

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street) 9900 Bren Road East Check if different than previously reported. (ACC) Minnetonka MN 55343

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00274431 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) [] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) [X] July 31 Mid-Year Report (Non-election Year Only) (MY) Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2011 through 06 / 30 / 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Sherwood, Susan, , ,

Signature of Treasurer Sherwood, Susan, , , Date 07 / 26 / 2011

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2011"/>		80071.92
(b) Cash on Hand at Beginning of Reporting Period.....	80071.92	
(c) Total Receipts (from Line 19)	245464.84	245464.84
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	325536.76	325536.76
7. Total Disbursements (from Line 31).....	200400.00	200400.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	125136.76	125136.76
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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).....	202009.65	202009.65
(ii) Unitemized	32881.66	32881.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	234891.31	234891.31
(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)	234891.31	234891.31
12. Transfers From Affiliated/Other Party Committees.....	10573.53	10573.53
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)).....▶	245464.84	245464.84
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	245464.84	245464.84

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.....	176500.00	176500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	5000.00	5000.00
(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)).....	5000.00	5000.00
29. Other Disbursements (Including Non-Federal Donations).....	18900.00	18900.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	200400.00	200400.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	200400.00	200400.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	234891.31	234891.31
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	229891.31	229891.31
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 103
<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)

A. Sommer, Judah, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Pennsylvania Ave NW
 Suite 530/650
 City Washington State DC Zip Code 20004-2606
 FEC ID number of contributing federal political committee. **C** Public Affairs
 Name of Employer (for Individual) Occupation (for Individual) UnitedHealth Group, Inc.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 04 / 2011
Transaction ID : 33029906
 Amount of Each Receipt this Period 5000.00
 Memo Item
 15

B. ELLISON, NANCY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Govt Rel Dir
 Name of Employer (for Individual) Occupation (for Individual) UnitedHealth Group, Inc.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 25 / 2011
Transaction ID : 33119035
 Amount of Each Receipt this Period 350.00
 Memo Item
 15

C. Hemsley, Stephen J., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** President and Chief Oper:
 Name of Employer (for Individual) Occupation (for Individual) UnitedHealth Group, Inc.
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 07 / 2011
Transaction ID : 33419172
 Amount of Each Receipt this Period 5000.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	10350.00
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 7 OF 103
<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. KAZLAUSKAS, ANTHONY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Sr Medical Director
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1159794626263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

B. MUGGIO, CARLA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Network Contract Director
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1159798226263
 Amount of Each Receipt this Period 249.99
 Memo Item
 15

C. NOBLITT, KEITH W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SCE 3 - Natl Accts Indiv C
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1159805526263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	769.99
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 8 OF 103
	<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. WATSON III, JAMES S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Associate General Counsr**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1159806026263
 Amount of Each Receipt this Period 325.00
 Memo Item
 15

B. WHITELY, WILLIAM P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Senior Vice President**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1159812626263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

C. COOK, WAYNE F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C VP Operations**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1159812826263
 Amount of Each Receipt this Period 780.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....▶ 3604.90
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 9 OF 103
<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. WICHMANN, DAVID S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** EVP & Pres UHG Operati
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1159814726263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

B. ERLANDSON, PATRICK J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SVP Business Operations
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1159815926263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

C. SAURO, PATRICIA R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Business Segment CAO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1159816426263
 Amount of Each Receipt this Period 780.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 5779.80
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 10 OF 103
	<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MUNSELL, WILLIAM A, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 Transaction ID : PR1159816626263
Mailing Address 9900 Bren Road East		Amount of Each Receipt this Period 1300.00
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C EVP UnitedHealth Group		<input type="checkbox"/> Memo Item 15
Name of Employer (for Individual)	Occupation (for Individual) United HealthCare Services Inc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. PENSHORN, JOHN S, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 Transaction ID : PR1159816926263
Mailing Address 9900 Bren Road East		Amount of Each Receipt this Period 2499.90
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C SVP UnitedHealth Group		<input type="checkbox"/> Memo Item 15
Name of Employer (for Individual)	Occupation (for Individual) United HealthCare Services Inc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. KALLMEYER, PAUL D, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2011 Transaction ID : PR1159817426263
Mailing Address 9900 Bren Road East		Amount of Each Receipt this Period 650.00
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C Deputy General Counsel (<input type="checkbox"/> Memo Item 15
Name of Employer (for Individual)	Occupation (for Individual) United HealthCare Services Inc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	4449.90
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 11 OF 103
	<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. RYAN, TIMOTHY F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Business Segment Gen C**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1159817926263
 Amount of Each Receipt this Period 247.00
 Memo Item
 15

B. QUIRK, THOMAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Health Plan CEO**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1159819126263
 Amount of Each Receipt this Period 1050.00
 Memo Item
 15

C. TUCKSON, REED V, , , M.D.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C EVP Consumr Health & M**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1159819826263
 Amount of Each Receipt this Period 1499.94
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 2796.94
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 12 OF 103
<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. TRACY, WILLIAM C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Health Plan CEO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1159821526263
 Amount of Each Receipt this Period 750.10
 Memo Item
 15

B. SCHNEEWEIS, CAROL M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir Product
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1159823526263
 Amount of Each Receipt this Period 325.00
 Memo Item
 15

C. MIGLIORI, RICHARD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SVP Bus Initiatives & Clin
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1159827426263
 Amount of Each Receipt this Period 999.96
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....▶ 2075.06
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 13 OF 103
	<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. RIVET, JEANNINE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** EVP UnitedHealth Group
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1159830026263
 Amount of Each Receipt this Period
 2499.90
 Memo Item
 15

B. SHUFF, JACK E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SB RVP
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.76

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1159830526263
 Amount of Each Receipt this Period
 269.76
 Memo Item
 15

C. WINTERS, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP General Management
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1159840426263
 Amount of Each Receipt this Period
 702.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	3471.66
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: (check only one)	PAGE 14 OF 103
	<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. WELTERS, ANTHONY, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** EVP UnitedHealth Group
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1332013226263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

B. BRESOLIN, MICHAEL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir Care Advocacy
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1551005726263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

C. HEADY, TIMOTHY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SVP Pharmacy Benefit M
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1551122526263
 Amount of Each Receipt this Period 975.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 3734.90
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 103
	<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. KAGAN, JEFFREY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Product
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1551132326263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

B. KNUTSON, GERALD JOHN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Business Segment CFO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1551132526263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

C. MATTEO, MICHAEL C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** CEO National Accounts
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1551133426263
 Amount of Each Receipt this Period 249.99
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	769.99
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 103
	(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"/> 15
	<input type="checkbox"/> 12	<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. OWENS, DAWN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Business Segment CEO**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1551160326263
 Amount of Each Receipt this Period
 1300.00
 Memo Item
 15

B. VALERIUS, THOMAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C SVP Recruitment Svcs**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1551161326263
 Amount of Each Receipt this Period
 999.96
 Memo Item
 15

C. WEIHRAUCH, LOIS T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C VP General Management**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 708.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1551161426263
 Amount of Each Receipt this Period
 708.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	3007.96
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 103
	<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. ENDERLE, JOHN O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Regional Executive
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1554323526263
 Amount of Each Receipt this Period 1080.00
 Memo Item
 15

B. JELINEK, RICK M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Business Segment CEO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1554323926263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

C. RADU, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Operations
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1554324526263
 Amount of Each Receipt this Period 702.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 4281.90
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 18 OF 103
	<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. SPILLANE, CATHERINE E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Dir Business Process**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2011
Transaction ID : PR15543246263
 Amount of Each Receipt this Period 249.99
 Memo Item
 15

B. STAPLETON, KIRK E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C VP Strategic Initiatives**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1554324726263
 Amount of Each Receipt this Period 650.00
 Memo Item
 15

