Image# 11932078056				PAG	GE 1 / 103
	EPORT OF F ND DISBURS Other Than An Author	SEMENTS	6	Office Use Only	
1. NAME OF TYP COMMITTEE (in full)	PE OR PRINT ▼	Example: If typing over the lines.	g, type 12FE		
UnitedHealth Group Inco	rporated PAC (Unit	ed for Health)			
ADDRESS (number and street)	900 Bren Road East				
Check if different than previously reported. (ACC)			MN	55343 –	
2. FEC IDENTIFICATION NUME	SER V CITY		STATE 🔺	ZIP CO	DE 🔺
C C00274431	3. IS RE	THIS N PORT X (N	EW J) OR	AMENDED (A)	
<ul> <li>(Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> <li>July 15 Quarterly Report (Q2)</li> <li>October 15 Quarterly Report (Q3)</li> <li>January 31 Year-End Report (YE)</li> <li>July 31 Mid-Year Report (Non-election Year Only) (MY)</li> <li>Termination Report</li> </ul>	Report Due On: Mar 2	0 (M3) Ju 0 (M4) Ju Primary (12P) Convention (1	2C) Spe	Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) heral (12G) cial (12S) in the State o hoff (30R) in the	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R) f Special (30S)
(TER)	Election	on		State o	f
5. Covering Period	2011 / 2011	through	06 / 0	2011	
Type or Print Name of Treasurer	Sherwood, Susan, , ,	iy knowledge and D		M M / D D /	Y Y Y Y Y
	l, Susan, , ,			07 26	2011
NOTE: Submission of false, erroneous Office	s, or incomplete information	may subject the perso	on signing this Report		-
Use Only				FEC FOR Rev. 05/20	

04/01/2025 13 : 04

PAGE 1 / 103

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name

FEC Form 3X (Rev. 05/2016)

## UnitedHealth Group Incorporated PAC (United for Health)

R	eport Covering the Period: From:		b: 06 / 0 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		80071.92
	(b) Cash on Hand at Beginning of Reporting Period	80071.92	
	(c) Total Receipts (from Line 19)	245464.84	245464.84
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	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 <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

Х

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

FEC Form 3X (Rev. 05/2016)	TAILED SUMMARY PAGE of Receipts	Page 3
Write or Type Committee Name		i aye J
UnitedHealth Group Incorporated PA	C (United for Health)	
Report Covering the Period: From:	/         01         /         Y         Y         Y         Y           To:         To:         To:         To:         To:         To:	06 / D D / Y Y Y Y 06 30 2011
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		024004.04
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
Г	0.00	0.00
<ol> <li>Loan Repayments Received</li> <li>Offsets To Operating Expenditures</li> </ol>	0.00	0.00
(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

Image# 11932078058

#### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share ..... (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures ..... (c) Total Operating Expenditures 0.00 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 176500.00 176500.00 and Other Political Committees... 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 5000.00 5000.00 (b) Political Party Committees ..... 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 5000.00 5000.00 29. Other Disbursements (Including 18900.00 Non-Federal Donations)..... 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 Total Federal Election Activity (add (C) 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

COLUMN A

**Total This Period** 

FEC Form	3X	(Rev.	05/2016)
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#### III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36) .....

						234891.31
		-7			-7	
						5000.00
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						229891.31
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						0.00
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						234891.31
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		-7			-7	49.
						229891.31
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a la seconda de				_		
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COLUMN B

Calendar Year-to-Date



# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 6 OF

		Use separate schedule(s)	(check only one)							
ITEWIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
			person for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorp	orated PAC (	United for Health)								
Full Name of Individual (Last, First, Mid A. Sommer, Judah, C., ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 701 Pennsylvania Ave Suite 530/650	WW		03 04 Y Y Y Y 03 04 2011							
City Washington	State DC	Zip Code 20004-2606	Transaction ID : 33029906 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C Put	olic Affairs	5000.00							
Name of Employer (for Individual)		upation (for Individual) edHealth Group, Inc.	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00								
Eull Name of Individual /Last First Mid		An An An								
Full Name of Individual (Last, First, Mid ELLISON, NANCY M, , ,	Date of Receipt									
Mailing Address 9900 Bren Road East			03 / D D / Y Y Y Y 25 / 2011							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : 33119035 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C Gov	/t Rel Dir	350.00							
Name of Employer (for Individual)		upation (for Individual) tedHealth Group, Inc.	Memo Item							
Receipt For:	Aggregate	Year-to-Date ▼	15							
Primary General Other (specify) ▼		350.00	]							
Full Name of Individual (Last, First, Mid Hemsley, Stephen J., , ,	dle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 07 2011							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : 33419172         Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C Pre	esident and Chief Opera	5000.00							
Name of Employer (for Individual)		upation (for Individual) edHealth Group, Inc.	15							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00	]							
SUBTOTAL of Receipts This Page (option	nal)		10350.00							
TOTAL This Period (last page this line nu	mber only)									

#### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 7 OF

		Use separate schedule(s)	(check only one)								
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12								
			13     14     15     16     17       berson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorport	rated PAC (	United for Health)									
Full Name of Individual (Last, First, Middle A. KAZLAUSKAS, ANTHONY J, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 06 30 2011								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1159794626263 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C Sr I	Medical Director	260.00								
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00									
Full Name of Individual (Last, First, Middle MUGGIO, CARLA M, , , Mailing Address 9900 Bren Road East	e Initial) or Full O	rganization Name	Date of Receipt								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1159798226263 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C Net	work Contract Director	249.99								
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99									
Full Name of Individual (Last, First, Middle C. NOBLITT, KEITH W, , ,	e Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2011								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1159805526263 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C sc	E 3 - Natl Accts Indiv C	260.00								
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	15								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 260.00	]								
SUBTOTAL of Receipts This Page (optiona	l)		769.99								
TOTAL This Period (last page this line num	ber only)										

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

FOR LINE NUMBER:

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PAGE 8 OF

			Detailed Summary Pag			11a 13		11b		11c 15		12 16	17		
	y information copied from such Reports and S for commercial purposes, other than using the					or the		pose of		liciting		ntribut	ons		
	NAME OF COMMITTEE (In Full)														
$\rangle$	UnitedHealth Group Incorporate	ed PAC (	United for Health)												
Α.	Full Name of Individual (Last, First, Middle Init WATSON III, JAMES S, , ,	tial) or Full C	rganization Name			Date of	Re	eceipt							
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	/	D 30		/ Y	ү 20	)11 )	Y			
	City Minnetonka	State MN	Zip Code 55343-9664	A	Transaction ID : PR1159806026263 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C Ass	sociate General Couns			Amount of Each Receipt this Period									
	Name of Employer (for Individual)	Occ Unit	1;		emo	ltem									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.0	00											
в.	Full Name of Individual (Last, First, Middle Init WHITELY, WILLIAM P, , ,		Date of Receipt												
	Mailing Address 9900 Bren Road East					м м 06	/	D 30		/ Y	ү 20	11	Y		
	City	State	Zip Code			Trans	acti	ion ID :	: PF	11598	1 <u>26</u>	26263			
	Minnetonka	MN	55343-9664		A	mount	t of	Each F	Rec	eipt th	is P	eriod			
	FEC ID number of contributing federal political committee.	C Ser	nior Vice President		2499.90										
	Name of Employer (for Individual)	Occ Uni	- 15	Memo Item											
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.	90											
с.	Full Name of Individual (Last, First, Middle Init COOK, WAYNE F, , ,	tial) or Full C	rganization Name			Date of	Re	eceipt							
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/	D 30		/ Y		)11 <sup>°</sup>	Ŷ		
	City Minnetonka	State MN	Zip Code 55343-9664					ion ID					3		
	FEC ID number of contributing federal political committee.		Operations			Amount	tot	Each F	Rec	eipt th	is P	eriod 780.0	0		
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Ind	с		Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼	-		5									
	Primary General Other (specify)		780.	00											
s	UBTOTAL of Receipts This Page (optional)			······ •				,	_	y	3	3604.9	0		
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PAGE 9 OF

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	y information copied from such Reports and Sta for commercial purposes, other than using the r									bliciting		ntributi	ons	
	NAME OF COMMITTEE (In Full)													
/	UnitedHealth Group Incorporated	d PAC (I	Jnited for He	alth)										
A.	Full Name of Individual (Last, First, Middle Initia WICHMANN, DAVID S, , ,	al) or Full O	rganization Name			Date of	Re	ceipt						
	Mailing Address 9900 Bren Road East		Zip Code		06 / 30 / Y Y Y Y 2011									
	City Minnetonka	State MN	Transaction ID : PR1159814726263           Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C EVI	<sup>2</sup> & Pres UHG Ope	ratio						-		2499.9	0	
	Name of Employer (for Individual)		upation (for Individ ed HealthCare Ser		1		emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	2499.90										
B.	Full Name of Individual (Last, First, Middle Initia ERLANDSON, PATRICK J, , ,	al) or Full O	rganization Name			Date of	Re	ceipt						
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/	D 30		/ Y	ү 20	ү 11	Y	
	City Minnetonka	State MN	Zip Code 55343-9664			Trans Amount		on ID : Each F						
	FEC ID number of contributing federal political committee.	C svr	Pusiness Operati		2499.90									
	Name of Employer (for Individual)	Occ Unit	1	Memo Item										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	2499.90										
с.	Full Name of Individual (Last, First, Middle Initia SAURO, PATRICIA R, , ,	al) or Full O	rganization Name			Date of	Re	ceipt						
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/	D 30		/ Y		11 1	Y	
	City Minnetonka	State MN	Zip Code 55343-9664			Trans		ion ID : Each F					5	
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	Name of Employer (for Individual)		pation (for Individ	,	1	Me 5	emo	ltem						
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s	UBTOTAL of Receipts This Page (optional)			•••••				, .		y	5	5779.8	0	
т	OTAL This Period (last page this line number or	nly)								-				

FOR LINE NUMBER:

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PAGE 10 OF

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		Detailed Summary Page		13		14		15		6	17			
Any information copied from such Reports or for commercial purposes, other than us														
NAME OF COMMITTEE (In Full)														
/ UnitedHealth Group Incorp	orated PAC (	Jnited for Health)												
Full Name of Individual (Last, First, Mic <b>A.</b> MUNSELL, WILLIAM A, , ,	Idle Initial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Address 9900 Bren Road East				06 / <sup>D</sup> 30 / <sup>Y</sup> 2011										
City Minnetonka	State MN	Zip Code 55343-9664		Transaction ID : PR1159816626263 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	CEV	P UnitedHealth Group												
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	1	5 M	emo	Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	]											
Full Name of Individual (Last, First, Mic PENSHORN, JOHN S, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Address 9900 Bren Road East				<sup>M</sup> 06	/	30		/ Y	201	1	Y			
City Minnetonka	State MN	Zip Code 55343-9664		Trans Amount		on ID : Each I								
FEC ID number of contributing federal political committee.	C svi	P UnitedHealth Group		2499.90 Memo Item										
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	1											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	]	-										
Full Name of Individual (Last, First, Mic KALLMEYER, PAUL D, , ,	ddle Initial) or Full O	rganization Name		Date of	Re	ceipt								
Mailing Address 9900 Bren Road East				<sup>M</sup> 06	1	30		/ Y	201		Y			
City Minnetonka	State MN	Zip Code 55343-9664		Trans Amount		<b>ion ID</b> Each I					1			
FEC ID number of contributing federal political committee.	C De	outy General Counsel (				, .		y	6	650.0	0			
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	1	5 M	emc	tem								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00	]	-										
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FOR LINE NUMBER:

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PAGE 11 OF

ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12								
	y information copied from such Reports and Sta for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full)											
$\rangle$	UnitedHealth Group Incorporate	d PAC (l	Jnited for Health)									
Α.	Full Name of Individual (Last, First, Middle Initia RYAN, TIMOTHY F, , ,	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 9900 Bren Road East											
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1159817926263								
	FEC ID number of contributing federal political committee.		iness Segment Gen C	Amount of Each Receipt this Period								
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item								
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 247.00	15								
В.	Full Name of Individual (Last, First, Middle Initia QUIRK, THOMAS J, , , Mailing Address 9900 Bren Road East	al) or Full O	rganization Name	Date of Receipt								
		Ctoto	Zin Codo	06 30 2011								
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1159819126263           Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С неа	Ith Plan CEO	1050.00								
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	15 Memo Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1050.00									
с.	Full Name of Individual (Last, First, Middle Initia TUCKSON, REED V, , , M.D.	al) or Full O	rganization Name	Date of Receipt								
	Mailing Address 9900 Bren Road East			06 30 2011								
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1159819826263 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C EVI	P Consumr Health & M	1499.94								
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item								
	Receipt For:		Year-to-Date V	15								
	Primary General Other (specify)		1499.94									
s	UBTOTAL of Receipts This Page (optional)			2796.94								
т	OTAL This Period (last page this line number o	nly)	•••••	· · · · · · · · · · · ·								

