032-1444
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 288.50

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2225813629801
 Amount of Each Receipt this Period 173.10
 P/R Deduction (\$57.70 Bi-Weekly)

C. ERIC S RANGEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 15348 RED OAKS ROAD SE
 City PRIOR LAKE State MN Zip Code 55372-1834
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Chief Accting Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2225819329801
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 26 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ROY THOMAS SAILOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 276 COYOTE WILLOW DRIVE
 City State Zip Code
 COLORADO SPRINGS CO 80921-7631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Clnt Svc Acct Mgt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 384.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2225819729801
 Amount of Each Receipt this Period
 230.76
 P/R Deduction (\$76.92 Bi-Weekly)

B. DARRELL S RICHEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 10823 MOORS END CIRCLE
 City State Zip Code
 FISHERS IN 46038-2612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Golden Rule Financial Corp. Deputy Gen Counsel Mgr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2231352329801
 Amount of Each Receipt this Period
 240.00
 P/R Deduction (\$80.00 Bi-Weekly)

C. MICHAEL R CONNLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 570 MONTCALM PL
 City State Zip Code
 SAINT PAUL MN 55116-1730
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Chief Tech Off
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2247625829801
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 770.76
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 27 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOSEPH R CARCIONE JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CARRIAGE WAY
 City State Zip Code
 WHITE PLAINS NY 10605-5424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2247626829801
 Amount of Each Receipt this Period
 173.10
 P/R Deduction (\$57.70 Bi-Weekly)

B. DENNIS P O'BRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 LOUGHLIN AVE
 City State Zip Code
 COS COB CT 06807-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc REGN PRES NTWK MGMT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2247627329801
 Amount of Each Receipt this Period
 173.10
 P/R Deduction (\$57.70 Bi-Weekly)

C. JEFFERY RICHARD VERNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 WESTLEDGE ROAD
 City State Zip Code
 WEST SIMSBURY CT 06092-2017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 288.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2247627429801
 Amount of Each Receipt this Period
 173.10
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 519.30
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 29 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JEANNE M DE SA
 Full Name (Last, First, Middle Initial)
 Mailing Address 3000 TILDEN STREET NW #204-1
 City WASHINGTON State DC Zip Code 20008-3017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Rsch
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2402315929801
 Amount of Each Receipt this Period 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. DIANE D SOUZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 STANLEY DRIVE
 City GLASTONBURY State CT Zip Code 06033-2624
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation CEO Spclty Bens
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2402320029801
 Amount of Each Receipt this Period 576.90
 P/R Deduction (\$192.30 Bi-Weekly)

C. LORI SWEERE LILIENTHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 11826 GERMAINE TERRACE
 City EDEN PRAIRIE State MN Zip Code 55347-5278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 965.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2402320229801
 Amount of Each Receipt this Period 579.00
 P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1305.90
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. SHELLEY WIKE CRANLEY
Full Name (Last, First, Middle Initial)

Mailing Address 3801 MAURICE COURT

City LAS VEGAS State NV Zip Code 89108-5245

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 28 / 2013**

Transaction ID : PR240244429801

Amount of Each Receipt this Period **300.00**

P/R Deduction (\$100.00 Bi-Weekly)

B. JAMES H BECKER
Full Name (Last, First, Middle Initial)

Mailing Address 378 FERNDAL ROAD WEST

City WAYZATA State MN Zip Code 55391-1559

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.25**

Date of Receipt **02 / 28 / 2013**

Transaction ID : PR2402445129801

Amount of Each Receipt this Period **461.55**

P/R Deduction (\$153.85 Bi-Weekly)

C. JAMES C COLEMAN
Full Name (Last, First, Middle Initial)

Mailing Address 4135 ETHAN DRIVE

City EAGAN State MN Zip Code 55123-4908

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Empl Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 28 / 2013**