C. ERICKSON, KAREN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C SVP Corporate Controller**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1575957626263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	3399.89
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 19 OF 103
	<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. MONFILETTO, ERNEST, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Plan President
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 999.96

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1575958126263
 Amount of Each Receipt this Period 999.96
 Memo Item
 15

B. VALENTA, LEE D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Business Segment COO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1575958526263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

C. PAUL, THOMAS S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Business Segment CEO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1580864726263
 Amount of Each Receipt this Period 1300.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	4799.86
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 103
	<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. WEBB, ROBERT THOMAS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** CEO Care Solutions
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1580865326263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

B. HUGHES, RICHARD J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SVP Human Capital Dvlpr
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1596304126263
 Amount of Each Receipt this Period 1300.00
 Memo Item
 15

C. MASSEY, GAYE ADAMS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Sr Deputy General Couns
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1596304526263
 Amount of Each Receipt this Period 1499.94
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 5299.84
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 21 OF 103
	<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. MIKAN III, GEORGE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** EVP CFO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1596304826263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

B. MORNESS, CAROL B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir Underwriting
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1596304926263
 Amount of Each Receipt this Period 499.98
 Memo Item
 15

C. THEISEN, SCOTT E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SVP Finance & Bus Plann
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1596305626263
 Amount of Each Receipt this Period 249.99
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	3249.87
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 103
	<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. LEWIS, THOMAS D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Health Plan CEO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1596306926263
 Amount of Each Receipt this Period 499.98
 Memo Item
 15

B. OBERRENDER, ROBERT W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SVP Treasurer
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1430.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1596307026263
 Amount of Each Receipt this Period 1430.00
 Memo Item
 15

C. FLYNN, DIANE BEDNAR, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Medical & Clinical Ops
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1596309726263
 Amount of Each Receipt this Period 325.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 2254.98
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 103
	<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. COTO, RAMON E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP General Management
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1596311526263
 Amount of Each Receipt this Period 249.99
 Memo Item
 15

B. GARCIA, STEVAN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SVP Operations
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1596312926263
 Amount of Each Receipt this Period 249.99
 Memo Item
 15

C. HEUMANN, KURT A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Finance
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1596313726263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 759.98
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 103
	<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. KAJA, TIMOTHY T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C SVP Provider Service**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 342.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1596314526263
 Amount of Each Receipt this Period 342.28
 Memo Item
 15

B. RENNICK JR, JOHN H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Medical Director**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1596316826263
 Amount of Each Receipt this Period 249.99
 Memo Item
 15

C. RODGERS, STEPHAN S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C SVP Healthcare Strategie:**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1596317126263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	3092.17
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 103
<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. ROSENTHAL, DANIEL I, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Health Plan CEO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1596317326263
 Amount of Each Receipt this Period 249.99
 Memo Item
 15

B. RUTH, KEVIN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SVP Enterprise Clinical AI
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 975.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1596317426263
 Amount of Each Receipt this Period 975.00
 Memo Item
 15

C. SELVA, MANUEL A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Sr Medical Director
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1596317726263
 Amount of Each Receipt this Period 249.99
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	1474.98
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 26 OF 103
	<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. WASSERSTEIN, M LAURIE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C PS National VP Account I**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1596319526263
 Amount of Each Receipt this Period 249.99
 Memo Item
 15

B. DODDY, JOHN P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C VP Information Technolog**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1600597326263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

C. MICHAUX, MICHAEL D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C VP & GM PCM**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1600598526263
 Amount of Each Receipt this Period 1300.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 1809.99
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 27 OF 103
	<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. SANDY, LEWIS G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C SVP Clinical Advancemen**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1600598726263
 Amount of Each Receipt this Period 1300.00
 Memo Item
 15

B. PETERSON, MATTHEW W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Market Group CAO**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1602669926263
 Amount of Each Receipt this Period 1300.00
 Memo Item
 15

C. MALONEY, JEFFREY W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C VP Operations - Evercare**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1249.95

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1613243526263
 Amount of Each Receipt this Period 1249.95
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 3849.95
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 28 OF 103
	<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. KENNEDY, WILLIAM F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Dir IT**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1653443126263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

B. KOOREN, STEVE R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Business Segment CFO**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1653443226263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

C. BELLAMY, THOMAS J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C SB VP Inside Sales & AM**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1653444326263
 Amount of Each Receipt this Period 750.10
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 3510.00
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 29 OF 103
	<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. JACQUES, ALISTAIR D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Business Segment CIO**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1653445226263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

B. SNOWDEN, MILES S, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Business Segment CMO**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1746717826263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

C. LEVINE, JEFF L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C PS Mgr Acct Mgmt (FEHB)**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 625.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1806443226263
 Amount of Each Receipt this Period 625.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 5624.80
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 30 OF 103
	<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. TALAMANTES, WILLIAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Six Sigma Consultant
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 228.80

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1806444726263
 Amount of Each Receipt this Period 228.80
 Memo Item
 15

B. EMERSON, PAUL M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Business Segment CFO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1806750326263
 Amount of Each Receipt this Period 499.98
 Memo Item
 15

C. LEDELL, MICHELLE D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Human Capital Partner (M
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR1882850626263
 Amount of Each Receipt this Period 520.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 1248.78
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 31 OF 103
	<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. ANDERSON, CATHERINE K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Dir Marketing Bus Dev**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR1903550726263
 Amount of Each Receipt this Period 750.10
 Memo Item
 15

B. BISHOP, KATHLEEN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Dir Finance**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR1903560826263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

C. DUFEK, ROBERT J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C VP IT**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR1903577126263
 Amount of Each Receipt this Period 325.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	1335.10
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 32 OF 103
	<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. EDBERG, SUSAN B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Customer Service
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1903578126263
 Amount of Each Receipt this Period
 1300.00
 Memo Item
 15

B. SANTELLI, JOHN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SVP & CIO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1903622026263
 Amount of Each Receipt this Period
 1300.00
 Memo Item
 15

C. WEYMOUTH, PAUL D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Finance
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR1903636926263
 Amount of Each Receipt this Period
 249.99
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	2849.99
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 103
	<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. ALLEN, BRADLEY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Sr Associate General Cou
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2119466826263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

B. BENNETT, RUSSELL A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir Marketing Bus Dev
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2119468026263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

C. BERKEL, SUSAN LYNN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SVP Operations
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2496.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2119468126263
 Amount of Each Receipt this Period 2496.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	3016.00
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 34 OF 103
	<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. BRYAN, KATHIE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Assoc Dir Mrkting Comm**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119469426263
 Amount of Each Receipt this Period 325.00
 Memo Item
 15

B. CARLSON, DAVID S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Dir Marketing Research**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119470226263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

C. CARTER, LESLIE J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Dir Network Contracting**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119470326263
 Amount of Each Receipt this Period 1248.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....▶ 1833.00
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 35 OF 103
	(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"/> 15
	<input type="checkbox"/> 12	<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. CORREIA, RANDELL J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C SVP Operations**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119471326263
 Amount of Each Receipt this Period 390.00
 Memo Item
 15

B. CROSS, RICHARD A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Deputy General Counsel (**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119471826263
 Amount of Each Receipt this Period 325.00
 Memo Item
 15

C. DAVIS, KENNETH R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Medical Director**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119472526263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	975.00
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 36 OF 103
	<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. DAYAN, LINDA M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Chief of Staff
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 247.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR21194726263
 Amount of Each Receipt this Period 247.00
 Memo Item
 15

B. DILWEG, ANDREA E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir Govt Rel
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 481.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119472926263
 Amount of Each Receipt this Period 481.00
 Memo Item
 15

C. GIAMBRONE, ANGELO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SVP Networks
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119475126263
 Amount of Each Receipt this Period 770.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....▶	1498.00
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 37 OF 103
	<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. GILDERNICK, AMY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Assoc Dir Claims
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119475226263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