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PAGE 12 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12						
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or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
/ UnitedHealth Group Incorpo	rated PAC (l	Jnited for Health)							
Full Name of Individual (Last, First, Middl TRACY, WILLIAM C, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9900 Bren Road East			06 30 / Y Y Y Y Y 06 30 2011						
City	State	Zip Code	Transaction ID : PR1159821526263						
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	СНеа	alth Plan CEO	750.10						
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item						
Receipt For:	Aggregate	Year-to-Date 🔻							
Primary General Other (specify) ▼		750.10	]						
Full Name of Individual (Last, First, Middl 3. SCHNEEWEIS, CAROL M, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9900 Bren Road East			06 30 2011						
City	State	Zip Code	Transaction ID : PR1159823526263						
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C Dir I	Product	325.00						
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item						
Receipt For:	Aggregate	Year-to-Date ▼							
Primary General Other (specify) ▼		325.00	]						
Full Name of Individual (Last, First, Middl MIGLIORI, RICHARD J, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 30 2011						
City	State	Zip Code	Transaction ID : PR1159827426263						
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C svi	P Bus Initiatives & Clin	999.96						
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item						
Receipt For:	Aggrogato	Year-to-Date ▼	13						
Primary General	Aggregate								
Other (specify)		999.96	1						
SUBTOTAL of Receipts This Page (optiona	l)		2075.06						
TOTAL This Period (last page this line num	nber only)	••••••							

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PAGE 13 OF

			for each category of the Detailed Summary Page	X			11b	11c	12				
Any information copied fro	om such Reports and S	Statements ma	ly not be sold or used by any p	erson for	13 r the p	purp	14 Dose of s	15 oliciting	16 g contribu	utions			
or for commercial purpose	es, other than using the	e name and a	ddress of any political committee	e to solic	cit con	trib	utions fro	om suci	n commi	ttee.			
NAME OF COMMITTE	. ,												
/ UnitedHealth G	iroup Incorporate	ed PAC (l	Jnited for Health)										
A. RIVET, JEANNINE		tial) or Full O	rganization Name	Da	Date of Receipt								
Mailing Address 9900	Bren Road East				06 30 2011								
City		State	Zip Code		Transa	acti	on ID : P	R1159	8300262	63			
Minnetonka		MN	55343-9664	Ar	nount	of	Each Re	ceipt th	nis Perioo	ł			
FEC ID number of cor federal political commi	0	CEVE	P UnitedHealth Group					-95-	2499	.90			
Name of Employer (for	r Individual)		upation (for Individual) ed HealthCare Services Inc	15	Me	emo	Item						
Receipt For:		Aggregate	Year-to-Date 🔻										
Primary Other (specify)	General		2499.90	]									
Full Name of Individua B. SHUFF, JACK E, ,	l (Last, First, Middle Ini ,	tial) or Full O	rganization Name	Da	ate of	Re	ceipt						
Mailing Address 9900	Bren Road East				06	/	D D D 30	/ Y	2011	Y			
City		State	Zip Code		Transa	actio	on ID : P	R11598	83052626	53			
Minnetonka		MN	55343-9664						nis Perioo				
FEC ID number of cor federal political commi	0	С ѕв	RVP		_		<b>7</b>	-9-	269	.76			
Name of Employer (fo	r Individual)		upation (for Individual) ed HealthCare Services Inc	15	Me	emo	Item						
Receipt For:		Aggregate	Year-to-Date 🔻										
Other (specify)	General		269.76	]									
Full Name of Individua C. WINTERS, JILL,	l (Last, First, Middle Ini , ,	tial) or Full O	rganization Name	Da	ate of	Re	ceipt						
Mailing Address 9900	Bren Road East				06	/	D D D 30	/ Y	2011 <sup>°</sup>	Y			
City		State	Zip Code		Transa	acti	on ID : P	R1159	8404262	63			
Minnetonka		MN	55343-9664	Ar	nount	of	Each Re	ceipt th	nis Perioo	k			
FEC ID number of cor federal political commi	0	C VP	General Management		_		y	y	702	.00			
Name of Employer (for	r Individual)		upation (for Individual) ed HealthCare Services Inc	15	- C	emo	Item						
Receipt For:		Aggregate	Year-to-Date ▼										
Primary	General			1									
Other (specify)			702.00	4									
SUBTOTAL of Receipts	This Page (optional)		••••••				,	y	3471	.66			
TOTAL This Period (last	page this line number	only)					7	-					

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PAGE 14 OF

				Detailed Summary Page		11a		11		11c		12 16	17
	y information copied from such Reports and Stat for commercial purposes, other than using the n					or the		pos	se of s	olicitin		ntributi	ons
$\backslash$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	PAC (	Un	ited for Health)									
Α.	Full Name of Individual (Last, First, Middle Initia WELTERS, ANTHONY, , Mr.,	l) or Full C	Drga	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					м м 06	/	Г	<sup>D</sup> 30	/ Y	Y 20	011	Y
	City Minnetonka	State MN		Zip Code 55343-9664						R1332 ceipt th			}
	FEC ID number of contributing federal political committee.	CEV	ΡU	nitedHealth Group				-		4	2	2499.9	0
	Name of Employer (for Individual)		•	tion (for Individual) HealthCare Services Inc	1		emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 2499.90	1								
в.	Full Name of Individual (Last, First, Middle Initia BRESOLIN, MICHAEL J, , ,	l) or Full C	Drga	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					м м 06	/	Ľ	D D 30	/ Y	ү 20	)11	Y
	City Minnetonka	State MN		Zip Code 55343-9664						R1551			
		1	-		- '	Amoun		Ea	ach Re	ceipt th	IIS P	enou	_
	FEC ID number of contributing federal political committee.	C Dir	Car	e Advocacy				-1		-	_	260.0	0
	Name of Employer (for Individual)			tion (for Individual) HealthCare Services Inc	1	_	emo	o Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 260.00	]								
с.	Full Name of Individual (Last, First, Middle Initia HEADY, TIMOTHY J, , ,	l) or Full C	Drga	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 9900 Bren Road East	-		-		<sup>M</sup> 06	1		D D D 30	/ Y		)11 )	Y
	City Minnetonka	State MN		Zip Code 55343-9664						PR1551			3
	FEC ID number of contributing federal political committee.	C sv	'P P	harmacy Benefit M		Amoun		Ea	ach Re	ceipt th		975.0	0
	Name of Employer (for Individual)		•	tion (for Individual) HealthCare Services Inc	1	№ 5	emo	o Ite	em				
	Receipt For:	I		ar-to-Date <b>V</b>	- '	5							
	Primary General Other (specify)		-	975.00									
s	UBTOTAL of Receipts This Page (optional)				•			,			:	3734.9	0
т	OTAL This Period (last page this line number on	ly)			•			-		-			

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PAGE 15 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (L	Inited for Health)	
Α.	Full Name of Individual (Last, First, Middle Initia KAGAN, JEFFREY W, , , Mailing Address 9900 Bren Road East	l) or Full Or	ganization Name	Date of Receipt
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1551132326263           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C VP F	Product	260.00
	Name of Employer (for Individual)		pation (for Individual) ed HealthCare Services Inc	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 260.00	
B.	Full Name of Individual (Last, First, Middle Initia KNUTSON, GERALD JOHN, , ,	l) or Full Or	ganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			06 / 0 / Y Y Y Y 2011
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1551132526263           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C Busi	ness Segment CFO	260.00
	Name of Employer (for Individual)		pation (for Individual) ed HealthCare Services Inc	15
	Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 260.00	
с.	Full Name of Individual (Last, First, Middle Initia MATTEO, MICHAEL C, , ,	l) or Full Or	ganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East	1-		06 / D D / Y Y Y Y 2011
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1551133426263           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C CEC	D National Accounts	249.99
	Name of Employer (for Individual)		pation (for Individual) d HealthCare Services Inc	Memo Item
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99	
s	UBTOTAL of Receipts This Page (optional)		•••••	769.99
Т	OTAL This Period (last page this line number or	ıly)	••••••	

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 16 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
II LIVIIZED REGEIPIJ		for each category of the Detailed Summary Page									
			13     14     15     16     17       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	ig the name and a										
UnitedHealth Group Incorpo	orated PAC (I	Jnited for Health)									
Full Name of Individual (Last, First, Mido A. OWENS, DAWN M, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 30 2011								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1551160326263 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C Bus	iness Segment CEO	1300.00								
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	]								
Full Name of Individual (Last, First, Mide VALERIUS, THOMAS J, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East	Ctoto	Zin Code	06 / D D / Y Y Y Y 2011								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1551161326263           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C svr	P Recruitment Svcs	999.96								
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 999.96	]								
Full Name of Individual (Last, First, Mido C. WEIHRAUCH, LOIS T, , ,	lle Initial) or Full O	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 30 2011								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1551161426263           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С ИР	General Management	708.00								
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	15								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 708.00	1								
SUBTOTAL of Receipts This Page (option	al)		3007.96								
TOTAL This Period (last page this line num	,										

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PAGE 17 OF

			Detailed Summary Page		11a 13		11b	11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				for the		pose of	solicitin		ntribut	ions
	NAME OF COMMITTEE (In Full)		· · · · · ·	-				-			
$\rangle$	UnitedHealth Group Incorporated	d PAC (I	United for Health)								
A.	Full Name of Individual (Last, First, Middle Initia ENDERLE, JOHN O, , ,	l) or Full O	organization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East				м м 06	/	<sup>D</sup> 30	/ Y	ү 2	011	Y
	City Minnetonka	State MN	Zip Code 55343-9664				i <b>on ID :</b> Each R				3
	FEC ID number of contributing federal political committee.	C Reg	gional Executive							1080.0	0
	Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	1	М 5	emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1080.00								
в.	Full Name of Individual (Last, First, Middle Initia JELINEK, RICK M, , ,	l) or Full O	Organization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	/	D D 30	/ Y	2(	)11	Y
	City Minnetonka	State MN	Zip Code 55343-9664				<b>on ID :</b> Each R				3
	FEC ID number of contributing federal political committee.	C Bus	siness Segment CEO			_				2499.9	0
	Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	1		emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90		-						
С.	Full Name of Individual (Last, First, Middle Initia RADU, MICHAEL, , ,	l) or Full O	Organization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	/	D D D 30	/ Y		)11 )	Y
	City Minnetonka	State MN	Zip Code 55343-9664				ion ID : Each R				3
	FEC ID number of contributing federal political committee.	С ИР	Operations				<b>,</b>	. ,		702.0	0
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	1	5 M	emc	tem				
	Receipt For:	Aggregate	Year-to-Date <b>V</b>								
	Other (specify)		702.00								
	UBTOTAL of Receipts This Page (optional)			▶ ▶		-	y			4281.9	0

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

FOR LINE NUMBER:

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PAGE 18 OF

			Detailed Summary Page		11a 13		11b		11c		12 16	17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	itements maname and a	ay not be sold or used by any po address of any political committee	erson for erson	or the	purp ntrib	pose	of s s fro	oliciting	ען cor co h co	ntribut	ions
	NAME OF COMMITTEE (In Full)											
$\rangle$	UnitedHealth Group Incorporated	d PAC (	United for Health)									
Α.	Full Name of Individual (Last, First, Middle Initia SPILLANE, CATHERINE E, , ,	al) or Full C	Organization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	/	D	во ВО	/ Y	2(	011 <sup>°</sup>	Y
	City Minnetonka	State MN	Zip Code 55343-9664						R1554: ceipt th			3
	FEC ID number of contributing federal political committee.	C Dir	Business Process				-			_	249.9	99
	Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	1		emo	ltem	1				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99									
B.	Full Name of Individual (Last, First, Middle Initia STAPLETON, KIRK E, , ,	al) or Full C	Organization Name		Date of	Re	ceipt					
	Mailing Address 9900 Bren Road East				м м 06	/	D	BO	/ Y	20	)11	Y
	City	State	Zip Code		Trans	acti	ion ID	) : P	R15543	3247	26263	3
	Minnetonka	MN	55343-9664	A	mount	of	Each	Re	ceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	С ИР	Strategic Initiatives		_		-		-17-	_	650.0	00
	Name of Employer (for Individual)		cupation (for Individual) ted HealthCare Services Inc			emo	ltem	I				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00									
с.	Full Name of Individual (Last, First, Middle Initia ERICKSON, KAREN L, , ,	al) or Full C	Organization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	/		B0	/ Y		)11	Y
	City Minnetonka	State MN	Zip Code 55343-9664						R1575			3
			55545-9004	A	mount	of	Each	Re	ceipt th	is P	'eriod	
	FEC ID number of contributing federal political committee.	C sv	P Corporate Controller		_		9		y	2	2499.9	90
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	1		emo	lterr	I				
	Receipt For:	Aggregate	Year-to-Date ▼	- '`	5							
	Primary General Other (specify)		2499.90									
s	UBTOTAL of Receipts This Page (optional)									:	3399.8	9
Т	OTAL This Period (last page this line number or	וy)					-		-			