Transaction ID : PR2402445229801

Amount of Each Receipt this Period **300.00**

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **1061.55**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. JAMES D DONOVAN		Date of Receipt
Mailing Address 2816 MONTREAUX DRIVE		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
FRISCO	TX	75034-1855
FEC ID number of contributing federal political committee.		Transaction ID : PR2402445329801
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="195.00"/>
Name of Employer	Occupation	P/R Deduction (\$65.00 Bi-Weekly)
United HealthCare Services Inc	SVP Bus Dev Mktg	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="325.00"/>	

Full Name (Last, First, Middle Initial) B. JOHN L LARSEN		Date of Receipt
Mailing Address 11688 TANGLEWOOD DRIVE		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
EDEN PRAIRIE	MN	55347-4726
FEC ID number of contributing federal political committee.		Transaction ID : PR2402445629801
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="579.00"/>
Name of Employer	Occupation	P/R Deduction (\$193.00 Bi-Weekly)
United HealthCare Services Inc	Bus Segment CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="965.00"/>	

Full Name (Last, First, Middle Initial) C. SOHINI G JINDAL		Date of Receipt
Mailing Address 9300 IVY TREE LANE		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
GREAT FALLS	VA	22066-2206
FEC ID number of contributing federal political committee.		Transaction ID : PR2402446329801
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	P/R Deduction (\$100.00 Bi-Weekly)
United HealthCare Services Inc	Govt Rel Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1074.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. RUSSELL C PETRELLA
Full Name (Last, First, Middle Initial)

Mailing Address 4612 MOORLAND AVENUE

City EDINA State MN Zip Code 55424-1159

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Pres C S

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2402446429801

Amount of Each Receipt this Period 300.00

P/R Deduction (\$100.00 Bi-Weekly)

B. CORY ALEXANDER
Full Name (Last, First, Middle Initial)

Mailing Address 4203 BRADLEY LANE

City CHEVY CHASE State MD Zip Code 20815-5234

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Gov't Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 961.50

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2405428829801

Amount of Each Receipt this Period 576.90

P/R Deduction (\$192.30 Bi-Weekly)

C. PETER H WALSH
Full Name (Last, First, Middle Initial)

Mailing Address 495 HIGHCROFT ROAD

City WAYZATA State MN Zip Code 55391-1548

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2405431129801

Amount of Each Receipt this Period 291.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1167.90

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. GAIL KOZIARA KOZIARA BOUDREAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 841 HOLDEN COURT
 City LAKE FOREST State IL Zip Code 60045-4913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Gr Pres UHC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2437119529801
 Amount of Each Receipt this Period 576.93
 P/R Deduction (\$192.31 Bi-Weekly)

B. DAVID K LIVINGSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 24570 RIDGE POLE COURT
 City SOUTH LYON State MI Zip Code 48178-8297
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Plan Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2437120229801
 Amount of Each Receipt this Period 291.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. PAUL JOSEPH BALTHAZOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9013 FARNSWORTH AVENUE NORTH
 City BROOKLYN PARK State MN Zip Code 55443-1754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2437120729801
 Amount of Each Receipt this Period 180.00
 P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1047.93
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. PETER W RAINEY
Full Name (Last, First, Middle Initial)

Mailing Address 3115 WEST 47 STREET

City MINNEAPOLIS State MN Zip Code 55410-1857

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt **02 / 28 / 2013**

Transaction ID : PR2437127529801

Amount of Each Receipt this Period **345.00**

P/R Deduction (\$115.00 Bi-Weekly)

B. ROBIN E LIPPERT
Full Name (Last, First, Middle Initial)

Mailing Address 522 4 STREET SOUTH EAST

City WASHINGTON State DC Zip Code 20003-4212

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **961.55**

Date of Receipt **02 / 28 / 2013**

Transaction ID : PR2439928029801

Amount of Each Receipt this Period **576.93**

P/R Deduction (\$192.31 Bi-Weekly)