B. HANSEN, DAVID M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Health Plan CEO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1755.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119476726263
 Amount of Each Receipt this Period 1755.00
 Memo Item
 15

C. HO, SAMUEL W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Market Grp Chief Clinical
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1999.40

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119477926263
 Amount of Each Receipt this Period 1999.40
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 4014.40
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 38 OF 103
	<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. HOST, KEVIN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Dir Pharmacy Operations**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 06 / 30 / 2011
Transaction ID : PR2119478226263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

B. JEFFREY, BRIAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C VP Network Contracting**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 06 / 30 / 2011
Transaction ID : PR2119479126263
 Amount of Each Receipt this Period 325.00
 Memo Item
 15

C. JONES, JOHN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C VP Govt Rel**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt
 06 / 30 / 2011
Transaction ID : PR2119479226263
 Amount of Each Receipt this Period 1248.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	1833.00
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 39 OF 103
	<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. MACE-MEADOR, HEATHER M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Dir Medical & Clinical Ops**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119482526263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

B. MONK, NANCY J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C VP Govt Affairs & Compl**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119484326263
 Amount of Each Receipt this Period 650.00
 Memo Item
 15

C. NYGARD, KEITH E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Assoc Dir Compliance**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119485026263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

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: (check only one)	PAGE 40 OF 103
<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. PAXSON, LYNDA A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Sr Field Account Manager
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2119485826263
 Amount of Each Receipt this Period 325.00
 Memo Item
 15

B. PITTMAN, AUSTIN T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Chief Growth Officer
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1755.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2119486726263
 Amount of Each Receipt this Period 1755.00
 Memo Item
 15

C. POLICH, CYNTHIA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** President Ovations
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2119486826263
 Amount of Each Receipt this Period 1300.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	3380.00
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 41 OF 103
	<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. RICCIUTI, SHARON A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Dir Clinical Quality**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2119487926263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

B. STYERS, MARILYNN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C VP Medical & Clinical Ops**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2119490726263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

C. TANIGAWA, CHERYL, , , MD
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C SVP Enterprise Health Sv**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2119491126263
 Amount of Each Receipt this Period 650.00
 Memo Item
 15

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: (check only one)	PAGE 42 OF 103
	<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. TUCKER, STEVEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Regulatory Affairs
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119492026263
 Amount of Each Receipt this Period 1248.00
 Memo Item
 15

B. VANASTEN, SUSAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Site Dir Medicare Inside S
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119492626263
 Amount of Each Receipt this Period 520.00
 Memo Item
 15

C. DAUGHERTY, LINDA D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Associate General Couns
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119493526263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 2028.00
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 43 OF 103
<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. WRIGHT, GREGORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP General Management
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2119494126263
 Amount of Each Receipt this Period 325.00
 Memo Item
 15

B. BURKE, FORREST G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** President PS Labor & Tru:
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2133132426263
 Amount of Each Receipt this Period 1300.00
 Memo Item
 15

C. HANSON, CHARLES W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Underwriting
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2133133126263
 Amount of Each Receipt this Period 325.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	1950.00
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 44 OF 103
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HULTGREN, BROR O, , ,		Date of Receipt
Mailing Address 9900 Bren Road East		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C Regional Executive		Transaction ID : PR2133133226263
Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc		Amount of Each Receipt this Period <input type="text" value="499.98"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="499.98"/>	<input type="checkbox"/> Memo Item 15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. MAGILL HANSON, CAROLYN, , ,		Date of Receipt
Mailing Address 9900 Bren Road East		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C Dir General Management		Transaction ID : PR2133133526263
Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc		Amount of Each Receipt this Period <input type="text" value="249.99"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="249.99"/>	<input type="checkbox"/> Memo Item 15

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. MILLER, ALLEN D, , ,		Date of Receipt
Mailing Address 9900 Bren Road East		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C Regional Executive		Transaction ID : PR2133133626263
Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc		Amount of Each Receipt this Period <input type="text" value="455.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="455.00"/>	<input type="checkbox"/> Memo Item 15

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1204.97"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 103
	<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. MORISATO, SUSAN C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** President Insurance Solut
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1950.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2133133826263
 Amount of Each Receipt this Period 1950.00
 Memo Item
 15

B. PUTNAM, T JEFFREY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SVP Financial Plng & Ana
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2133134226263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

C. SCHIMMELBUSCH, DIANE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir Medical & Clinical Ops
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2133134626263
 Amount of Each Receipt this Period 325.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 4774.90
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 46 OF 103
	<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. FALKENBERG, ROBERT C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Health Plan CEO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2145728426263
 Amount of Each Receipt this Period 499.98
 Memo Item
 15

B. FARAHANI, ROB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir IT Project Mgmt
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2145728526263
 Amount of Each Receipt this Period 499.98
 Memo Item
 15

C. KIDD, CARL T, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir Client Svc Acct Mgt
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.05

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2145728826263
 Amount of Each Receipt this Period 375.05
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....▶ 1375.01
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 47 OF 103
	<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. LINDIMORE, NANCY E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** KA Dir Acct Mgmt
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2145728926263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

B. MILLER, WAYNE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** RVP Client Mgmt & Svc
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2145729226263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

C. SCHWARZ, MICHAEL P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP IT
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 455.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2145729726263
 Amount of Each Receipt this Period 455.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 975.00
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 103
	<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. SMITH, DANNETTE L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Sr Deputy General Couns
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2145729926263
 Amount of Each Receipt this Period 1499.94
 Memo Item
 15

B. WEAR, MARGARET W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Actuary
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2145730226263
 Amount of Each Receipt this Period 650.00
 Memo Item
 15

C. SPIVACK, DAVID A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SVP Business Operations
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2162867626263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....▶ 4649.84
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 103
	<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. GIBSON, CHRISTINE W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Market Grp Chief Mktg Ofi
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1499.94

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2225166726263
 Amount of Each Receipt this Period 1499.94
 Memo Item
 15

B. SLAVITT, ANDREW M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Business Segment CEO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2225167426263
 Amount of Each Receipt this Period 3250.00
 Memo Item
 15

C. BEAULE, JEAN-FRANCOIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP General Management
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2225813626263
 Amount of Each Receipt this Period 750.10
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	5500.04
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 50 OF 103
	<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. MARTEL, CHARLES W, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir IT
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR222581862623
 Amount of Each Receipt this Period 230.00
 Memo Item
 15

B. MCGUIRE, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Health Plan CEO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2225818826263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

C. RANGEN, ERIC S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SVP Chief Accounting Off
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2225819326263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....▶	2989.90
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 51 OF 103
	<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. RYAN, JOHN D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C RVP Client Mgmt & Svc**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR222581962623
 Amount of Each Receipt this Period 499.98
 Memo Item
 15

B. DIPALMO, KAREN A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Dir Network Programs**
 Name of Employer (for Individual) Occupation (for Individual) Golden Rule Financial Corp.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2231347226263
 Amount of Each Receipt this Period 390.00
 Memo Item
 15

C. DROZDA, JEFFERY A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Govt Rel Assoc Dir**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2231347426263
 Amount of Each Receipt this Period 520.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	1409.98
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 52 OF 103
	<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. MUDGETT, DONALD M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Assoc Dir General Manag
 Name of Employer (for Individual) Occupation (for Individual) Golden Rule Financial Corp.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 254.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2231351926263
 Amount of Each Receipt this Period 254.00
 Memo Item
 15

B. RICHEY, DARRELL S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Deputy General Counsel (
 Name of Employer (for Individual) Occupation (for Individual) Golden Rule Financial Corp.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2231352326263
 Amount of Each Receipt this Period 1040.00
 Memo Item
 15