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PAGE 19 OF

	LED RECEIPTS			I Summary Page		<b>(</b> 11a		11b		11c		12	
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or for co	mation copied from such Reports and Sta mmercial purposes, other than using the n												
	OF COMMITTEE (In Full)												
/ Uni	tedHealth Group Incorporated	I PAC (l	Jnited f	or Health)									
<b>A.</b> MO	ame of Individual (Last, First, Middle Initia NFILETTO, ERNEST, , ,	l) or Full Oi	rganization	Name		Date of	f Re	ceipt					
Mailin	g Address 9900 Bren Road East					<sup>M</sup> 06	/	D 3	D 80	/ Y	ү 20	11 1	Y
City		State	Zip Co			Trans	acti	on ID	) : P	R15759	95812	26263	3
Minn	etonka	MN	5534	13-9664		Amoun	t of	Each	Red	ceipt th	is Pe	eriod	
	D number of contributing I political committee.	C Plar	n President					,		-		999.9	6
Name	of Employer (for Individual)		•	Individual) are Services Inc		М	emo	Item					
Recei	pt For:	Aggregate	Year-to-Da	te 🔻		10							
	Primary General Other (specify) <b>v</b>			999.96	]								
	ame of Individual (Last, First, Middle Initia ENTA, LEE D, , ,	l) or Full O	rganization	Name		Date of	f Re	ceipt					
Mailin	g Address 9900 Bren Road East					06	/	3	D 80	/ Y	201	т 11	Y
City		State	Zip Co	ode		Trans	acti	on ID	: P	R15759	5852	26263	;
Minne	etonka	MN	5534	3-9664		Amoun	t of	Each	Red	ceipt th	is Pe	eriod	
	D number of contributing I political committee.	C Bus	iness Segr	nent COO				<b>,</b>		-	2	499.9	0
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	Primary General Other (specify) ▼		,	2499.90									
	ame of Individual (Last, First, Middle Initia JL, THOMAS S, , ,	l) or Full O	rganization	Name		Date of	f Re	ceipt					
Mailin	g Address 9900 Bren Road East					<sup>M</sup> 06	/	D 3	B0	/ Y	202	11 <sup>°</sup>	Ŷ
City		State	Zip Co			Trans	sacti	ion ID	) : P	R15808	3647	26263	3
Minn	etonka	MN	5534	3-9664		Amoun	t of	Each	Red	ceipt th	is Pe	eriod	
	D number of contributing I political committee.	C Bus	iness Segr	ment CEO				,		y	1	300.0	0
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	Primary General	, iggi oguto			- L -								
	Other (specify)			1300.00									
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PAGE 20 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
or	y information copied from such Reports and Sta for commercial purposes, other than using the									
$\backslash$	NAME OF COMMITTEE (In Full)									
/	UnitedHealth Group Incorporate	d PAC (L	Inited for Health)							
Α.	Full Name of Individual (Last, First, Middle Initia WEBB, ROBERT THOMAS, , ,	al) or Full Or	ganization Name	Date of Receipt						
	Mailing Address 9900 Bren Road East	State	Zin Code	06 / D D / Y Y Y Y 06 / 30 / 2011						
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1580865326263						
	FEC ID number of contributing federal political committee.	C CEC	Care Solutions	Amount of Each Receipt this Period						
	Name of Employer (for Individual)		pation (for Individual) ed HealthCare Services Inc	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90							
	Full Name of Individual (Last, First, Middle Initia HUGHES, RICHARD J, , ,	al) or Full Or	ganization Name	Date of Receipt						
	Mailing Address 9900 Bren Road East			06 30 / Y Y Y Y 2011						
	City	State	Zip Code	Transaction ID : PR1596304126263						
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C SVP	Human Capital Dvlpr	1300.00						
	Name of Employer (for Individual)		pation (for Individual) ed HealthCare Services Inc	Memo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate Y	Year-to-Date ▼ 1300.00							
с.	Full Name of Individual (Last, First, Middle Initia MASSEY, GAYE ADAMS, , ,	al) or Full Or	ganization Name	Date of Receipt						
	Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2011						
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1596304526263						
	FEC ID number of contributing federal political committee.		Deputy General Couns	Amount of Each Receipt this Period						
	Name of Employer (for Individual)		pation (for Individual) d HealthCare Services Inc	15 Memo Item						
	Receipt For:	Aggregate `	Year-to-Date ▼							
	Primary General Other (specify)		1499.94							
s	UBTOTAL of Receipts This Page (optional)		•••••	5299.84						
т	OTAL This Period (last page this line number o	nly)	••••••							

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PAGE 21 OF

ITEMIZED RECEIPTS		each category of the illed Summary Page	X 11a 11b 11c 12						
Any information copied from such Reports and	Statements may not h	e sold or used by any p	13 14 15 16 17						
or for commercial purposes, other than using the									
NAME OF COMMITTEE (In Full)									
/ UnitedHealth Group Incorpora	ted PAC (United	d for Health)							
Full Name of Individual (Last, First, Middle I MIKAN III, GEORGE L, , ,	nitial) or Full Organiza	tion Name	Date of Receipt						
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 06 30 2011						
City	· · ·	Code	Transaction ID : PR1596304826263						
Minnetonka	MN 5	5343-9664	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C EVP CFO		2499.90						
Name of Employer (for Individual)		(for Individual) thCare Services Inc	Memo Item						
Receipt For:	Aggregate Year-to-	-Date 🔻							
Primary General Other (specify) ▼		2499.90							
Full Name of Individual (Last, First, Middle I MORNESS, CAROL B, , ,	nitial) or Full Organiza	tion Name	Date of Receipt						
Mailing Address 9900 Bren Road East			06 30 2011						
City	State Zip	Code	Transaction ID : PR1596304926263						
Minnetonka	MN 5	5343-9664	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C Dir Underw	riting	499.98						
Name of Employer (for Individual)		(for Individual) IthCare Services Inc	Memo Item						
Receipt For:	Aggregate Year-to-	-Date 🔻							
Primary General Other (specify) ▼		499.98							
Full Name of Individual (Last, First, Middle I THEISEN, SCOTT E, , ,	nitial) or Full Organiza	tion Name	Date of Receipt						
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 30 / 2011						
City	· · · · ·	Code	Transaction ID : PR1596305626263						
Minnetonka	MN 5	5343-9664	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C SVP Finan	ce & Bus Plann	249.99						
Name of Employer (for Individual)		(for Individual) thCare Services Inc	Memo Item						
Receipt For:	Aggregate Year-to	-Date 🔻							
Primary General									
Other (specify)		249.99							
SUBTOTAL of Receipts This Page (optional)			3249.87						
TOTAL This Period (last page this line numbe	r only)								

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PAGE 22 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using			person for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
/ UnitedHealth Group Incorpo	rated PAC (	United for Health)	
Full Name of Individual (Last, First, Middle LEWIS, THOMAS D, , ,	e Initial) or Full O	Organization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2011
City	State	Zip Code	Transaction ID : PR1596306926263
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	СНеа	alth Plan CEO	499.98
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		499.98	]
Full Name of Individual (Last, First, Middle OBERRENDER, ROBERT W, , ,	e Initial) or Full O	Prganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 30 2011
City	State	Zip Code	Transaction ID : PR1596307026263
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C SVF	P Treasurer	1430.00
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		, 1430.00	]
Full Name of Individual (Last, First, Middle C. FLYNN, DIANE BEDNAR, , ,	e Initial) or Full O	Prganization Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2011
City	State	Zip Code	Transaction ID : PR1596309726263
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C VP	Medical & Clinical Ops	325.00
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General			1
Other (specify)		325.00	1
SUBTOTAL of Receipts This Page (optional	l)		2254.98
TOTAL This Period (last page this line num	ber only)		

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

FOR LINE NUMBER:

(check only one)

PAGE 23 OF

			Detailed Summary Page		11a		11b	11c		12				
An	y information copied from such Reports and St	atements ma	Ay not be sold or used by any p	erson f	13 or the	pur	14 pose of	15 soliciting	 g co	16 ntribut	17 ions			
	for commercial purposes, other than using the													
$\backslash$	NAME OF COMMITTEE (In Full)													
/	UnitedHealth Group Incorporate	ed PAC (	United for Health)											
A.	Full Name of Individual (Last, First, Middle Initi COTO, RAMON E, , ,	ial) or Full C	rganization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	/	D D 30	/ Y	2 2	011 011	Y			
	City	State	Zip Code		Trans	acti	ion ID : I	PR1596	3115	52626	3			
	Minnetonka	MN	55343-9664	A	mount	of	Each Re	eceipt th	nis F	Period				
	FEC ID number of contributing federal political committee.	С ИР	General Management						_	249.9	99			
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	1:		emo	tem							
	Receipt For:	Aggregate	Year-to-Date V		-									
	Primary General Other (specify) ▼		249.99											
в.	Full Name of Individual (Last, First, Middle Initi GARCIA, STEVAN D, , ,		Date of	Re	ceipt									
	Mailing Address 9900 Bren Road East		м м 06	/	<sup>D</sup> 30	/ Y	20	)11	Y					
	City	State	Zip Code		Trans	acti	on ID : F	PR1596	3129	926263	3			
	Minnetonka	MN	55343-9664	A	mount	of	Each Re	eceipt th	nis F	Period				
	FEC ID number of contributing federal political committee.	C svi							249.9	99				
	Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc			emo	tem							
	Receipt For:	Aggregate	Year-to-Date <b>V</b>											
	Primary     General       Other (specify) ▼		249.99											
С.	Full Name of Individual (Last, First, Middle Initi HEUMANN, KURT A, , ,	ial) or Full C	rganization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	/	<sup>D</sup> 30	/ Y		)11 <sup>°</sup>	Y			
	City	State MN	Zip Code		Trans	acti	ion ID :	PR1596	3137	72626	3			
	Minnetonka	IVIIN	55343-9664	A	Mount	of	Each Re	eceipt th	nis F	Period				
	FEC ID number of contributing federal political committee.	C VP	Finance			_	,	,	_	260.0	00			
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item										
	Receipt For:	Aggregate	Year-to-Date ▼		5									
	Primary General	, iggi oguto		11.										
	Other (specify)	L	260.00	4										
s	UBTOTAL of Receipts This Page (optional)			. [			, .	9		759.9	8			
т	OTAL This Period (last page this line number of	only)		. [						1.4				

FOR LINE NUMBER:

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PAGE 24 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
or for commercial purposes, other than usin			e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpo	orated PAC (	United for Health)										
Full Name of Individual (Last, First, Midd KAJA, TIMOTHY T, , ,	le Initial) or Full C	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			06 30 2011									
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1596314526263									
FEC ID number of contributing		P Provider Service	Amount of Each Receipt this Period 342.28									
federal political committee.	0											
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		342.28	1									
Full Name of Individual (Last, First, Midd B. RENNICK JR, JOHN H, , ,	Date of Receipt											
Mailing Address 9900 Bren Road East	06 30 2011											
City	State	Zip Code	Transaction ID : PR1596316826263									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	Madical Director											
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item									
Receipt For:	Aggregate	Year-to-Date V										
Primary General Other (specify) ▼		249.99	1									
Full Name of Individual (Last, First, Midd C. RODGERS, STEPHAN S, , ,	le Initial) or Full C	organization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 30 2011									
City	State	Zip Code	Transaction ID : PR1596317126263									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C sv	P Healthcare Strategie:	2499.90									
Name of Employer (for Individual)	Occ Unit	Memo Item										
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General	, iggi ogalo		1									
Other (specify)		2499.90	1									
SUBTOTAL of Receipts This Page (optional	al)		3092.17									
TOTAL This Period (last page this line nur	nber only)											

FOR LINE NUMBER:

(check only one)

PAGE 25 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page											
			13     14     15     16     17       erson for the purpose of soliciting contributions to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (	United for Health)											
Full Name of Individual (Last, First, Mid ROSENTHAL, DANIEL I, , , Mailing Address 9900 Bren Road East													
City Minnetonka	State MN	Zip Code 55343-9664	06     30     2011       Transaction ID : PR1596317326263       Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	СНеа	alth Plan CEO	249.99										
Name of Employer (for Individual) Receipt For:	Unit	upation (for Individual) ed HealthCare Services Inc	Memo Item 15										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99	]										
B. RUTH, KEVIN J, , ,													
Mailing Address 9900 Bren Road East	01-14	7. 0.4	06 / D D / Y Y Y Y 06 2011										
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1596317426263           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C svi	P Enterprise Clinical Al	975.00										
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	15 Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 975.00	]										
Full Name of Individual (Last, First, Mid SELVA, MANUEL A, , ,	dle Initial) or Full C	rganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2011										
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1596317726263           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C Sr	Medical Director	249.99										
Name of Employer (for Individual)	Unit	upation (for Individual) ed HealthCare Services Inc	Memo Item 15										
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 249.99											
SUBTOTAL of Receipts This Page (option	nal)		1474.98										
TOTAL This Period (last page this line nu	mber only)	•											

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 26 OF

	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
Any information copied from such Reports	and Statements ma	av not be sold or used by any u	13     14     15     16     17       person for the purpose of soliciting contributions									
			e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full)												
/ UnitedHealth Group Incorpo	prated PAC (	United for Health)										
Full Name of Individual (Last, First, Mide	dle Initial) or Full O	rganization Name										
A. WASSERSTEIN, M LAURIE, , ,			Date of Receipt									
Mailing Address 9900 Bren Road East			06 / 0 / Y Y Y Y 06 / 30 / 2011									
City	State	Zip Code	Transaction ID : PR1596319526263									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C PS	National VP Account N	249.99									
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		249.99	1									
			-									
Full Name of Individual (Last, First, Mide DODDY, JOHN P, , ,	Date of Receipt											
Mailing Address 9900 Bren Road East												
City	State MN	Zip Code	Transaction ID : PR1600597326263									
Minnetonka	IVIN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C VP	Information Technolog	260.00									
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item									
Receipt For:	Aggregate	Year-to-Date 🔻										
Primary General Other (specify) ▼		260.00	]									
Full Name of Individual (Last, First, Mide C. MICHAUX, MICHAEL D, , ,	dle Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 2011									
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1600598526263 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С ир	& GM PCM	1300.00									
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item									
Receipt For:	Aggregate	Year-to-Date 🔻										
Other (specify)		1300.00	]									
SUBTOTAL of Receipts This Page (option	al)		1809.99									
	,											
TOTAL This Period (last page this line nu	mber only)											