C. STEPHEN M HEYMAN
Full Name (Last, First, Middle Initial)

Mailing Address 5300 SHERRILL AVENUE

City CHEVY CHASE State MD Zip Code 20815-3720

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **02 / 28 / 2013**

Transaction ID : PR2444265729801

Amount of Each Receipt this Period **300.00**

P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **1221.93**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. LORI C MCDOUGAL
Full Name (Last, First, Middle Initial)

Mailing Address 19705 LAKEVIEW AVENUE

City EXCELSIOR State MN Zip Code 55331-9351

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation CEO UMVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **961.50**

Date of Receipt **02 / 28 / 2013**

Transaction ID : PR2445015329801

Amount of Each Receipt this Period **576.90**

P/R Deduction (\$192.30 Bi-Weekly)

B. KARIN KEITEL
Full Name (Last, First, Middle Initial)

Mailing Address 3918 HAVEN ROAD

City MINNETONKA State MN Zip Code 55345-2371

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **02 / 28 / 2013**

Transaction ID : PR2460167629801

Amount of Each Receipt this Period **150.00**

P/R Deduction (\$50.00 Bi-Weekly)

C. SHELBY P SOLOMON
Full Name (Last, First, Middle Initial)

Mailing Address 5702 BLAKE ROAD

City EDINA State MN Zip Code 55436

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Pres Govt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **460.00**

Date of Receipt **02 / 28 / 2013**

Transaction ID : PR2460167929801

Amount of Each Receipt this Period **230.00**

P/R Deduction (\$115.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **956.90**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. LARRY C RENFRO

Mailing Address 5 DOVE LANE

City ANDOVER State MA Zip Code 01810-2845

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation EVP UHG CEO Optum

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **961.50**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : PR2460168129801

Amount of Each Receipt this Period
576.90

P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. SUE SCHICK

Mailing Address 714 GREYTHORNE ROAD

City WYNNEWOOD State PA Zip Code 19096-2511

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : PR2480620529801

Amount of Each Receipt this Period
375.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JERI G KUBICKI

Mailing Address 7659 COLDSTREAM DRIVE

City CINCINNATI State OH Zip Code 45255-3932

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : PR2486697829801

Amount of Each Receipt this Period
150.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1101.90
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. DIRK C MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 SUMMIT OAKS CT
 City State Zip Code
 BURNSVILLE MN 55337-4791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2491457029801
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. KATHRYN M SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 N LAKE SHORE DR # 2309
 City State Zip Code
 CHICAGO IL 60611-7435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 485.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2491457529801
 Amount of Each Receipt this Period
 291.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. KARA V SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 CRESTWOOD DRIVE
 City State Zip Code
 ALEXANDRIA VA 22302-2533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Govt Rel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 769.25

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2540175329801
 Amount of Each Receipt this Period
 461.55
 P/R Deduction (\$153.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1052.55
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. HYLLIUS R EDWARDS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 44246

City DENVER	State CO	Zip Code 80201-4246
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2541300429801

Amount of Each Receipt this Period
150.00

P/R Deduction (\$50.00 Bi-Weekly)

B. JOHN VERSAGGI
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA	State VA	Zip Code 22302-3501
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.80

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2541300829801

Amount of Each Receipt this Period
288.48

P/R Deduction (\$96.16 Bi-Weekly)

C. JOHN F DOHERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5338 SPILMAN AVENUE

City SACRAMENTO	State CA	Zip Code 95819-1734
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2542024529801

Amount of Each Receipt this Period
150.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	588.48
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. RICHARD E RAMSAY
Full Name (Last, First, Middle Initial)

Mailing Address 543 E LURAY AVE

City ALEXANDRIA State VA Zip Code 22301-1605

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013

Transaction ID : PR254254229801

Amount of Each Receipt this Period
 150.00

P/R Deduction (\$50.00 Bi-Weekly)