C. CONNLY, MICHAEL R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Chief Technology Officer
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2247625826263
 Amount of Each Receipt this Period 1300.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 2594.00
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 53 OF 103
	<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. CARCIONE JR, JOSEPH R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Medical Director
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2247626826263
 Amount of Each Receipt this Period 750.10
 Memo Item
 15

B. KANTOLA, KEVIN DAVID, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir IT Architecture
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2247627026263
 Amount of Each Receipt this Period 325.00
 Memo Item
 15

C. O'BRIEN, DENNIS P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** RVP Network Mgmt
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2247627326263
 Amount of Each Receipt this Period 750.10
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	1825.20
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 54 OF 103
	<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. VERNEY, JEFFERY RICHARD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP General Management
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2247627426263
 Amount of Each Receipt this Period
 750.10
 Memo Item
 15

B. BROOKS, DARRELL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Information Technolog
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2247627626263
 Amount of Each Receipt this Period
 750.10
 Memo Item
 15

C. GARODIA, SANJAY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** COO IBS
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2247627826263
 Amount of Each Receipt this Period
 499.98
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....▶	2000.18
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 55 OF 103
	<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	

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)

A. KOSECOFF, JACQUELINE B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Business Segment CEO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2247627926263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

B. OHMAN, DANIEL L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Region CEO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 349.96

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2247628026263
 Amount of Each Receipt this Period 349.96
 Memo Item
 15

C. PRINCE, JOHN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Business Segment COO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2259738426263
 Amount of Each Receipt this Period 1261.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	4110.86
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 56 OF 103
	<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. CRONN, CHRIS, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Govt Rel Dir
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2270522926263
 Amount of Each Receipt this Period 499.98
 Memo Item
 15

B. DE SA, JEANNE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Govt Rel Dir
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2402315926263
 Amount of Each Receipt this Period 650.00
 Memo Item
 15

C. KEPLEY CARRIER, ANGELA DAWN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir Case Mgmt
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2402317726263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....▶ 1409.98
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 57 OF 103
	<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. LEVI-BAUMGARTEN, MARILYN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Dir General Management**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2402317926263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

B. LOGAN, JAKE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Govt Rel Dir**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2402318226263
 Amount of Each Receipt this Period 325.00
 Memo Item
 15

C. MCCAULEY, MARIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Sr Project Manager II**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2402318426263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	845.00
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 58 OF 103
<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. RIVERS, JILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Director HHS Consulting
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2402319526263
 Amount of Each Receipt this Period 325.00
 Memo Item
 15

B. SWEERE, LORI K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** EVP Human Capital
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2402320226263
 Amount of Each Receipt this Period 1300.00
 Memo Item
 15

C. ANLIKER, JAY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** CEO TPA
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2402445026263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....▶ 1885.00
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 59 OF 103
	<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. COLEMAN, JAMES C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C SVP Employee Relations**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2402445226263
 Amount of Each Receipt this Period 1300.00
 Memo Item
 15

B. DONOVAN, JAMES D, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C SVP Bus Dev and Marketi**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 845.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2402445326263
 Amount of Each Receipt this Period 845.00
 Memo Item
 15

C. LARSEN, JOHN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Business Segment CEO**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2402445626263
 Amount of Each Receipt this Period 650.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 2795.00
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 60 OF 103
	<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. RIOS, KARA J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Operations
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2402445726263
 Amount of Each Receipt this Period 3250.00
 Memo Item
 15

B. HIGA, JOY O, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir Regulatory Affairs
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2402446226263
 Amount of Each Receipt this Period 390.00
 Memo Item
 15

C. JINDAL, SOHINI G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Govt Rel Dir
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2402446326263
 Amount of Each Receipt this Period 1300.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	4940.00
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 61 OF 103
	<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. PETRELLA, RUSSELL C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** President Americhoice
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2402446426263
 Amount of Each Receipt this Period 1300.00
 Memo Item
 15

B. ALEXANDER, CORY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Gov't Relations
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2405428826263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

C. STEVENS, JOSEPH R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Govt Rel Dir
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 618.80

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2405429126263
 Amount of Each Receipt this Period 618.80
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	4418.70
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 62 OF 103
	<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. ARMSTEAD, RODNEY CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Operations
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2405430226263
 Amount of Each Receipt this Period 520.00
 Memo Item
 15

B. ELLISON, NANCY M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Govt Rel Dir
 Name of Employer (for Individual) Occupation (for Individual) UnitedHealth Group, Inc.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2408544626263
 Amount of Each Receipt this Period 500.00
 Memo Item
 15

C. SAELENS, KAREN ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir General Management
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2408544826263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 1280.00
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 63 OF 103
	<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. WEE, KATHLYN G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Govt Rel Dir
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2408545026263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

B. CORZINE, JEFFREY SEAN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir General Management
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2437119726263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

C. LIVINGSTON, DAVID K, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Plan President
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2437120226263
 Amount of Each Receipt this Period 325.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	845.00
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 64 OF 103
	<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. WEISS, JACK S, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 9900 Bren Road East		Transaction ID : PR2437120526263
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C Natl Medical Director/CMC		Amount of Each Receipt this Period 325.00
Name of Employer (for Individual)	Occupation (for Individual) United HealthCare Services Inc	<input type="checkbox"/> Memo Item 15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BALTHAZOR, PAUL JOSEPH, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 9900 Bren Road East		Transaction ID : PR2437120726263
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C Business Segment CFO		Amount of Each Receipt this Period 780.00
Name of Employer (for Individual)	Occupation (for Individual) United HealthCare Services Inc	<input type="checkbox"/> Memo Item 15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CLARK, KELLY L, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 9900 Bren Road East		Transaction ID : PR2437121326263
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C Business Segment CIO		Amount of Each Receipt this Period 499.98
Name of Employer (for Individual)	Occupation (for Individual) United HealthCare Services Inc	<input type="checkbox"/> Memo Item 15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 499.98	

SUBTOTAL of Receipts This Page (optional).....▶	1604.98
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 65 OF 103
	<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. NESS, LAURA L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Operations
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2437121526263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

B. LIPPERT, ROBIN E, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir Govt Rel
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2059.52

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2439928026263
 Amount of Each Receipt this Period 2059.52
 Memo Item
 15

C. HEYMAN, STEPHEN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Govt Rel
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt **06 / 30 / 2011**
Transaction ID : PR2444265726263
 Amount of Each Receipt this Period 1300.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	3619.52
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 66 OF 103
	<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. MCDUGAL, LORI C, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 9900 Bren Road East		Transaction ID : PR2445015326263
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C CEO - UMVS		Amount of Each Receipt this Period 2499.90
Name of Employer (for Individual)	Occupation (for Individual) United HealthCare Services Inc	<input type="checkbox"/> Memo Item 15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2499.90	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. LANGER, DONALD S, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 9900 Bren Road East		Transaction ID : PR2445015426263
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C Plan President		Amount of Each Receipt this Period 260.00
Name of Employer (for Individual)	Occupation (for Individual) United HealthCare Services Inc	<input type="checkbox"/> Memo Item 15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. WILKINS, CHARLES L, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 9900 Bren Road East		Transaction ID : PR2445016626263
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C CEO OH Financial Service		Amount of Each Receipt this Period 1300.00
Name of Employer (for Individual)	Occupation (for Individual) United HealthCare Services Inc	<input type="checkbox"/> Memo Item 15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1300.00	

SUBTOTAL of Receipts This Page (optional).....▶	4059.90
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 67 OF 103
	<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. FERGUSON, SABRINA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Assoc Dir Clinical Quality
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2445017226263
 Amount of Each Receipt this Period
 260.00
 Memo Item
 15

B. LIVERANI, EILEEN J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir Customer Service
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2460167226263
 Amount of Each Receipt this Period
 360.10
 Memo Item
 15