FOR LINE NUMBER:

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PAGE 27 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			, ,	13 14 15 16 17									
	ny information copied from such Reports and Sta for commercial purposes, other than using the r												
$\backslash$	NAME OF COMMITTEE (In Full)												
/	UnitedHealth Group Incorporated	d PAC (l	Jnited for Health)										
۹.	Full Name of Individual (Last, First, Middle Initia SANDY, LEWIS G, , ,	l) or Full O	rganization Name	Date of Receipt									
	Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2011									
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1600598726263									
			00040-0004	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C SVF	P Clinical Advancemen	1300.00									
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>										
	Primary General Other (specify) ▼		1300.00										
В.	Full Name of Individual (Last, First, Middle Initia PETERSON, MATTHEW W, , ,	Date of Receipt											
	Mailing Address 9900 Bren Road East			06 30 2011									
	City	State	Zip Code	Transaction ID : PR1602669926263									
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	1300.00											
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item									
	Receipt For:	Aggregate	Year-to-Date V										
	Primary General Other (specify) ▼		1300.00										
с.	Full Name of Individual (Last, First, Middle Initia MALONEY, JEFFREY W, , ,	ll) or Full Oi	rganization Name	Date of Receipt									
	Mailing Address 9900 Bren Road East			06 / D / Y Y Y Y 2011									
	City	State	Zip Code	Transaction ID : PR1613243526263									
	Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C VP	Operations - Evercare	1249.95									
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item									
	Receipt For:		Year-to-Date V										
	Primary General	, iggi egale											
	Other (specify)		1249.95										
s	UBTOTAL of Receipts This Page (optional)			3849.95									
	OTAL This Period (last page this line number or												
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PAGE 28 OF

			for each category of the Detailed Summary Page		11a 13		11b 14		11c 15	12	17					
	r information copied from such Reports and Stat or commercial purposes, other than using the n				or the		pose (		oliciting	contribu	tions					
1 /	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporated	I PAC (l	United for Health)													
Α.	Full Name of Individual (Last, First, Middle Initial KENNEDY, WILLIAM F, , ,	I) or Full O	rganization Name		Date of Receipt											
_	Mailing Address 9900 Bren Road East				06 / 30 / 2011											
	City Minnetonka	State MN	Zip Code 55343-9664		Transaction ID : PR1653443126263											
-			55545-9004	Amount of Each Receipt this Period												
	FEC ID number of contributing rederal political committee.	C Dir	Π	260.00												
1	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item												
F	Receipt For:	Aggregate	Year-to-Date V													
	Other (specify) ▼		260.00	]												
	Full Name of Individual (Last, First, Middle Initial KOOREN, STEVE R, , ,	l) or Full O	rganization Name		Date of	f Re	ceipt									
ſ	Mailing Address 9900 Bren Road East				06 / 30 / 2011 Transaction ID : PR1653443226263											
Ċ	City	State	Zip Code		Trans	acti	on ID	: P	R16534	4322626	3					
_	Minnetonka	MN	55343-9664	A	Amount	t of	Each	Re	ceipt th	is Perioc						
	EC ID number of contributing ederal political committee.	C Bus	siness Segment CFO				-		-	2499	90					
Ī	Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	15		emo	Item									
F	Receipt For:	Aggregate	Year-to-Date V													
	Other (specify) ▼		, 2499.90	]												
	Full Name of Individual (Last, First, Middle Initial BELLAMY, THOMAS J, , ,	l) or Full O	rganization Name		Date of	f Re	ceipt									
_	Mailing Address 9900 Bren Road East	1			<sup>M</sup> 06	1	D 3	0	/ Y	2011	Y					
	City Mianotonka	State MN	Zip Code 55343-9664							1443262						
-	Minnetonka		00040-9004	/	Amount	t of	Each	Re	ceipt th	is Perioc						
	FEC ID number of contributing rederal political committee.	Сѕв	VP Inside Sales & AM				9		y	750						
1	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item												
Ē	Receipt For:	Aggregate	Year-to-Date ▼	- ''	0											
	Primary General	33. 394.0														
	Other (specify)		750.10													
su	JBTOTAL of Receipts This Page (optional)						,		,	3510.	00					
то	TAL This Period (last page this line number on	ıly)		•			-									

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 29 OF

	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
			person for the purpose of soliciting contributions e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
ight angle UnitedHealth Group Incorpor	ated PAC (I	United for Health)											
Full Name of Individual (Last, First, Middle A. JACQUES, ALISTAIR D, , ,	e Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y Y 06 30 2011										
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1653445226263 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C Bus	siness Segment CIO	2499.90										
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90											
Full Name of Individual (Last, First, Middle B. SNOWDEN, MILES S, , Mr., Mailing Address 9900 Bren Road East	Date of Receipt												
City	State	Zip Code	06 30 2011 Transaction ID : PR1746717826263										
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C Bus	iness Segment CMO	2499.90										
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	15										
Full Name of Individual (Last, First, Middle C. LEVINE, JEFF L, , ,	Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 2011										
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1806443226263 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C PS	Mgr Acct Mgmt (FEHB	625.00										
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	15										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 625.00	]										
SUBTOTAL of Receipts This Page (optional	)		5624.80										
TOTAL This Period (last page this line num	per only)												

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 30 OF

	-	Use separate schedule(s)	(check only one)										
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page											
			13     14     15     16     17       berson for the purpose of soliciting contributions       te to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full)													
UnitedHealth Group Incorp	orated PAC (I	Jnited for Health)											
Full Name of Individual (Last, First, Mid TALAMANTES, WILLIAM, , ,	dle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 06 30 2011										
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1806444726263           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C Six	Sigma Consultant	228.80										
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 228.80	]										
Full Name of Individual (Last, First, Mid EMERSON, PAUL M, , , Mailing Address 9900 Bren Road East													
City Minnetonka	State MN	Zip Code 55343-9664	06     30     2011       Transaction ID : PR1806750326263       Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	C Bus	iness Segment CFO	499.98										
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98											
Full Name of Individual (Last, First, Mid C. LEDELL, MICHELLE D, , ,	dle Initial) or Full O	rganization Name	Date of Receipt										
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2011										
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR1882850626263 Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	СНи	man Capital Partner (M	520.00										
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item 15										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 520.00	]										
SUBTOTAL of Receipts This Page (option	nal)		1248.78										
TOTAL This Period (last page this line nu	mber only)												

FOR LINE NUMBER:

PAGE 31 OF

			Use separate schedule(s) for each category of the				(check only one)								
	EMIZED RECEIPTS		X 11a	۱ 	11b 14	11c 15		12 16	17						
	y information copied from such Reports and Sta for commercial purposes, other than using the n NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	ame and a	ddress of any political	committee											
Α.	Full Name of Individual (Last, First, Middle Initia ANDERSON, CATHERINE K, , , Mailing Address 9900 Bren Road East	l) or Full O	rganization Name	Date of Receipt											
	City Minnetonka	State MN	Zip Code 55343-9664												
	FEC ID number of contributing federal political committee.		Marketing Bus Dev			-9-			750.10	)					
	Name of Employer (for Individual) Receipt For:	Unit	upation (for Individual) ed HealthCare Services	Inc	15	Memo	o Item								
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 75	0.10											
	Full Name of Individual (Last, First, Middle Initia BISHOP, KATHLEEN L, , ,	l) or Full O	rganization Name		Date	of Re	eceipt								
	Mailing Address 9900 Bren Road East	State	Zip Code		0	6	30		201						
	Minnetonka	MN	55343-9664					PR1903							
	FEC ID number of contributing federal political committee. Name of Employer (for Individual)	C Dir I	260.00 Memo Item												
	Receipt For: Primary General Other (specify) ▼		ted HealthCare Services Year-to-Date ▼ 26	_ 15											
C.	Full Name of Individual (Last, First, Middle Initia DUFEK, ROBERT J, , ,	l) or Full O	rganization Name		Date	of Re	eceipt								
	Mailing Address 9900 Bren Road East	State	Zip Code		0 	_	30		201						
	Minnetonka	MN	55343-9664					Receipt th							
FEC ID number of contributing federal political committee.			п		ΙĘ		9	. ,		325.00	)				
			upation (for Individual) ed HealthCare Services	Inc	15	Mem	o Item								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 32	25.00											
s	UBTOTAL of Receipts This Page (optional)						,	. ,	1;	335.10	)				
т	OTAL This Period (last page this line number or	nly)					40.1	1.46							

FOR LINE NUMBER:

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PAGE 32 OF

			Detailed Summary Page		X	11a		11	b	11c		12			
						13		14		15		16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the														
$\backslash$	NAME OF COMMITTEE (In Full)														
$\Big/$	UnitedHealth Group Incorporated	d PAC (	United for Health)												
Α.	Full Name of Individual (Last, First, Middle Initia EDBERG, SUSAN B, , ,	al) or Full O	organization Name		Date of Receipt										
	Mailing Address 9900 Bren Road East				06 / 0 2011										
	City Minnetonka	State MN	Zip Code 55343-9664	-	Transaction ID : PR1903578126263										
			55545-9004		Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C VP	Customer Service		1300.00										
	Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc		1		emo	) Ite	em						
	Receipt For:	Aggregate	Year-to-Date ▼		•	0									
	Primary General Other (specify) ▼		1300.00												
В.	Full Name of Individual (Last, First, Middle Initia SANTELLI, JOHN C, , ,	al) or Full O			Date of	Re	cei	pt							
	Mailing Address 9900 Bren Road East														
	City	State	Zip Code			Trans	acti	on	ID : F	PR1903	622	02626	3		
	Minnetonka	MN	55343-9664		Amount of Each Receipt this Period										
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	Receipt For:	Aggregate													
	Primary     General       Other (specify) ▼														
с.	Full Name of Individual (Last, First, Middle Initia WEYMOUTH, PAUL D, , ,	al) or Full O	organization Name			Date of	Re	ecei	pt						
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/		30			011 <sup>°</sup>	Y		
	City	State MN	Zip Code	ŀ		Trans	acti	ion	ID : I	PR1903	3636	92626	3		
	Minnetonka	IVIIN	55343-9664			Amount	of	Ead	ch Re	eceipt t	his F	Period			
	FEC ID number of contributing federal political committee.	С ИР	Finance					y		,	_	249.9	99		
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	Receipt For:	Aggregate	Year-to-Date ▼			-									
	Primary General Other (specify)		249.99												
s	UBTOTAL of Receipts This Page (optional)							,				2849.9	9		
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PAGE 33 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$
Any information copied from such Reports and S or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	United for Health)	
Full Name of Individual (Last, First, Middle Init ALEN, BRADLEY E, , , Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing	State MN	Zip Code 55343-9664	Date of Receipt 06 ' 30 ' 2011 Transaction ID : PR2119466826263 Amount of Each Receipt this Period
Inclusion of committee.         Name of Employer (for Individual)         Receipt For:         Primary       General         Other (specify) ▼	Occu	Associate General Cou upation (for Individual) ted HealthCare Services Inc Year-to-Date 260.00	
Full Name of Individual (Last, First, Middle Init         BENNETT, RUSSELL A, , ,         Mailing Address 9900 Bren Road East         City         Minnetonka         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Receipt For:         Primary       General         Other (specify) ▼	State MN C Dir Occ Unit	Zip Code 55343-9664 Marketing Bus Dev supation (for Individual) ted HealthCare Services Inc Year-to-Date ▼ 260.00	Date of Receipt
Full Name of Individual (Last, First, Middle Init         BERKEL, SUSAN LYNN, , ,         Mailing Address 9900 Bren Road East         City         Minnetonka         FEC ID number of contributing         federal political committee.         Name of Employer (for Individual)         Receipt For:         Primary       General         Other (specify)	State MN C SV Occu	Prganization Name Zip Code 55343-9664 P Operations upation (for Individual) red HealthCare Services Inc 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

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PAGE 34 OF

			Detailed Summary Page		11a 13		11b	11c		12 16	17				
	y information copied from such Reports and Sta for commercial purposes, other than using the n				or the		cose of a	soliciting		ntribut	ions				
	NAME OF COMMITTEE (In Full)			_				-	-						
$\rangle$	UnitedHealth Group Incorporated	I PAC (I	United for Health)												
Α.	Full Name of Individual (Last, First, Middle Initia BRYAN, KATHIE L, , ,	l) or Full O	Organization Name		Date of Receipt										
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	/	D D 30	/ Y	Y 2	) 011	Y				
	City Minnetonka	State MN	Zip Code 55343-9664		Transaction ID : PR2119469426263 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C Ass	soc Dir Mrkting Comm							325.0	0				
	Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	1		emo	Item								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00												
в.	Full Name of Individual (Last, First, Middle Initia CARLSON, DAVID S, , ,		Date of	Re	ceipt										
	Mailing Address 9900 Bren Road East				06	/	D D D 30	/ Y	ү 20	)11	Y				
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00												
с.	Full Name of Individual (Last, First, Middle Initia CARTER, LESLIE J, , ,	l) or Full O	Organization Name		Date of	Re	ceipt								
	Mailing Address 9900 Bren Road East				06	/	D D D 30	/ Y		)11 <sup>°</sup>	Y				
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	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	1	Memo Item										
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PAGE 35 OF