B. RICHARD D THOMAS
Full Name (Last, First, Middle Initial)

Mailing Address 5121 DUPONT AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55419-1151

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013

Transaction ID : PR2553475429801

Amount of Each Receipt this Period
 291.00

P/R Deduction (\$97.00 Bi-Weekly)

C. DENEEN VOJTA
Full Name (Last, First, Middle Initial)

Mailing Address 5201 KELLOGG AVENUE

City EDINA State MN Zip Code 55424-1304

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Bus Initi Clin Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 965.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013

Transaction ID : PR2553475529801

Amount of Each Receipt this Period
 579.00

P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1020.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 40 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KARSTEN S FLAGSTAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13420 JAY ST NW
 City ANDOVER State MN Zip Code 55304-4015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2554013029801
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. DANIEL J CLUTE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7756 N 85TH STREET
 City OMAHA State NE Zip Code 68122-1281
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2560064429801
 Amount of Each Receipt this Period 291.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. DONALD J GIANCURSIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 72 MIDNIGHT RIDGE DR
 City LAS VEGAS State NV Zip Code 89135-1680
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 965.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2560064929801
 Amount of Each Receipt this Period 579.00
 P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1170.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 OF 49
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. SHELDON LIPPMAN
Full Name (Last, First, Middle Initial)

Mailing Address 55 CLIFFFIELD ROAD

City BEDFORD State NY Zip Code 10506-1210

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2560065429801

Amount of Each Receipt this Period
 291.00

P/R Deduction (\$97.00 Bi-Weekly)

B. ANGELA L LOBERG
Full Name (Last, First, Middle Initial)

Mailing Address 2837 EAST PARK PLACE

City MILWAUKEE State WI Zip Code 53211-3845

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SB VP Sls Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2560065529801

Amount of Each Receipt this Period
 291.00

P/R Deduction (\$97.00 Bi-Weekly)

C. JEFFREY D LUCHT
Full Name (Last, First, Middle Initial)

Mailing Address 191 MAIN ST

City S GLASTONBURY State CT Zip Code 06073-3004

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation SVP Act Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2560065629801

Amount of Each Receipt this Period
 291.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	873.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KATHLEEN R CRAMPTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2335 SOUTH OCEAN BLVD B5
 City PALM BEACH State FL Zip Code 33480-5368
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Plan Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2563211129801
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JENNIFER F WALSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3116 4TH STREET NORTH
 City ARLINGTON State VA Zip Code 22201-1614
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2564296829801
 Amount of Each Receipt this Period 291.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. ARTHUR R MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5009 ASHINGTON LANDING DRIVE
 City TAMPA State FL Zip Code 33647-3515
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.35

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2564296929801
 Amount of Each Receipt this Period 500.01
 P/R Deduction (\$166.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1091.01
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ANDREW C MACKENZIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1912 IRVING AVE S
 City MINNEAPOLIS State MN Zip Code 55403-2823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2564297129801
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. PAUL DANIEL HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 18430 62ND PLACE NORTH
 City MAPLE GROVE State MN Zip Code 55311-4585
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Controller Mkt Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2564802729801
 Amount of Each Receipt this Period 291.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. ELIZABETH D MORAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2231 BENT TREE LANE
 City MENDOTA HEIGHTS State MN Zip Code 55120-2003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Complnc/Ethics Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2564803129801
 Amount of Each Receipt this Period 291.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	882.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 44 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. WILLIAM T MCENERY

Mailing Address 2012 HUMBOLDT AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55405-2507

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CMO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : PR2564803629801

Amount of Each Receipt this Period
300.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DEBRA J BERNS

Mailing Address 2553 WASHBURN AVENUE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55416-4350

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Sr Deputy Gen Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **485.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : PR2564804029801

Amount of Each Receipt this Period
291.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. KATHRYN S RUBIN

Mailing Address 310 SYCAMORE LANE

City State Zip Code
 PLYMOUTH MN 55441-5615

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc VP Social Resp/Pres Found

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **485.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : PR2564804329801