C. KEITEL, KARIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Business Segment Gen C
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2460167626263
 Amount of Each Receipt this Period
 650.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	1270.10
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 68 OF 103
	<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. SOLOMON, SHELBY P, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** President Payer & Govern
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1495.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2460167926263
 Amount of Each Receipt this Period 1495.00
 Memo Item
 15

B. PETROVIC, JELKA S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Health Plan CEO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2460168026263
 Amount of Each Receipt this Period 260.00
 Memo Item
 15

C. RENFRO, LARRY C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** CEO PSMG
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2460168126263
 Amount of Each Receipt this Period 2499.90
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 4254.90
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 69 OF 103
	<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. ORBUCH, DAVID B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Chief Compliance Officer
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2460168226263
 Amount of Each Receipt this Period
 500.50
 Memo Item
 15

B. WEXLER, ERIC J, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Deputy General Counsel (
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2463723126263
 Amount of Each Receipt this Period
 416.00
 Memo Item
 15

C. WALKOWSKI, KAREN L, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Assoc Dir Provider Svc
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2463723426263
 Amount of Each Receipt this Period
 260.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	1176.50
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: (check only one)	PAGE 70 OF 103
	<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. SCHICK, SUE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Health Plan CEO
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1625.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2480620526263
 Amount of Each Receipt this Period 1625.00
 Memo Item
 15

B. ANDERSON, JO ANNE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Integration
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2484541626263
 Amount of Each Receipt this Period 923.00
 Memo Item
 15

C. BURNS, MATTHEW A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir Communications
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2484541726263
 Amount of Each Receipt this Period 650.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	3198.00
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 71 OF 103
	<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. COPPENS, JAMES F, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** SVP Total Compensation
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 820.95

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2484541926263
 Amount of Each Receipt this Period 820.95
 Memo Item
 15

B. HECKMAN, LILLIAN R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Six Sigma Consultant
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2484542126263
 Amount of Each Receipt this Period 390.00
 Memo Item
 15

C. KNARR, KEVIN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Operations
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 499.98

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2484542326263
 Amount of Each Receipt this Period 499.98
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 1710.93
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 72 OF 103
	<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. KUBICKI, JERI G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Govt Rel
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2486697826263
 Amount of Each Receipt this Period 650.00
 Memo Item
 15

B. MANDERFELD, THOMAS B, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP General Management
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2486697926263
 Amount of Each Receipt this Period 520.00
 Memo Item
 15

C. MCMAHON, DIRK C, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** CEO & President Operatic
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2491457026263
 Amount of Each Receipt this Period 1300.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 2470.00
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 73 OF 103
	<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. NACKEL, JOHN G, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C SVP Ingenix Consulting**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2491457226263
 Amount of Each Receipt this Period
 1261.00
 Memo Item
 15

B. STANLEY, CHRISTOPHER S, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Sr Medical Director**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2491457426263
 Amount of Each Receipt this Period
 650.00
 Memo Item
 15

C. SULLIVAN, KATHRYN M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C Region CEO**
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1261.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2491457526263
 Amount of Each Receipt this Period
 1261.00
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional).....	3172.00
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 74 OF 103
	<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. HARTLEY, MICHAEL SCOTT, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** VP Operations
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2538641326263
 Amount of Each Receipt this Period 500.00
 Memo Item
 15

B. REID, DAVID H, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Govt Rel Assoc Dir
 Name of Employer (for Individual) Occupation (for Individual) UnitedHealth Group, Inc.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2540175226263
 Amount of Each Receipt this Period 365.00
 Memo Item
 15

C. SMITH, KARA V, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir Govt Rel
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1636.38

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2540175326263
 Amount of Each Receipt this Period 1636.38
 Memo Item
 15

SUBTOTAL of Receipts This Page (optional)..... ▶ 2501.38
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 75 OF 103
	<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. CHESTON, EDWARD M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir Govt Rel
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2541300326263
 Amount of Each Receipt this Period 220.00
 Memo Item
 15

B. EDWARDS, HYLLIUS R, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir Govt Rel
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2541300426263
 Amount of Each Receipt this Period 400.00
 Memo Item
 15

C. KING, MATTHEW A, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** Dir Govt Rel
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 30 / 2011
Transaction ID : PR2541300526263
 Amount of Each Receipt this Period 400.00
 Memo Item
 15

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: (check only one)	PAGE 76 OF 103
	<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)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. VERSAGGI, JOHN, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 9900 Bren Road East		Transaction ID : PR2541300826263
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C Dir Govt Rel		Amount of Each Receipt this Period 952.40
Name of Employer (for Individual)	Occupation (for Individual) United HealthCare Services Inc	<input type="checkbox"/> Memo Item 15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 952.40	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. DOHERTY, JOHN F, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 9900 Bren Road East		Transaction ID : PR2542024526263
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C Dir Govt Rel		Amount of Each Receipt this Period 350.00
Name of Employer (for Individual)	Occupation (for Individual) United HealthCare Services Inc	<input type="checkbox"/> Memo Item 15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. RAMSAY, RICHARD E, , ,		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 9900 Bren Road East		Transaction ID : PR2542542226263
City Minnetonka	State MN	Zip Code 55343-9664
FEC ID number of contributing federal political committee. C Govt Rel Dir		Amount of Each Receipt this Period 300.00
Name of Employer (for Individual)	Occupation (for Individual) United HealthCare Services Inc	<input type="checkbox"/> Memo Item 15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1602.40
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 77 OF 103
	<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. PACE, JEANNE M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** KA Sr Sales Executive
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2552313726263
 Amount of Each Receipt this Period
 1000.00
 Memo Item
 15

B. BAER, RICHARD N, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9900 Bren Road East
 City Minnetonka State MN Zip Code 55343-9664
 FEC ID number of contributing federal political committee. **C** EVP General Counsel
 Name of Employer (for Individual) Occupation (for Individual) United HealthCare Services Inc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2011
Transaction ID : PR2552960526263
 Amount of Each Receipt this Period
 4999.90
 Memo Item
 15

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5999.90
TOTAL This Period (last page this line number only).....	202009.65

**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 78 OF 103
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
United Health Group Inc. Political Action Committee of New Mexico

Mailing Address 9900 Bren Road East

City Minnetonka	State MN	Zip Code 55343-9664
--------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10573.53

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		08		2011

Transaction ID : 33160227

Amount of Each Receipt this Period
10573.53

Memo Item
18G

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	10573.53
TOTAL This Period (last page this line number only).....	10573.53

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Nebraska Leadership PAC (NELPAC)

Mailing Address P.O. Box 3325

City
Omaha

State
NE

Zip Code
68103

Purpose of Disbursement

Candidate Name
C00366419

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	1		2	0	1	1		

FEC Identification Number

C	0	1	1
---	---	---	---

Transaction ID : 32892658

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of Roy Blunt

Mailing Address Po Box 278

City
Strafford

State
MO

Zip Code
65757

Purpose of Disbursement

Candidate Name
, Blunt, Roy, ,

Office Sought: House
 Senate
 President
State: H District: MO

Disbursement For: 2010
 Primary General
 Other (specify)

Void - F
Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	1		2	0	1	1		

FEC Identification Number

C	0	1	1
---	---	---	---

Transaction ID : 32892661

Amount of Each Disbursement this Period

-	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Roy Blunt

Mailing Address Po Box 278

City
Strafford

State
MO

Zip Code
65757

Purpose of Disbursement

Candidate Name
, Blunt, Roy, ,

Office Sought: House
 Senate
 President
State: H District: MO

Disbursement For: 2010
 Primary General
 Other (specify) ▼
General Debt 2010

DEBT F
Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		2	1		2	0	1	1		

FEC Identification Number

C	0	1	1
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Transaction ID : 32892663

Amount of Each Disbursement this Period

5	0	0	0	0	0
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Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

2	5	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 430 S Capitol

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	1	1

FEC Identification Number

C	011
---	-----

Transaction ID : 32956943

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Kevin Mccarthy For Congress

Mailing Address PO Box 12667

City
Bakersfield

State
CA

Zip Code
93389

Purpose of Disbursement

Candidate Name

H6CA22125, McCarthy, Kevin, , Mr.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify)

State: H District: CA

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	1	1

FEC Identification Number

C	011
---	-----

Transaction ID : 32956953

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Heller For Congress

Mailing Address PO Box 750580

City
Las Vegas

State
NV

Zip Code
89136

Purpose of Disbursement

Candidate Name

H6NV02164, Heller, Dean, , Rep.