		Detailed Summary Page		11a		11b	11c		12						
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NAME OF COMMITTEE (In F				5											
UnitedHealth Group	,	United for Health)													
Full Name of Individual (Last, CORREIA, RANDELL J, ,	Name of Individual (Last, First, Middle Initial) or Full Organization Name DRREIA, RANDELL J, , ,					Date of Receipt									
Mailing Address 9900 Bren Road East					06 / D D / Y Y Y Y Y 06 30 2011										
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2119471326 Amount of Each Receipt this Period							;					
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Receipt For: Primary Gener Other (specify) ▼		Year-to-Date ▼ 390.00	]												
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Mailing Address 9900 Bren Road East				06 30 / Y Y Y Y 2011											
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Full Name of Individual (Last, DAVIS, KENNETH R, ,		rganization Name		Date of	Re	ceipt									
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### SCHEDULE A (FEC Form 3X) \_\_\_\_\_ \_ \_ \_ \_ \_

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PAGE 36 OF

			Use separate schedule(s)	(check only one)										
ITEMIZED F			for each category of the Detailed Summary Page	X 11a	11b	11c	12	□ <sup> </sup>						
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$\backslash$	ealth Group Incorporate	d PAC (l	Jnited for Health)											
/		,	,											
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name           DAYAN, LINDA M, , ,           Mailing Address         9900 Bren Road East				Date of Receipt										
				06 / Y Y Y Y Y 06 30 2011										
City Minnetonka		State MN	Zip Code 55343-9664	Transaction ID : PR2119472626263 Amount of Each Receipt this Period										
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Receipt For: Primary Other (s	General General ▼	Aggregate	Year-to-Date ▼ 247.00											
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			upation (for Individual) ed HealthCare Services Inc	- Me	emo Item									
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PAGE 37 OF

				Detailed Summary Page		11a 13		11b 14		11c 15		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		pose		oliciting		ntributi	ons
	NAME OF COMMITTEE (In Full)												
$\rangle$	UnitedHealth Group Incorporate	d PAC (I	Uni	ted for Health)									
A.	Full Name of Individual (Last, First, Middle Initia GILDERNICK, AMY J, , ,	al) or Full O	Organ	ization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/	3	D 0	/ Y	ү 20	) 11	Y
	City Minnetonka	State MN		Zip Code 55343-9664						R21194 ceipt th			}
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 260.00	1								
B.	Full Name of Individual (Last, First, Middle Initia HANSEN, DAVID M, , ,	al) or Full O	Organ	ization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/	3	D 0	/ Y	ү 20	ү 11	Y
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1755.00									
C.	Full Name of Individual (Last, First, Middle Initia HO, SAMUEL W, , ,	al) or Full O	Organ	ization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	1	D	D 80	/ Y		)11 <sup>°</sup>	Y
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PAGE 38 OF

	y not be sold or used by any pe Idress of any political committee	13         14         15         16           erson for the purpose of soliciting contributions from such committee         15         16	000S
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itial) or Full Or	ganization Name	Date of Receipt	
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Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 39 OF

			Detailed Summary Page		11a 13		11b	11c		12 16	17
	y information copied from such Reports and State for commercial purposes, other than using the na				or the		bose of s	oliciting		ntribut	ions
$\overline{\langle}$	NAME OF COMMITTEE (In Full)										
$\rangle$	UnitedHealth Group Incorporated	PAC (l	Jnited for Health)								
A.	Full Name of Individual (Last, First, Middle Initial) MACE-MEADOR, HEATHER M, , ,	) or Full O	rganization Name	C	Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	/	D D 30	/ Y	Y 2(	011 011	Y
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	Receipt For:       //         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	1							
В.	Full Name of Individual (Last, First, Middle Initial) MONK, NANCY J, , ,	) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East				м м 06	/	D D D 30	/ Y	20	)11	Y
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	Receipt For:       //         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	]							
C.	Full Name of Individual (Last, First, Middle Initial) NYGARD, KEITH E, , ,	) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	/	D D D 30	/ Y		)11 )	Y
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PAGE 40 OF

				Detailed Summary Page		11a		11		11c		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the n					or the		pos	se of s	olicitin		ntributi	ions
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\rangle$	UnitedHealth Group Incorporated	PAC (	Un	ited for Health)									
A.	Full Name of Individual (Last, First, Middle Initia PAXSON, LYNDA A, , ,	l) or Full C	Drga	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/		D D 30	/ Y	ү 2(	011	Y
	City Minnetonka	State MN		Zip Code 55343-9664						R2119 ceipt th			1
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	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 325.00	1								
B.	Full Name of Individual (Last, First, Middle Initia PITTMAN, AUSTIN T, , ,	l) or Full C	Drga	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/	Ľ	D D 30	/ Y	ү 20	)11	Y
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с.	Full Name of Individual (Last, First, Middle Initia POLICH, CYNTHIA L, , ,	l) or Full C	Drga	nization Name		Date o	f Re	ecei	ipt				
	Mailing Address 9900 Bren Road East	_				<sup>M</sup> 06	/		D D 30	/ Y		)11 <sup>°</sup>	Y
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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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PAGE 41 OF

			Detailed Summary Page		11a		11b		11c		12	
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	VAME OF COMMITTEE (In Full)	anne annu a	uuress or any political committee	10 50	ICIL COL	uin	uuon	5 110	III SUCI	1 00		
	UnitedHealth Group Incorporated	PAC (l	United for Health)									
A.	Full Name of Individual (Last, First, Middle Initial) RICCIUTI, SHARON A, , ,	) or Full O	rganization Name		Date of	Re	ceipt					
ľ	Mailing Address 9900 Bren Road East				м м 06	/		р 30	/ Y	Y 20	) 011	Y
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F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00									
	Full Name of Individual (Last, First, Middle Initial) STYERS, MARILYNN D, , ,	) or Full O	rganization Name		Date of	Re	ceipt					
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	City Minnetonka	State MN	Zip Code 55343-9664	#					<b>R2119</b> 4 ceipt th			
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F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00									
с. Г	Full Name of Individual (Last, First, Middle Initial) TANIGAWA, CHERYL, , , MD	) or Full O	rganization Name		Date of	Re	ceipt					
_	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	/		30 <sup>D</sup>	/ Y	20	)11 <sup>°</sup>	_
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PAGE 42 OF

			Detailed Summary Page		11a 13		11b		11c 15		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the r				or the		pose		oliciting		ntributi	ions
$\setminus$	NAME OF COMMITTEE (In Full)											
$\rangle$	UnitedHealth Group Incorporated	d PAC (I	United for Health)									
Α.	Full Name of Individual (Last, First, Middle Initia TUCKER, STEVEN M, , ,	al) or Full O	rganization Name	[	Date of	Re	eceipt	t				
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	1		30	/ Y		011	Y
	City Minnetonka	State MN	Zip Code 55343-9664				-		R21194 ceipt th			3
	FEC ID number of contributing federal political committee.	C VP	Regulatory Affairs				-j		-1-	-	1248.0	0
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	1		emc	o Iten	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1248.00	1								
B.	Full Name of Individual (Last, First, Middle Initia VANASTEN, SUSAN, , ,	al) or Full O	rganization Name		Date of	Re	eceipt	t				
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	1		30	/ Y	20	)11	Y
	City	State	Zip Code		Trans	acti	ion II	) : Pl	R21194	926	26263	•
	Minnetonka	MN	55343-9664	/	Amount	t of	Each	n Red	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	C Site	Dir Medicare Inside S				-		-1	_	520.0	0
	Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	1:		emc	o Iten	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 520.00									
с.	Full Name of Individual (Last, First, Middle Initia DAUGHERTY, LINDA D, , ,	al) or Full O	rganization Name		Date of	Re	eceipt	t				
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	1		30	/ Y		)11 )	Ŷ
	City Minnetonka	State MN	Zip Code 55343-9664						R21194			3
	FEC ID number of contributing federal political committee.		sociate General Couns		Amount	t of	Eacr	n Red	ceipt th	IS P	'eriod 260.0	0
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc			emo	o Iten	n				
	Receipt For:	Aggregate	Year-to-Date ▼	-	0							
	Primary General Other (specify)		260.00	]								
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PAGE 43 OF

				Detailed Summary Page		11a 13		11b 14		11c 15		12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the					or the		pose d		oliciting		ntributi	ons
	NAME OF COMMITTEE (In Full)				_				-	-			
$\rangle$	UnitedHealth Group Incorporate	d PAC (I	Un	ited for Health)									
A.	Full Name of Individual (Last, First, Middle Initia WRIGHT, GREGORY, , ,	al) or Full O	Orgar	nization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/	D 3		/ Y	ү 2(	) 011	Y
	City Minnetonka	State MN		Zip Code 55343-9664						R21194 ceipt th			;
	FEC ID number of contributing federal political committee.	С ИР	Ger	neral Management				-		- -	_	325.0	0
	Name of Employer (for Individual)		•	ion (for Individual) HealthCare Services Inc	1		emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 325.00	1								
в.	Full Name of Individual (Last, First, Middle Initia BURKE, FORREST G, , ,	al) or Full O	Organ	nization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East					M M 06	/	D 3		/ Y	ү 20	)11	Y
	City Minnetonka	State MN		Zip Code 55343-9664						R21331 ceipt th			
	FEC ID number of contributing federal political committee.	C Pre	eside	nt PS Labor & Tru:				-		-9-	_	1300.0	0
	Name of Employer (for Individual)		•	tion (for Individual) HealthCare Services Inc			emo	ltem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 1300.00	]								
с.	Full Name of Individual (Last, First, Middle Initia HANSON, CHARLES W, , ,	al) or Full O	Orgai	nization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/	D 3		/ Y		)11 )	Y
	City Minnetonka	State MN		Zip Code 55343-9664						R2133			3
	FEC ID number of contributing federal political committee.	С ИР	Und	derwriting				,		y	_	325.0	0
	Name of Employer (for Individual)		•	ion (for Individual) lealthCare Services Inc	1		emc	ltem					
	Receipt For: Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 325.00	]								
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o				•   •			, , , ,		,		1950.0	0

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PAGE 44 OF

			Detailed Summary Page		11a 13		11b 14	_	1c 5	12	1
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose of	solio	citing	contrib	utions
$\overline{)}$	NAME OF COMMITTEE (In Full)										
$\rangle$	UnitedHealth Group Incorporate	d PAC (I	United for Health)								
A.	Full Name of Individual (Last, First, Middle Initia HULTGREN, BROR O, , ,	al) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	1	D D D 30	/	Y	ү 2011	Y
	City Minnetonka	State MN	Zip Code 55343-9664				i <b>on ID :</b> Each R				
	FEC ID number of contributing federal political committee.	C Reg	gional Executive						-	499	).98
	Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	1		emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98								
B.	Full Name of Individual (Last, First, Middle Initian MAGILL HANSON, CAROLYN, , ,	al) or Full O	organization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	/	D D D 30	/	Y	2011	Y
	City Minnetonka	State MN	Zip Code 55343-9664				<b>on ID :</b> Each R				
	FEC ID number of contributing federal political committee.	C Dir	General Management						-	249	).99
	Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	1		emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 249.99								
C.	Full Name of Individual (Last, First, Middle Initian MILLER, ALLEN D, , ,	al) or Full O	organization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	1	30		Y	2011 <sup>°</sup>	
	City Minnetonka	State MN	Zip Code 55343-9664				ion ID : Each R				
	FEC ID number of contributing federal political committee.	C Reg	gional Executive				, .		y	455	5.00
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	1	M	emo	tem				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 455.00								
s	UBTOTAL of Receipts This Page (optional)		•••••	.			, .		9	1204	.97
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PAGE 45 OF

	EMIZED RECEIPTS			for each category of the Detailed Summary Page		X /	11a	$\square$	111	b	11	1c	12	
				Solanda Gammary Lage			13		14		15	5	16	17
or	v information copied from such Reports and Stat or commercial purposes, other than using the n													
$\setminus$ 1	NAME OF COMMITTEE (In Full)													
	UnitedHealth Group Incorporated	I PAC (I	Un	ited for Health)										
A.	Full Name of Individual (Last, First, Middle Initial MORISATO, SUSAN C, , ,	) or Full O	Orgai	nization Name		Da	ate of	Re	ceij	pt				
-	Mailing Address 9900 Bren Road East	1		1		N	06	/		30	1	Y	ү ү 2011	Y
	City Minnetonka	State MN		Zip Code 55343-9664					-				3382626	-
-			_	55545-5004	_	An	nount	of	Ead	ch Re	eceip	pt this	8 Perioc	
	FEC ID number of contributing rederal political committee.	C Pre	eside	ent Insurance Solut		Ļ	_		,	_		-	1950	00
Ī	Name of Employer (for Individual)		•	tion (for Individual) HealthCare Services Inc		15	Me	emo	Ite	m				
ī	Receipt For:	Aggregate	Yea	ar-to-Date 🔻		10								
	Primary General Other (specify) ▼		-	1950.00										
	Full Name of Individual (Last, First, Middle Initial PUTNAM, T JEFFREY, , ,	) or Full O	Drgai	nization Name		Da	ate of	Re	ceij	pt				
	Mailing Address 9900 Bren Road East					N	06	/		30	/	Y	y 2011	Y
(	City	State		Zip Code		Т	rans	actio	on	ID : F	PR2	13313	422626	3
-	Minnetonka	MN		55343-9664		An	nount	of	Ead	ch Re	eceip	pt this	Perioc	
	FEC ID number of contributing ederal political committee.	C svr	P Fi	nancial Plng & Ana					,	_		,	2499	90
	Name of Employer (for Individual)		•	tion (for Individual) HealthCare Services Inc		15	Me	emo	lte	€				
Ī	Receipt For:	Aggregate	Yea	ar-to-Date 🔻										
	Primary General Other (specify) ▼		Ļ	2499.90										
С.	Full Name of Individual (Last, First, Middle Initial SCHIMMELBUSCH, DIANE M, , ,	) or Full O	Orgai	nization Name		Da	ate of	Re	ceij	pt				
	Mailing Address 9900 Bren Road East					N	06 <sup>M</sup>	/		30	/	Y	2011	Y
(	City	State		Zip Code		٦	<b>F</b> rans	acti	on	ID :	PR2	1331:	346262	63
-	Minnetonka	MN		55343-9664	$\neg$	An	nount	of	Ead	ch Re	eceip	pt this	8 Perioc	
	FEC ID number of contributing ederal political committee.	C Dir	Me	dical & Clinical Ops					<u>y</u>		_	<b>y</b>	325	00
ļ	Name of Employer (for Individual)		•	tion (for Individual) HealthCare Services Inc		15	Me	emo	lte	эm				
ī	Receipt For:	Aggregate	Yea	ar-to-Date 🔻		10								
	Primary General													
	Other (specify)		-	325.00										
รเ	JBTOTAL of Receipts This Page (optional)								,			,	4774.	90
тс	OTAL This Period (last page this line number on	ly)		•	-				,			- -		