Amount of Each Receipt this Period
291.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **882.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 49
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. WENDY D ARNONE
 Full Name (Last, First, Middle Initial)
 Mailing Address N62W13531 SUNBRUST DRIVE
 City State Zip Code
 MENOMONEE FALLS WI 53051-8335
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2568900529801
 Amount of Each Receipt this Period
 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. THOMAS P WIFFLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1421 SOMERFIELD DRIVE
 City State Zip Code
 BOLINGBROOK IL 60490-3207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 485.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2572992729801
 Amount of Each Receipt this Period
 291.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. ANITA Q MESSAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 16935 41ST AVE N
 City State Zip Code
 PLYMOUTH MN 55446-2360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 625.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2573877029801
 Amount of Each Receipt this Period
 375.00
 P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	816.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 46 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. LORI A VAN HOLMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4117 BRYANT AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55409-1423
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Human Capital Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 485.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2575030929801
 Amount of Each Receipt this Period
 291.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. SCOTT G CASSANO
 Full Name (Last, First, Middle Initial)
 Mailing Address 8113 BANDOLEER CT
 City State Zip Code
 LAS VEGAS NV 89131-4561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Plan of Nevada Dir Prov Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2575164429801
 Amount of Each Receipt this Period
 300.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. DAVID W WALSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2158 CARROLL AVENUE
 City State Zip Code
 SAINT PAUL MN 55104-5042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : PR2575312729801
 Amount of Each Receipt this Period
 150.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 741.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 47 OF 49
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. JERI L LOSE

Mailing Address 9995 DELL ROAD

City State Zip Code
 EDEN PRAIRIE MN 55347-3524

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc VP Info Tech

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : PR2575419829801

Amount of Each Receipt this Period
300.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. PAUL B HEBERT

Mailing Address 54 GREENWOOD DRIVE

City State Zip Code
 SOUTH WINDSOR CT 06074-2957

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc CEO Spclty Bens Dntl

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **625.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : PR2575522329801

Amount of Each Receipt this Period
375.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. TERENCE M CLARK

Mailing Address 8 COOPER AVENUE

City State Zip Code
 EDINA MN 55436-1315

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CMO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ **485.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : PR2575636929801

Amount of Each Receipt this Period
291.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **966.00**

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 49
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. NANCY J SUBLETTE
Full Name (Last, First, Middle Initial)

Mailing Address 445 CLARA #24

City SAINT LOUIS State MO Zip Code 63112-4507

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation PS Dir Strat Accts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2575646929801

Amount of Each Receipt this Period 150.00

P/R Deduction (\$50.00 Bi-Weekly)

B. PATRICK J LANGAN
Full Name (Last, First, Middle Initial)

Mailing Address 405 MEADOW LANE

City BENSON State MN Zip Code 56215-1033

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2575885029801

Amount of Each Receipt this Period 291.00

P/R Deduction (\$97.00 Bi-Weekly)

C. RESTOR JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 2700 CRESCENT RIDGE ROAD

City MINNETONKA State MN Zip Code 55305-2806

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Entrprs Real Estate Svs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 485.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2576051629801

Amount of Each Receipt this Period 291.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 732.00

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

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 49
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOHN F REX
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 HARRINGTON ROAD
 City WAYZATA State MN Zip Code 55391-1512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 965.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2576060029801
 Amount of Each Receipt this Period 579.00
 P/R Deduction (\$193.00 Bi-Weekly)

B. DANIEL J KENIRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5553 LITTLE FALLS ROAD
 City ARLINGTON State VA Zip Code 22207-1525
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gov't Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 485.00

Date of Receipt 02 / 28 / 2013
Transaction ID : PR2577379329801
 Amount of Each Receipt this Period 291.00
 P/R Deduction (\$97.00 Bi-Weekly)

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	870.00
TOTAL This Period (last page this line number only).....▶	44533.70