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: H District: NV

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	1	1

FEC Identification Number

C	011
---	-----

Transaction ID : 32956960

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	9	0	0	0	0
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1	9	0	0	0	0
---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	1	1

FEC Identification Number

C	0	1	1
---	---	---	---

Transaction ID : 32957006

Amount of Each Disbursement this Period

1	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Cantor For Congress

Mailing Address P. O. Box 17813

City
Richmond

State
VA

Zip Code
23226

Purpose of Disbursement

Candidate Name

H0VA07042, Cantor, Eric, I., Rep.

Office Sought: House
 Senate
 President

Disbursement For: 2012 Primary General
 Other (specify)

State: H District: VA

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	1

FEC Identification Number

C	0	1	1
---	---	---	---

Transaction ID : 33026772

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Matheson For Congress

Mailing Address P O Box 521048
Suite A

City
Salt Lake City

State
UT

Zip Code
84152

Purpose of Disbursement

Candidate Name

H0UT02096, Matheson, James, D., Rep.

Office Sought: House
 Senate
 President

Disbursement For: 2012 Primary General
 Other (specify) ▼

State: H District: UT

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	1

FEC Identification Number

C	0	1	1
---	---	---	---

Transaction ID : 33026775

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

2	5	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Bluegrass Committee		Date of Disbursement MM / DD / YYYY 03 / 02 / 2011
Mailing Address 400 North Capitol Street NW #585		FEC Identification Number C 011 Transaction ID : 33026776
City Washington	State DC	Zip Code 20001
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name C00235655		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) B. Upton For All Of Us		Date of Disbursement MM / DD / YYYY 03 / 02 / 2011
Mailing Address P.O. Box 490		FEC Identification Number C 011 Transaction ID : 33026777
City St. Joseph	State MI	Zip Code 49085
Purpose of Disbursement		Amount of Each Disbursement this Period 2500.00
Candidate Name H6MI04113, Upton, Frederick, , Rep.		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: H	District: MI	

Full Name (Last, First, Middle Initial) C. Republican Main Street Partnership PAC		Date of Disbursement MM / DD / YYYY 03 / 02 / 2011
Mailing Address 1220 L Street, NW Suite 100-263		FEC Identification Number C 011 Transaction ID : 33026778
City Washington	State DC	Zip Code 20005
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. The Freedom Project

Mailing Address 111 E Street SE

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	1

FEC Identification Number

C	0	1	1
---	---	---	---

Transaction ID : 33026779

Amount of Each Disbursement this Period

5	0	0	0	0
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Searchlight Leadership Fund

Mailing Address 422 C St. NE
Lower Level

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement

Candidate Name

C00327395

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	1

FEC Identification Number

C	0	1	1
---	---	---	---

Transaction ID : 33026780

Amount of Each Disbursement this Period

5	0	0	0	0
---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Roy Blunt

Mailing Address Po Box 278

City
Strafford

State
MO

Zip Code
65757

Purpose of Disbursement

Candidate Name

, Blunt, Roy, ,

Office Sought: House
 Senate
 President

Disbursement For: 2010 Primary General
 Other (specify) ▼

State: H District: MO

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	1

FEC Identification Number

C	0	1	1
---	---	---	---

Transaction ID : 33042715

Amount of Each Disbursement this Period

-	5	0	0	0
---	---	---	---	---

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5	0	0	0	0
---	---	---	---	---

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

5	0	0	0	0
---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends Of Roy Blunt

Mailing Address Po Box 278

City
Strafford

State
MO

Zip Code
65757

Purpose of Disbursement

2010 DI

Candidate Name

, Blunt, Roy, ,

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2010

Primary General
 Other (specify) ▼

General Debt 2010

State: H District: MO

Date of Disbursement

MM / DD / YYYY
03 / 08 / 2011

FEC Identification Number

C 011

Transaction ID : 33042717

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Heller For Congress

Mailing Address PO Box 750580

City
Las Vegas

State
NV

Zip Code
89136

Purpose of Disbursement

Void - t

Candidate Name

H6NV02164, Heller, Dean, , Rep.

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2012

Primary General
 Other (specify)

State: H District: NV

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2011

FEC Identification Number

C 011

Transaction ID : 33052771

Amount of Each Disbursement this Period

- 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Heller For Congress

Mailing Address PO Box 750580

City
Las Vegas

State
NV

Zip Code
89136

Purpose of Disbursement

Candidate Name

H6NV02164, Heller, Dean, , Rep.

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2012

Primary General
 Other (specify) ▼

State: H District: NV

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2011

FEC Identification Number

C 011

Transaction ID : 33052802

Amount of Each Disbursement this Period

2500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

5000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Ryan For Congress

Mailing Address P. O. Box 1919

City
Janesville

State
WI

Zip Code
53547

Purpose of Disbursement

Candidate Name

H8WI01024, Ryan, Paul, D., Rep.

Office Sought:

House
 Senate
 President

Disbursement For: 2012

Primary General
 Other (specify) ▼

State: H District: WI

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2011

FEC Identification Number

C 011

Transaction ID : 33087285

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Montanans For Tester

Mailing Address PO Box 1135

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement

Candidate Name

S6MT00162, Tester, Jon, , Mr.

Office Sought:

House
 Senate
 President

Disbursement For: 2012

Primary General
 Other (specify) ▼

State: S District: MT

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2011

FEC Identification Number

C 011

Transaction ID : 33087325

Amount of Each Disbursement this Period

4000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Montanans For Tester

Mailing Address PO Box 1135

City
Helena

State
MT

Zip Code
59624

Purpose of Disbursement

Candidate Name

S6MT00162, Tester, Jon, , Mr.

Office Sought:

House
 Senate
 President

Disbursement For: 2012

Primary General
 Other (specify) ▼

State: S District: MT

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 15 / 2011

FEC Identification Number

C 011

Transaction ID : 33087331

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

7000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Friends Of John Barrow		Date of Disbursement MM / DD / YYYY 03 / 15 / 2011
Mailing Address PO Box 8166		FEC Identification Number C 011 Transaction ID : 33087334 Amount of Each Disbursement this Period 1000.00
City Savannah	State GA	
Zip Code 31412	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name H4GA12010, Barrow, John, , Rep.	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: H District: GA		

Full Name (Last, First, Middle Initial) B. New Democrat Coalition Political Action Committee		Date of Disbursement MM / DD / YYYY 03 / 29 / 2011
Mailing Address 607 4th Street NW Suite 800		FEC Identification Number C 011 Transaction ID : 33121233 Amount of Each Disbursement this Period 5000.00
City Washington	State DC	
Zip Code 20005	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name C00409730	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. National Republican Congressional Committee		Date of Disbursement MM / DD / YYYY 04 / 12 / 2011
Mailing Address 320 First Street, SE		FEC Identification Number C 011 Transaction ID : 33161847 Amount of Each Disbursement this Period 15000.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	21000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. AMERIPAC: The Fund for a Greater America

Mailing Address 607 14th Street, NW
Suite 800

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Candidate Name

C00271338

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 12 / 2011

FEC Identification Number

C 011

Transaction ID : 33161852

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City
Visalia

State
CA

Zip Code
93290

Purpose of Disbursement

Candidate Name

H8CA20059, Nunes, Devin, , Mr.