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PAGE 46 OF

TEMIZED RECEIPTS		tor each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
/ UnitedHealth Group Inco	orporated PAC (I	Jnited for Health)	
Full Name of Individual (Last, First, FALKENBERG, ROBERT C, , ,		rganization Name	Date of Receipt
Mailing Address 9900 Bren Road Ea	State	Zip Code	06 / 30 / 2011
Minnetonka	MN	55343-9664	Transaction ID : PR2145728426263
FEC ID number of contributing federal political committee.	СНеа	alth Plan CEO	Amount of Each Receipt this Period
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	1
Full Name of Individual (Last, First, <b>3.</b> FARAHANI, ROB, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road Ea	st		06 30 2011
City	State	Zip Code	Transaction ID : PR2145728526263
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C Dir	IT Project Mgmt	499.98
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 499.98	]
Full Name of Individual (Last, First, KIDD, CARL T, , ,	Middle Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road Ea	ast		06 / Y Y Y Y 2011
City	State	Zip Code	Transaction ID : PR2145728826263
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C Dir	Client Svc Acct Mgt	375.05
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item
Receipt For:	Aggregate	Year-to-Date V	
Primary General Other (specify)		375.05	]
SUBTOTAL of Receipts This Page (o	·		1375.01

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PAGE 47 OF

				Detailed Summary Page		11a		11b 14		11c 15	H	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the n					or the		pose of		liciting		ntributi	ons
$\overline{)}$	NAME OF COMMITTEE (In Full)												
$\rangle$	UnitedHealth Group Incorporated	d PAC (I	Uni	ited for Health)									
A.	Full Name of Individual (Last, First, Middle Initia LINDIMORE, NANCY E, , ,	l) or Full O	Drgar	nization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	1	D 30		/ Y	ү 20	)11	Y
	City Minnetonka	State MN		Zip Code 55343-9664				i <mark>on ID</mark> : Each F					
	FEC ID number of contributing federal political committee.	СКА	Dir J	Acct Mgmt				-		-J	_	260.0	0
	Name of Employer (for Individual)		•	ion (for Individual) lealthCare Services Inc	1		emo	tem					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 260.00	1								
в.	Full Name of Individual (Last, First, Middle Initia MILLER, WAYNE, , ,	l) or Full O	Drgar	nization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East					м м 06	/	30		/ Y	y 20	т 11	Y
	City Minnetonka	State MN		Zip Code 55343-9664				<b>on ID :</b> Each F					
	FEC ID number of contributing federal political committee.	C RVI	'P Cli	ient Mgmt & Svc				-		-95-	_	260.0	0
	Name of Employer (for Individual)		•	ion (for Individual) HealthCare Services Inc	1		emo	ltem					
	Receipt For: Primary General	Aggregate	Yea	r-to-Date ▼	,								
	Other (specify)		,	260.00									
C.	Full Name of Individual (Last, First, Middle Initia SCHWARZ, MICHAEL P, , ,	l) or Full O	Drgar	nization Name		Date of	Re	eceipt					
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	1	30		/ Y		11 <sup>Y</sup>	Y
	City Minnetonka	State MN		Zip Code 55343-9664				ion ID Each F					5
	FEC ID number of contributing federal political committee.	C VP	P IT					,		y	_	455.0	0
	Name of Employer (for Individual)		•	ion (for Individual) lealthCare Services Inc		М 5	emc	tem Item					
	Receipt For:	Aggregate	Yea	r-to-Date ▼		-							
	Primary General Other (specify)		-	455.00									
s	UBTOTAL of Receipts This Page (optional)							<b>y</b>	_	9	-	975.0	0
Т	OTAL This Period (last page this line number or	nly)		••••••	•	_		_		-	_		_

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PAGE 48 OF

			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and Sta for commercial purposes, other than using the			
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated	d PAC (l	Jnited for Health)	
	Full Name of Individual (Last, First, Middle Initia SMITH, DANNETTE L, , , Mailing Address 9900 Bren Road East	al) or Full Or	ganization Name	Date of Receipt
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2145729926263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C Sr D	Peputy General Couns	1499.94
	Name of Employer (for Individual)		pation (for Individual) ed HealthCare Services Inc	15
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1499.94	
B.	Full Name of Individual (Last, First, Middle Initia WEAR, MARGARET W, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East			06 30 / Y Y Y Y Y 2011
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2145730226263 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C VP /	Actuary	650.00
	Name of Employer (for Individual)		ipation (for Individual) ed HealthCare Services Inc	Memo Item
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00	
с.	Full Name of Individual (Last, First, Middle Initia SPIVACK, DAVID A, , ,	al) or Full Or	ganization Name	Date of Receipt
	Mailing Address 9900 Bren Road East	1-		06 / D D / Y Y Y Y 2011
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2162867626263           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C SVF	Business Operations	2499.90
	Name of Employer (for Individual)		pation (for Individual) d HealthCare Services Inc	Memo Item 15
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	
s	UBTOTAL of Receipts This Page (optional)		•••••	4649.84
Т	OTAL This Period (last page this line number of	nly)	••••••	

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PAGE 49 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12		
		, ,		13		14	15	16	17	
Any information copied from such Reports and S or for commercial purposes, other than using the										
NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorporate	ed PAC (	United for Health)								
Full Name of Individual (Last, First, Middle Ini GIBSON, CHRISTINE W, , ,	itial) or Full C	rganization Name	D	ate of	Re	ceipt				
Mailing Address 9900 Bren Road East			06 / 06 / Y Y Y 2011							
City	State MN	Zip Code		Trans	acti	on ID :	PR2225	16672626	63	
Minnetonka		55343-9664	A	mount	of	Each R	leceipt t	his Perioc		
FEC ID number of contributing federal political committee.	С Ма	rket Grp Chief Mktg Of		_				1499	94	
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	15		emo	Item				
Receipt For:	Aggregate	Year-to-Date V								
Primary General Other (specify) ▼		1499.94	]							
Full Name of Individual (Last, First, Middle Ini B. SLAVITT, ANDREW M, , ,	itial) or Full C	rganization Name	D	ate of	Re	ceipt				
Mailing Address 9900 Bren Road East				м м 06	/	30	/ Y	2011	Y	
City	State	Zip Code	-	Transa	acti	on ID :	PR2225	16742626	3	
Minnetonka	MN	55343-9664	A	mount	of	Each R	leceipt t	his Perioc		
FEC ID number of contributing federal political committee.	C Bus	siness Segment CEO		325						
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	15		emo	Item				
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Other (specify)		3250.00	1							
Full Name of Individual (Last, First, Middle Ini C. BEAULE, JEAN-FRANCOIS, , ,	itial) or Full C	rganization Name	D	ate of	Re	ceipt				
Mailing Address 9900 Bren Road East				06 <sup>M</sup>	/	30		2011	Ŷ	
City	State	Zip Code		Trans	acti	on ID :	PR2225	58136262	63	
Minnetonka	MN	55343-9664	A	mount	of	Each F	leceipt t	his Perioc		
FEC ID number of contributing federal political committee.	C VP	General Management				,	, y	750		
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	15		emo	Item				
Receipt For:	Anareaate	Year-to-Date ▼								
Primary General	991 09410									
Other (specify)		750.10	1							
SUBTOTAL of Receipts This Page (optional)			Γ					5500.	04	
TOTAL This Period (last page this line number	only)	······				-				

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PAGE 50 OF

TEMIZED RECEIPTS		n category of the I Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than u			berson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
/ UnitedHealth Group Incor	porated PAC (United f	or Health)	
Full Name of Individual (Last, First, M MARTEL, CHARLES W, , ,		Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2011
City Minnetonka	State Zip Co MN 5534	ode 13-9664	Transaction ID : PR2225818626263
FEC ID number of contributing federal political committee.	C Dir IT		Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for United HealthC	r Individual) are Services Inc	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	te ▼ 230.00	]
Full Name of Individual (Last, First, M B. MCGUIRE, MICHAEL, , ,	iddle Initial) or Full Organization	Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 30 2011
City	State Zip Co		Transaction ID : PR2225818826263
Minnetonka	MN 5534	3-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C Health Plan CE	EO	260.00
Name of Employer (for Individual)	Occupation (for United HealthC	r Individual) Care Services Inc	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	te ▼ 260.00	]
Full Name of Individual (Last, First, M RANGEN, ERIC S, , ,	iddle Initial) or Full Organization	Name	Date of Receipt
Mailing Address 9900 Bren Road East			06 / Y Y Y Y Y 2011
City Minnetonka	State Zip Co MN 5534	ode 3-9664	Transaction ID : PR2225819326263
FEC ID number of contributing federal political committee.	C SVP Chief Acc		Amount of Each Receipt this Period
Name of Employer (for Individual)	Occupation (for United HealthC	<sup>r</sup> Individual) are Services Inc	Memo Item
Receipt For:	Aggregate Year-to-Da		
Primary General Other (specify)		2499.90	]
SUBTOTAL of Receipts This Page (opti	onal)	<b>]</b>	2989.90
TOTAL This Period (last page this line	number only)		

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PAGE 51 OF

				iled Summary Page		11a		11b	11c		ntributions ommittee. 011 526263 2eriod 499.98 499.98 011 226263 2eriod 390.00	
٨٣	y information copied from such Reports and St	tatomonto m		a sold or used by only a		13 or the		14	15       16       17         of soliciting contributions s from such committee.       17         30       2011         30       2011         5: PR2225819626263       17         1       499.98         1       499.98         1       30         2011       2011         2: PR2231347226263         1: Receipt this Period         390.00         1:         30       2011         2: PR2231347426263         1:         3:         1:         2: PR2231347426263         1:         2: S20.00			
	for commercial purposes, other than using the											
$\overline{)}$	NAME OF COMMITTEE (In Full)											
$\Big\rangle$	UnitedHealth Group Incorporate	ed PAC (I	United	for Health)								
A.	Full Name of Individual (Last, First, Middle Init RYAN, JOHN D, , ,	ial) or Full O	organizat	ion Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/	D D 30	/ Y	2 2	011	Y
	City Minnetonka	State MN		Code 5343-9664								3
	FEC ID number of contributing federal political committee.	C RV	P Client	Mgmt & Svc			U			113 1		98
	Name of Employer (for Individual)		•	(for Individual) hCare Services Inc	1		emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 499.98	1							
B.	Full Name of Individual (Last, First, Middle Init DIPALMO, KAREN A, , ,	ial) or Full O	organizat	ion Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					м м 06	1	D D D 30	/ Y	20	) )11	Y
	City Minnetonka	State MN	· · ·	Code 5343-9664	A							3
	FEC ID number of contributing federal political committee.	C Dir	Network	Programs				7		_		00
	Name of Employer (for Individual)		•	(for Individual) e Financial Corp.			emo	Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-	Date ▼ 390.00								
с.	Full Name of Individual (Last, First, Middle Init DROZDA, JEFFERY A, , ,	ial) or Full O	rganizat	ion Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/	D D 30	/ Y			Y
	City Minnetonka	State MN	·	Code 3343-9664								3
	FEC ID number of contributing federal political committee.	C Go	vt Rel As	ssoc Dir				1	,			00
	Name of Employer (for Individual)		•	(for Individual) hCare Services Inc			emo	Item				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-	Date ▼ 520.00	]	,						
	UBTOTAL of Receipts This Page (optional) DTAL This Period (last page this line number of					-		,	,	-	1409.9	8