Office Sought:

House
 Senate
 President

Disbursement For: 2012

Primary General
 Other (specify)

State: H

District: CA

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 12 / 2011

FEC Identification Number

C 011

Transaction ID : 33161855

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Lynn Jenkins For Congress

Mailing Address P.O. Box 1441

City
Topeka

State
KS

Zip Code
66601

Purpose of Disbursement

Candidate Name

H8KS02090, Jenkins, Lynn, , Rep.

Office Sought:

House
 Senate
 President

Disbursement For: 2012

Primary General
 Other (specify) ▼

State: H

District: KS

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2011

FEC Identification Number

C 011

Transaction ID : 33234614

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

7500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Wasserman-Schultz For Congress

Mailing Address 1071 Twin Branch Ln

City Weston State FL Zip Code 33326

Purpose of Disbursement

Candidate Name

H4FL20023, Schultz Debbie, Wasserman, ,

Office Sought: House Senate President

State: H District: FL

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2011

FEC Identification Number

C 011

Transaction ID : 33235439

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Texans For Senator John Cornyn Inc

Mailing Address PO Box 13026
Suite 180

City Austin State TX Zip Code 78711

Purpose of Disbursement

Candidate Name

S2TX00106, Cornyn, John, , Sen.

Office Sought: House Senate President

State: S District: TX

Disbursement For: 2014
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2011

FEC Identification Number

C 011

Transaction ID : 33236170

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pat Roberts For U S Senate Inc

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement

Candidate Name

S6KS00080, Roberts, Pat, , Sen.

Office Sought: House Senate President

State: S District: KS

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 28 / 2011

FEC Identification Number

C 011

Transaction ID : 33239280

Amount of Each Disbursement this Period

1500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Portman For Senate Committee

Mailing Address 8331 Little Harbor Drive

City Cincinnati State OH Zip Code 45244

Purpose of Disbursement

Candidate Name
S0OH00133, Portman, Rob., , Mr.

Office Sought: House Senate President
Disbursement For: 2016
 Primary General
 Other (specify) ▼
State: S District: OH

Date of Disbursement

MM / DD / YYYY
05 / 11 / 2011

FEC Identification Number

C 011

Transaction ID : 33295411

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Pat Roberts For U S Senate Inc

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement

Candidate Name
S6KS00080, Roberts, Pat., , Sen.

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: S District: KS

Date of Disbursement

MM / DD / YYYY
04 / 28 / 2011

FEC Identification Number

C 011

Transaction ID : 33352979

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Dawg PAC

Mailing Address 3422 Porter Street, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement

Candidate Name
C00455360

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
05 / 25 / 2011

FEC Identification Number

C 011

Transaction ID : 33362512

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Dave Camp For Congress

Full Name (Last, First, Middle Initial)

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

Candidate Name
H0M110071, Camp, David, Lee, Rep.

Office Sought: House Senate President
State: H District: MI

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
05 / 25 / 2011

FEC Identification Number: C 011
Transaction ID : 33363851
Amount of Each Disbursement this Period: 5000.00

Memo Item

B. Continuing A Majority Political Action Committee

Full Name (Last, First, Middle Initial)

Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify)

Date of Disbursement: MM / DD / YYYY
05 / 25 / 2011

FEC Identification Number: C 011
Transaction ID : 33363854
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. Scott Brown For Us Senate Committee Inc

Full Name (Last, First, Middle Initial)

Mailing Address 200 Reservoir Street

City Needham State MA Zip Code 02494

Purpose of Disbursement

Candidate Name
S0MA00109, Brown, Scott, , Sen.

Office Sought: House Senate President
State: S District: MA

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 06 / 2011

FEC Identification Number: C 011
Transaction ID : 33404415
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Crowley For Congress

Mailing Address 84-56 Grand Avenue

City Elmhurst State NY Zip Code 11373

Purpose of Disbursement

Candidate Name
H8NY07046, Crowley, Joseph, , Rep.

Office Sought: House Senate President
State: H District: NY

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2011

FEC Identification Number

C 011

Transaction ID : 33404421

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. The Blue Dog PAC

Mailing Address 227 Massachusetts Ave
Suite 101

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name
C00305318

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2011

FEC Identification Number

C 011

Transaction ID : 33404435

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Boustany for Congress

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement

Candidate Name
H4LA07029, Boustany, Charles, W., Rep.

Office Sought: House Senate President
State: H District: LA

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2011

FEC Identification Number

C 011

Transaction ID : 33404511

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

11000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Graves for Congress

Mailing Address P.O. Box 34744

City
Kansas City

State
MO

Zip Code
64116

Purpose of Disbursement

Candidate Name

, Graves, Sam, ,

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: H District: MO

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2011

FEC Identification Number

C	011
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Transaction ID : 33404519

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Friends Of John Barrasso

Mailing Address PO Box 52008

City
Casper

State
WY

Zip Code
82605

Purpose of Disbursement

Candidate Name

S6WY00068, Barrasso, John, , Mr.

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State: S District: WY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2011

FEC Identification Number

C	011
---	-----

Transaction ID : 33404520

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ERICPAC

Mailing Address 25 East Main Street, Suite 200

City
Richmond

State
VA

Zip Code
23219

Purpose of Disbursement

Candidate Name

C00384701

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		06		2011

FEC Identification Number

C	011
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Transaction ID : 33404521

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

9000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Carper For Senate

Mailing Address 19 East Commons Blvd Second Floor

City New Castle State DE Zip Code 19720

Purpose of Disbursement

Candidate Name S8DE00079, Carper, Thomas, R., Sen.

Office Sought: House Senate President
 Disbursement For: 2012 Primary General Other (specify) ▼
 State: S District: DE

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2011

FEC Identification Number

C 011

Transaction ID : 33404522

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Whitfield For Congress Committee

Mailing Address P.O. Box 391

City Hopkinsville State KY Zip Code 42241

Purpose of Disbursement

Candidate Name H4KY01040, Whitfield, Edward, , Rep.

Office Sought: House Senate President
 Disbursement For: 2012 Primary General Other (specify) ▼
 State: H District: KY

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2011

FEC Identification Number

C 011

Transaction ID : 33404523

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 S. Capital St. 2nd Fl

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name C00000935

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

MM / DD / YYYY
06 / 24 / 2011

FEC Identification Number

C 011

Transaction ID : 33484497

Amount of Each Disbursement this Period

5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Date of Disbursement MM / DD / YYYY 06 / 24 / 2011
Mailing Address 430 S. Capital St. 2nd Fl		FEC Identification Number C 011 Transaction ID : 33484498
City Washington	State DC	Zip Code 20003
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name C00000935		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) B. Democratic Congressional Campaign Committee		Date of Disbursement MM / DD / YYYY 06 / 24 / 2011
Mailing Address 430 S. Capital St. 2nd Fl		FEC Identification Number C 011 Transaction ID : 33484499
City Washington	State DC	Zip Code 20003
Purpose of Disbursement		Amount of Each Disbursement this Period 5000.00
Candidate Name C00000935		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C. Friends Of Erik Paulsen		Date of Disbursement MM / DD / YYYY 06 / 24 / 2011
Mailing Address P.O. Box 44369 250 Prairie Center Drive		FEC Identification Number C 011 Transaction ID : 33484500
City Eden Prairie	State MN	Zip Code 55344
Purpose of Disbursement		Amount of Each Disbursement this Period 1000.00
Candidate Name H8MN03077, Paulsen, Erik, , Mr.		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: H	District: MN	

SUBTOTAL of Disbursements This Page (optional).....▶	11000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) A. Hagan For Us Senate Inc		Date of Disbursement MM / DD / YYYY 06 / 24 / 2011
Mailing Address PO Box 29103		FEC Identification Number C 011 Transaction ID : 33484502 Amount of Each Disbursement this Period 500.00
City Greensboro	State NC	
Zip Code 27429	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name S8NC00239, Hagan, Kay, ,	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: S District: NC		

Full Name (Last, First, Middle Initial) B. Hagan For Us Senate Inc		Date of Disbursement MM / DD / YYYY 06 / 24 / 2011
Mailing Address PO Box 29103		FEC Identification Number C 011 Transaction ID : 33484503 Amount of Each Disbursement this Period 500.00
City Greensboro	State NC	
Zip Code 27429	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name S8NC00239, Hagan, Kay, ,	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: S District: NC		

Full Name (Last, First, Middle Initial) C. Tim Scott For Congress		Date of Disbursement MM / DD / YYYY 06 / 24 / 2011
Mailing Address 1405 Ashley River Road		FEC Identification Number C 011 Transaction ID : 33484504 Amount of Each Disbursement this Period 1000.00
City Charleston	State SC	
Zip Code 29407	Purpose of Disbursement	Memo Item <input type="checkbox"/>
Candidate Name H0SC01279, Scott, Tim, , Rep.	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: H District: SC		

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Heath Shuler for Congress

Mailing Address 38 Ivy Street, SE

City
Washington

State
DC

Zip Code
20004

Purpose of Disbursement

Candidate Name
C00413393

Office Sought: House
 Senate
 President

State: H District: NC

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	4		2	0	1	1		

FEC Identification Number

C	0	1	1
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Transaction ID : 33484505

Amount of Each Disbursement this Period

2	5	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

B. Michigan Republican Party

Mailing Address 520 Seymour Street

City
Lansing

State
MI

Zip Code
48933

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	1	1		

FEC Identification Number

C	0	1	1
---	---	---	---

Transaction ID : 33484631

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

Memo Item

Full Name (Last, First, Middle Initial)

C. Michigan Republican Party

Mailing Address 520 Seymour Street

City
Lansing

State
MI

Zip Code
48933

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Void - N
Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	1	1		

FEC Identification Number

C	0	1	1
---	---	---	---

Transaction ID : 33484633

Amount of Each Disbursement this Period

-	1	0	0	0	0
---	---	---	---	---	---

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

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

2	5	0	0	0	0
---	---	---	---	---	---

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Michigan Republican Party

Mailing Address 520 Seymour Street

City
Lansing

State
MI

Zip Code
48933

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7							

FEC Identification Number

C 011

Transaction ID : 33484634

Amount of Each Disbursement this Period

1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1000.00

176500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Sommer, Judah, C., ,

Full Name (Last, First, Middle Initial)

Date of Disbursement: 03 / 09 / 2011

Mailing Address: 701 Pennsylvania Ave NW
Suite 530/650

City: Washington State: DC Zip Code: 20004-2606

Purpose of Disbursement: **Refund**

Candidate Name:

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: **C 010**
Transaction ID : 33043413
Amount of Each Disbursement this Period: **5000.00**

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement:

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement:

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement:

Candidate Name:

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. UnitedHealth Group Inc PAC of PA

Mailing Address 9900 Bren Road East

City
Minnetonka

State
MN

Zip Code
55343

Purpose of Disbursement

Contrib
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	1	1

FEC Identification Number

C 011

Transaction ID : 32898112

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Amstutz

Mailing Address 4456 Wood Lake Trail

City
Wooster

State
OH

Zip Code
44691

Purpose of Disbursement

Ron Arr
Category/
Type

Candidate Name
, Amstutz, Ron, , OH Rep.

Office Sought: House
 Senate
 President

State: H District: OH

Disbursement For: 2012

Primary General
 Other (specify)

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	1	1

FEC Identification Number

C 011

Transaction ID : 33000375

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Sears

Mailing Address 6711 Monroe Street Building 3 Suit

City
Sylvania

State
OH

Zip Code
53560

Purpose of Disbursement

Barbara
Category/
Type

Candidate Name
, Sears, Barbara, , OH Rep.

Office Sought: House
 Senate
 President

State: H District: OH

Disbursement For: 2012

Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	1

FEC Identification Number

C 011

Transaction ID : 33069457

Amount of Each Disbursement this Period

500.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Team Burke

Full Name (Last, First, Middle Initial)
Mailing Address 275 W. 4th Street

City Marysville State OH Zip Code 43040

Purpose of Disbursement **Dave B** Category/Type

Candidate Name
, Burke, Dave, , OH Rep.

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: H District: OH

Date of Disbursement: 03 / 14 / 2011

FEC Identification Number: C 011
Transaction ID : 33069468
Amount of Each Disbursement this Period: 500.00

Memo Item

B. Jimmy Stewart for State Senate

Full Name (Last, First, Middle Initial)
Mailing Address 1021 Four Mile Creek Road

City Collville State OH Zip Code 45723

Purpose of Disbursement **Jimmy S** Category/Type

Candidate Name
, Stewart, Jimmy, , OH Sen.

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: S District: OH

Date of Disbursement: 04 / 28 / 2011

FEC Identification Number: C 011
Transaction ID : 33234029
Amount of Each Disbursement this Period: 500.00

Memo Item

C. Friends of Faber

Full Name (Last, First, Middle Initial)
Mailing Address 7706 St. Rt 703

City Celina State OH Zip Code 45822

Purpose of Disbursement **Keith F:** Category/Type

Candidate Name
, Faber, Keith, , OH Sen.

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼

State: S District: OH

Date of Disbursement: 04 / 28 / 2011

FEC Identification Number: C 011
Transaction ID : 33234040
Amount of Each Disbursement this Period: 750.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1750.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Committee to Elect Niehaus

Mailing Address 1131 Little Indian Creek Road

City
New Richmond

State
OH

Zip Code
45157-9602

Purpose of Disbursement

Tom Ni

Candidate Name

, Niehaus, Tom, , OH Sen.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: S District: OH

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	28	/	2011

FEC Identification Number

C 011

Transaction ID : 33234044

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Batchelder for Representative Committee

Mailing Address 105 West Liberty St.

City
Medina

State
OH

Zip Code
44256

Purpose of Disbursement

William

Candidate Name

, Batchelder, William, , OH Rep.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify)

State: H District: OH

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	28	/	2011

FEC Identification Number

C 011

Transaction ID : 33234045

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Responsive Government

Mailing Address PO Box 23031

City
Honolulu

State
HI

Zip Code
96823-3031

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05	/	09	/	2011

FEC Identification Number

C 011

Transaction ID : 33287042

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Pete Lund for State Representative

Mailing Address 6881 Muirfield Dr.

City Shelby Twp. State MI Zip Code 48316

Purpose of Disbursement

Pete Lu

Candidate Name
, Lund, Pete, , MI Rep.

Category/
Type

Office Sought: House
 Senate
 President
State: H District: MI

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2011

FEC Identification Number

C 011

Transaction ID : 33287044

Amount of Each Disbursement this Period

250.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Senate Republican Campaign Committee

Mailing Address P.O. Box 12023

City Lansing State MI Zip Code 48901

Purpose of Disbursement

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2011

FEC Identification Number

C 011

Transaction ID : 33287047

Amount of Each Disbursement this Period

3000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Citizens for Kevin Bacon

Mailing Address 5325 Ponderosa Drive

City Columbus State OH Zip Code 43231

Purpose of Disbursement

Kevin B

Candidate Name
, Bacon, Kevin, , OH Rep.

Category/
Type

Office Sought: House
 Senate
 President
State: S District: OH

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2011

FEC Identification Number

C 011

Transaction ID : 33439290

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4250.00

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