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PAGE 52 OF

				or each calegory of the		11a		11b		11c		12	
				Detailed Summary Page	ĹĖ	13		14		15		16	17
	r information copied from such Reports and Sta or commercial purposes, other than using the n												
$\backslash$	NAME OF COMMITTEE (In Full)												
$\Big\rangle$	UnitedHealth Group Incorporated	I PAC (I	Un	ited for Health)									
Α.	Full Name of Individual (Last, First, Middle Initia MUDGETT, DONALD M, , ,	l) or Full O	Orgai	nization Name		Date of	Re	ceip	t				
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/		30	/ Y		)11 )	Y
	City Minnetonka	State MN		Zip Code 55343-9664		Trans Amount				R2231: ceipt th			8
	FEC ID number of contributing ederal political committee.	C Ass	soc I	Dir General Manag				- <b>J</b> -				254.0	0
	Name of Employer (for Individual)		•	ion (for Individual) Rule Financial Corp.	1	5 Me	emo	lter	n				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 254.00	1								
	Full Name of Individual (Last, First, Middle Initia RICHEY, DARRELL S, , ,	l) or Full O	Organ	nization Name		Date of	Re	ceip	t				
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	1		30	/ Y		ү 11	Y
	City	State		Zip Code		Trans	acti	on I	D : P	R22313	3523	26263	
	Minnetonka	MN		55343-9664	_	Amount	of	Eacl	h Re	ceipt th	nis P	eriod	
	FEC ID number of contributing rederal political committee.	C Dep				-	_	-9-		1040.0	0		
	Name of Employer (for Individual)	Occ Gol	1	М 5	emo	lter	n						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1040.00									
с.	Full Name of Individual (Last, First, Middle Initia CONNLY, MICHAEL R, , ,	l) or Full O	Organ	nization Name		Date of	Re	ceip	t				
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/		30 <sup>D</sup>	/ Y		)11 <sup>°</sup>	Y
	City Minnetonka	State MN		Zip Code 55343-9664	_	Trans Amount				R2247			3
	FEC ID number of contributing rederal political committee.	C Chi	ief T	echnology Officer				y		у у		1300.0	0
	Name of Employer (for Individual)		•	ion (for Individual) lealthCare Services Inc		5 M	emo	b Iter	m				
	Receipt For:	Aggregate	Yea	r-to-Date ▼		0							
	Primary General Other (specify)		-9-	1300.00									
	JBTOTAL of Receipts This Page (optional)				• -		_	5	-	9	2	2594.0	0

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PAGE 53 OF

				etailed Summary Page		11a		11b	11c		011 826263 Period 750.10 750.10 011 026263 Period 325.00 325.00	
Ar	y information copied from such Reports and S	tatements m	av no	t be sold or used by any n	erson f	13 or the	Durr	14       15       16       17         rpose of soliciting contributions butions from such committee.       17         eccipt       2011       16       17         ition ID : PR2247626826263       2011       16       17         ition ID : PR2247626826263       750.10       750.10       750.10         o Item       750.10       750.10       750.10         o Item       30       2011       16       17         ition ID : PR2247627026263       2011       325.00       325.00         o Item       30       2011       325.00       325.00         o Item       700       701       701       701				
	for commercial purposes, other than using the											
$\backslash$	NAME OF COMMITTEE (In Full)											
$\Big)$	UnitedHealth Group Incorporate	ed PAC (	Unit	ed for Health)								
A.	Full Name of Individual (Last, First, Middle Init CARCIONE JR, JOSEPH R, , ,	tial) or Full C	Organi	zation Name	C	Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					м м 06	/		/ Y	2(	) )11	Y
	City	State		Zip Code		Trans	acti	on ID : P	R2247	6268	26263	3
	Minnetonka	MN		55343-9664	A	mount	of	Each Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	СМе	edical	Director				<b>y</b>	-9-	_	750.1	0
	Name of Employer (for Individual)		•	on (for Individual) ealthCare Services Inc	1:		emo	Item				
	Receipt For:	Aggregate	Year	-to-Date ▼								
	Primary General Other (specify) ▼		-y	750.10	]							
В.	Full Name of Individual (Last, First, Middle Init KANTOLA, KEVIN DAVID, , ,	tial) or Full C	Drgani	zation Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					м м 06	/		/ Y	20	)11	Ŷ
	City	State		Zip Code		Trans	acti	on ID : P	R22476	6270	26263	•
	Minnetonka	MN		55343-9664	A	mount	of	Each Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	C Dir	IT Ar	chitecture		_		,		_	325.0	0
	Name of Employer (for Individual)		•	on (for Individual) ealthCare Services Inc			emo	Item				
	Receipt For:	Aggregate	Year	-to-Date ▼								
	Primary     General       Other (specify) ▼		<b>,</b>	325.00								
с.	Full Name of Individual (Last, First, Middle Init O'BRIEN, DENNIS P, , ,	tial) or Full C	Drgani	zation Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/		/ Y			Ŷ
	City	State MN		Zip Code								3
	Minnetonka	IVIIN		55343-9664	A	mount	of	Each Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	C RV	/P Ne	twork Mgmt				9	,	_	750.1	0
	Name of Employer (for Individual)		•	on (for Individual) ealthCare Services Inc			emo	Item				
	Receipt For:	Aggregate	Year	-to-Date <b>V</b>	- `	5						
	Primary General	50 0 1		750.10	11							
	Other (specify)	L	- <b>J</b>	750.10								
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т	OTAL This Period (last page this line number	only)						,	-	_		

Use separate schedule(s)

FOR LINE NUMBER:

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PAGE 54 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than usin	ind Statements ma g the name and a	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	Jnited for Health)	
Full Name of Individual (Last, First, Midd A. VERNEY, JEFFERY RICHARD, , , Mailing Address 9900 Bren Road East	le Initial) or Full O	rganization Name	Date of Receipt
City Minnetonka	State MN	Zip Code 55343-9664	06 30 2011 Transaction ID : PR2247627426263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С ИР	General Management	750.10
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item 15
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.10	]
Full Name of Individual (Last, First, Midd BROOKS, DARRELL, , ,	le Initial) or Full O	rganization Name	Date of Receipt
Mailing Address 9900 Bren Road East	State	Zip Code	06 / D D / Y Y Y Y 2011
Minnetonka	MN	55343-9664	Transaction ID : PR2247627626263           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С ИР	Information Technolog	750.10
Name of Employer (for Individual)		upation (for Individual) red HealthCare Services Inc	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.10	]
C. Full Name of Individual (Last, First, Midd GARODIA, SANJAY, , , Mailing Address 9900 Bren Road East	le Initial) or Full O	rganization Name	Date of Receipt
City	State	Zip Code	06 30 2011 Transaction ID : PR2247627826263
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C co	O IBS	499.98
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item 15
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98	]
SUBTOTAL of Receipts This Page (optional	al)		2000.18
TOTAL This Period (last page this line num	nber only)		

FOR LINE NUMBER:

PAGE 55 OF

	,	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ing the name and a	ddress of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
Full Name of Individual (Last, First, Mid KOSECOFF, JACQUELINE B, , , Mailing Address 9900 Bren Road East City Minnetonka FEC ID number of contributing federal political committee.	State MN	rganization Name Zip Code 55343-9664 siness Segment CEO	Date of Receipt          M M       /       D D       /       Y Y Y Y Y         06       /       30       /       2011         Transaction ID : PR2247627926263         Amount of Each Receipt this Period         2499.90
Name of Employer (for Individual)          Receipt For:         Primary       General         Other (specify) ▼	Unit	upation (for Individual) ed HealthCare Services Inc Year-to-Date ▼ 2499.90	15 Memo Item
Full Name of Individual (Last, First, Mid         OHMAN, DANIEL L, , ,         Mailing Address 9900 Bren Road East         City         Minnetonka         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Receipt For:         Primary       General         Other (specify) ▼	State MN C Reg Occ Unit	Zip Code 55343-9664 gion CEO upation (for Individual) ted HealthCare Services Inc Year-to-Date ▼ 349.96	Date of Receipt 06 ' 30 ' 2011 Transaction ID : PR2247628026263 Amount of Each Receipt this Period 349.96 Memo Item 15
Full Name of Individual (Last, First, Mid         PRINCE, JOHN M, , ,         Mailing Address 9900 Bren Road East         City         Minnetonka         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Receipt For:         Primary       General         Other (specify)	State MN C Bus Occu Unite	rganization Name Zip Code 55343-9664 siness Segment COO upation (for Individual) ed HealthCare Services Inc Year-to-Date ▼ 1261.00	Date of Receipt 06 ' 30 ' 2011 Transaction ID : PR2259738426263 Amount of Each Receipt this Period 1261.00 Memo Item 15
SUBTOTAL of Receipts This Page (optic TOTAL This Period (last page this line n			► 4110.86

#### SCHEDULE A (FEC Form 3X) • •

FOR LINE NUMBER:

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PAGE 56 OF

ITEMIZED RECEIPTS		r each category of the etailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	prporated PAC (Unit	ted for Health)	
Full Name of Individual (Last, First, <b>A.</b> <u>CRONN, CHRIS, , ,</u> Mailing Address 9900 Bren Road Ea		zation Name	Date of Receipt
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2270522926263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C Govt Re	l Dir	499.98
Name of Employer (for Individual) Receipt For:		on (for Individual) ealthCare Services Inc	15 Memo Item
Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 499.98	1
Full Name of Individual (Last, First, DE SA, JEANNE M, , ,		zation Name	Date of Receipt
Mailing Address 9900 Bren Road Ea		7. 0. 1	06 / D D / Y Y Y Y 2011
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2402315926263 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C Govt Rel	Dir	650.00
Name of Employer (for Individual)		on (for Individual) ealthCare Services Inc	15 Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year	-to-Date ▼ 650.00	1
Full Name of Individual (Last, First, KEPLEY CARRIER, ANGEL	A DAWN, , ,	zation Name	Date of Receipt
Mailing Address 9900 Bren Road Ea		Zin Onda	06 / D D / Y Y Y Y 2011
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2402317726263           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C Dir Case	e Mgmt	260.00
Name of Employer (for Individual)	United He	on (for Individual) ealthCare Services Inc	15 Memo Item
Primary General Other (specify)	Aggregate Year	-to-Date ▼ 260.00	]
SUBTOTAL of Receipts This Page (o	otional)		1409.98
TOTAL This Period (last page this lin	e number only)		

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 57 OF

			Detailed Summary Page		11a		11b	11c		ommittee. 2011 7926263 Period 260.00 260.00 260.00 325.00 325.00	<u> </u>
	y information copied from such Reports and Stat									ntributi	
or	for commercial purposes, other than using the na	ame and a	ddress of any political committee	e to so	licit cor	ntrib	utions fr	om suc	n co	mmitte	90.
	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated	PAC (l	United for Health)								
Α.	Full Name of Individual (Last, First, Middle Initial LEVI-BAUMGARTEN, MARILYN, , ,	) or Full O	rganization Name	[	Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East				м м 06	/	30	/ Y	Y 21	011	Y
	City	State	Zip Code	- 1		acti		202402	1		2
	Minnetonka	MN	55343-9664				Each Re				,
	FEC ID number of contributing federal political committee.	C Dir	General Management						_	260.0	0
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc			emo	tem				
		Aggregate	Year-to-Date 🔻								
	Primary     General       Other (specify) ▼		260.00	]							
В.	Full Name of Individual (Last, First, Middle Initial LOGAN, JAKE, , ,	) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East				06 30 2011						
	City	State	Zip Code		Trans	acti	on ID : F	PR2402	3182	26263	3
	Minnetonka	MN	55343-9664	A			Each Re				
	FEC ID number of contributing federal political committee.	C Gov	rt Rel Dir				-y 1		_	325.0	0
	Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	1:		emo	tem				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	]							
<u>с.</u>	Full Name of Individual (Last, First, Middle Initial MCCAULEY, MARIA, , ,	) or Full O	rganization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	1	D D D 30	/ Y			Ŷ
	City Minnetonka	State MN	Zip Code 55343-9664				ion ID : I				3
	FEC ID number of contributing federal political committee.	C Sr F	Project Manager II		Amount	OT		eceipt tr			00
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	1		emc	tem				
		Aggregate	Year-to-Date <b>V</b>								
	Other (specify)		260.00	]							
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т	OTAL This Period (last page this line number on	ly)									

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PAGE 58 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17							
or for commercial purposes, other than u			berson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incor	porated PAC (	United for Health)								
Full Name of Individual (Last, First, M A. RIVERS, JILL, , ,		rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East	State	Zip Code	06 30 2011 Transaction ID : PR2402319526263							
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C Dir	ector HHS Consulting	325.00							
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00	]							
Full Name of Individual (Last, First, M B. SWEERE, LORI K, , ,	iddle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y Y 06 30 2011							
City	State	Zip Code	Transaction ID : PR2402320226263							
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	CEV	P Human Capital	1300.00							
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1300.00	]							
Full Name of Individual (Last, First, M C. ANLIKER, JAY M, , ,	liddle Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East	t		06 / D D / Y Y Y Y Y 06 30 2011							
City	State	Zip Code	Transaction ID : PR2402445026263							
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C CE	ΟΤΡΑ	260.00							
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item							
Receipt For:	Aggregate	Year-to-Date V								
Other (specify)		260.00	]							
SUBTOTAL of Receipts This Page (opti	onal)		1885.00							
TOTAL This Period (last page this line	number only)									

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PAGE 59 OF

	EIVIIZED RECEIPIS			ed Summary Page		11a		11b		11c	1	2		
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	y information copied from such Reports and S for commercial purposes, other than using the													
$\backslash$	NAME OF COMMITTEE (In Full)													
$\Big)$	UnitedHealth Group Incorporate	ed PAC (	United	for Health)										
Α.	Full Name of Individual (Last, First, Middle Ini COLEMAN, JAMES C, , ,	tial) or Full C	Organizati	on Name	(	Date of Receipt								
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/		30	/ Y	y 201	Y 1	Y	
	City	State		Code		Trans	acti	ion I	D : P	R24024	44522	6263	5	
	Minnetonka	MN	55	343-9664	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C sv	P Employ	ree Relations				-		-	13	300.0	0	
	Name of Employer (for Individual)		• •	for Individual) nCare Services Inc	1		emo	b Iter	n					
	Receipt For:	Aggregate	Year-to-I	Date 🔻		•								
	Primary General Other (specify) ▼		-	1300.00	]									
В.	Full Name of Individual (Last, First, Middle Ini DONOVAN, JAMES D, , ,	tial) or Full C	Organizati	on Name		Date o	f Re	eceip	t					
	Mailing Address 9900 Bren Road East					06 / D D / Y Y Y 06 30 2011							Y	
	City	State	Zip	Code		Transaction ID : PR2402445326263								
	Minnetonka	MN	55	343-9664	/	Amoun	t of	Eacl	h Red	ceipt th	is Per	riod		
	FEC ID number of contributing federal political committee.	C sv	P Bus De	v and Marketi		845.0						\$45.0	0	
	Name of Employer (for Individual)		cupation ( ited Healt			emo	b Iter	n						
	Receipt For:	Aggregate	Year-to-I	Date 🔻										
	Other (specify)		<b>,</b>	845.00	]									
с.	Full Name of Individual (Last, First, Middle Ini LARSEN, JOHN L, , ,	tial) or Full C	Drganizati	on Name		Date o	f Re	eceip	t					
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/		30	/ Y	201		Ŷ	
	City	State	· · ·	Code		Trans	sacti	ion l	D : P	R24024	44562	6263	3	
	Minnetonka	MN	55	343-9664	/	Amoun	t of	Eacl	h Red	ceipt th	is Per	riod		
	FEC ID number of contributing federal political committee.	СВи	isiness Se	gment CEO				y		9	6	650.0	0	
	Name of Employer (for Individual)		•	for Individual) Care Services Inc	1		emo	o Iter	n					
	Receipt For:	Aggregate	Year-to-I	Date ▼	- '	0								
	Primary General Other (specify)			650.00	]									
						-	-	-	_	_	27	95.0	0	
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PAGE 60 OF

				Detailed Summary Page		11a		11b	11c		12	
						13		14	15	15 16 17 oliciting contributions		
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$\backslash$	NAME OF COMMITTEE (In Full)											
$\Big/$	UnitedHealth Group Incorporate	ed PAC (	Un	ited for Health)								
Α.	Full Name of Individual (Last, First, Middle Ini RIOS, KARA J, , ,	itial) or Full C	Drgar	nization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/	<sup>D</sup> 30	/ Y	2(	011 011	Y
	City Minnetonka	State MN		Zip Code 55343-9664				-		-		3
				55545-9004	A	mount	of	Each Re	eceipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	C VP	Оре	erations		_				;	3250.0	00
	Name of Employer (for Individual)		•	ion (for Individual) lealthCare Services Inc	1:		emo	Item				
	Receipt For:	Aggregate	Yea	r-to-Date ▼	- '`	,						
	Primary General Other (specify) ▼		-	3250.00	]							
в.	Full Name of Individual (Last, First, Middle Ini HIGA, JOY O, , ,	itial) or Full C	Drgar	nization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					м м 06	/	30	/ Y	ү 20	)11	Y
	City	State		Zip Code		Trans	acti	on ID : F	PR2402	4462	226263	3
	Minnetonka	MN		55343-9664	A	mount	of	Each Re	eceipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	C Dir	Reg	ulatory Affairs				<b>y</b>		_	390.0	00
	Name of Employer (for Individual)		•	ion (for Individual) HealthCare Services Inc			emo	Item				
	Receipt For:	Aggregate	Yea	r-to-Date ▼								
	Other (specify) ▼		Ļ.	390.00	]							
С.	Full Name of Individual (Last, First, Middle Ini JINDAL, SOHINI G, , ,	itial) or Full C	Drgar	nization Name		Date of	Re	ceipt				
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/	<sup>D</sup> 30	/ Y			Y
	City	State		Zip Code		Trans	acti	ion ID :	PR2402	446	32626:	3
	Minnetonka	MN		55343-9664	A	mount	of	Each Re	eceipt th	nis P	'eriod	
	FEC ID number of contributing federal political committee.	C Go	ovt R	el Dir		_		y .	,		1300.0	00
	Name of Employer (for Individual)		•	ion (for Individual) lealthCare Services Inc			emo	Item				
	Receipt For:	Aggregate	Yea	r-to-Date ▼	- ''	J						
	Primary General	7.99.09ato			11.							
	Other (specify)		-	1300.00								
s	UBTOTAL of Receipts This Page (optional)							7	,		4940.0	00
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PAGE 61 OF

	TEMIZED RECEIPTS			etailed Summary Page		<b>1</b> 1a		11	lb 🗌	11c		12				
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	y information copied from such Reports and Sta for commercial purposes, other than using the															
$\backslash$	NAME OF COMMITTEE (In Full)															
$\Big)$	UnitedHealth Group Incorporate	d PAC (	Unit	ed for Health)												
Α.	Full Name of Individual (Last, First, Middle Initia PETRELLA, RUSSELL C, , ,	al) or Full C	Organiz	zation Name		Date of	Re	ece	ipt							
	Mailing Address 9900 Bren Road East					06 / D D / Y Y Y Y 2011										
	City	State MN	Ž	Zip Code		Transaction ID : PR2402446426263										
	Minnetonka			55343-9664	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C Pre	esiden	t Americhoice				-			_	1300.0	0			
	Name of Employer (for Individual)		•	on (for Individual) ealthCare Services Inc		5 M	emo	o It	em							
	Receipt For:	Aggregate	Year-	to-Date 🔻		0										
	Primary General Other (specify) ▼		-	1300.00												
В.	Full Name of Individual (Last, First, Middle Initia ALEXANDER, CORY, , ,	al) or Full C	Organiz	zation Name		Date of	Re	ece	ipt							
	Mailing Address 9900 Bren Road East				M         M         /         D         D         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y         Y											
	City	State	Z	Zip Code		Trans	acti	ion	ID : F	PR2405	4288	326263	;			
	Minnetonka	MN		55343-9664		Amount	of	Ea	ach Re	eceipt t	his F	Period				
	FEC ID number of contributing federal political committee.	C VP	2499.90													
	Name of Employer (for Individual)	Occ Uni		<u></u> М 5	emo	o It	em									
	Receipt For:	Aggregate	Year-	to-Date 🔻		-										
	Primary General Other (specify) ▼		,	2499.90												
с.	Full Name of Individual (Last, First, Middle Initia STEVENS, JOSEPH R, , ,	al) or Full C	Organiz	zation Name		Date of	Re	ece	ipt							
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/	l	<sup>D</sup> 30			) 011	Y			
	City Minnetonka	State MN	Z	Zip Code 55343-9664						PR2405			3			
				55545-9004	_	Amount	of	Ea	ach Re	eceipt t	nis F	'eriod				
	FEC ID number of contributing federal political committee.	C Go	ovt Rel	Dir				y		,	_	618.8	80			
	Name of Employer (for Individual)	Occ Unit		M	emo	o It	em									
	Receipt For:	Aggregate														
	Primary General Other (specify)		-1	618.80												
s	UBTOTAL of Receipts This Page (optional)							y		,		4418.7	0			
Т	OTAL This Period (last page this line number o	nly)		••••••	-			_								

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 62 OF

		Detailed Summary Pag			<b>K</b> 11a		1	1b 🗌	11c		12				
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	y information copied from such Reports and Sta for commercial purposes, other than using the n														
$\backslash$	NAME OF COMMITTEE (In Full)														
$\Big)$	UnitedHealth Group Incorporated	d PAC (	United for Health)												
Α.	Full Name of Individual (Last, First, Middle Initia ARMSTEAD, RODNEY CHARLES, , ,	l) or Full C	rganization Name			Date of	of Re	ece	eipt						
	Mailing Address 9900 Bren Road East	_				M M / D D / Y Y Y Y 06 / 30 / 2011									
	City	State MN	Zip Code			Transaction ID : PR2405430226263									
	Minnetonka		55343-9664	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	C VP	Operations	520.00											
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	;		Δ N 15	lemo	o li	tem						
	Receipt For:	Aggregate	Year-to-Date ▼												
	Primary General Other (specify) ▼		520.0	0											
В.	Full Name of Individual (Last, First, Middle Initia ELLISON, NANCY M, , ,	l) or Full C	rganization Name			Date of	of Re	ece	eipt						
	Mailing Address 9900 Bren Road East			06 / 0 / Y Y Y Y Y Y 06 30 2011											
	City	State	Zip Code			Tran	sact	ior	ו ID : ו	PR2408	3544(	62626:	3		
	Minnetonka	MN	55343-9664			Amour	nt of	Ea	ach R	eceipt t	his F	Period			
	FEC ID number of contributing federal political committee.	C Gov				-,				500.0	00				
	Name of Employer (for Individual)	Occ Uni		Ν 15	lemo	o li	tem								
	Receipt For:	Aggregate	Year-to-Date <b>V</b>												
	Primary General Other (specify) ▼		, 850.0	0											
С.	Full Name of Individual (Last, First, Middle Initia SAELENS, KAREN ANN, , ,	l) or Full C	rganization Name			Date of	of Re	ece	eipt						
	Mailing Address 9900 Bren Road East	-				06	/	′	D D D 30	/		011 <sup>°</sup>	Y		
	City	State	Zip Code			Tran	sact	tio	n ID :	PR240	3544	82626	3		
	Minnetonka	MN	55343-9664		_	Amour	nt of	Ea	ach R	eceipt t	his F	Period			
	FEC ID number of contributing federal political committee.	C Dir	General Management			<u> </u>		,		y	_	260.0	00		
	Name of Employer (for Individual)	Occ Unit		15	/lemo	o l	tem								
	Receipt For:	Aggregate Year-to-Date ▼													
	Primary General Other (specify)		260.0												
s	UBTOTAL of Receipts This Page (optional)			•	•							1280.0	00		
т	OTAL This Period (last page this line number or	nly)		•	•			-							

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 63 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17								
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	ay not be sold or used by any puddress of any political committe	person for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorport	ated PAC (	United for Health)									
Full Name of Individual (Last, First, Middle A. WEE, KATHLYN G, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 06 30 2011								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2408545026263 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C Go	vt Rel Dir	260.00								
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00									
Full Name of Individual (Last, First, Middle B. CORZINE, JEFFREY SEAN, , ,	Initial) or Full C	organization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			06 / Y Y Y Y Y 06 30 2011								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2437119726263 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C Dir	General Management	260.00								
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	]								
Full Name of Individual (Last, First, Middle C. LIVINGSTON, DAVID K, , ,	Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2011								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2437120226263 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C Pla	n President	325.00								
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	15								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 325.00	1								
SUBTOTAL of Receipts This Page (optional)			845.00								
TOTAL This Period (last page this line numb	er only)										

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PAGE 64 OF

			Detailed Summary Page		11a 13		11b	11c 15		12 16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the n				or the		oose of s	soliciting		ntributi	ons		
· · · ·	NAME OF COMMITTEE (In Full)												
$\rangle$	UnitedHealth Group Incorporated	I PAC (I	United for Health)										
Α.	Full Name of Individual (Last, First, Middle Initia WEISS, JACK S, , ,	l) or Full O	rganization Name		Date of Receipt								
	Mailing Address 9900 Bren Road East				м м 06	/	D D D 30	/ Y	20	) 011	Y		
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2437120526263           Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	C Nat	l Medical Director/CMC					- 41-		325.0	0		
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	1		emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 325.00										
в.	Full Name of Individual (Last, First, Middle Initia BALTHAZOR, PAUL JOSEPH, , ,	l) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 9900 Bren Road East				м м 06	/	D D D 30	/ Y	20	)11	Y		
	City Minnetonka	State MN	Zip Code 55343-9664				<b>on ID : F</b> Each Re						
	FEC ID number of contributing federal political committee.	C Bus	iness Segment CFO				7	- 49-		780.0	0		
	Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc			emo	Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 780.00										
с.	Full Name of Individual (Last, First, Middle Initia CLARK, KELLY L, , ,	l) or Full O	rganization Name		Date of	Re	ceipt						
	Mailing Address 9900 Bren Road East				06	/	D D D 30	/ Y		)11 <sup>°</sup>	Y		
	City Minnetonka	State MN	Zip Code 55343-9664	A			on ID : F Each Re	-			3		
	FEC ID number of contributing federal political committee.	C Bus	siness Segment CIO		_		y .			499.9	8		
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc		Memo Item 15								
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98										
	UBTOTAL of Receipts This Page (optional)						ş :			1604.9	8		

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PAGE 65 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17							
or for commercial purposes, other than usin			erson for the purpose of soliciting contributions e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
/ UnitedHealth Group Incorpo	orated PAC (	United for Health)								
Full Name of Individual (Last, First, Mide NESS, LAURA L, , ,	dle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 9900 Bren Road East		70.001	06 / 06 / 2011							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2437121526263							
FEC ID number of contributing federal political committee.		Operations	Amount of Each Receipt this Period							
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	]							
Full Name of Individual (Last, First, Mide B. LIPPERT, ROBIN E, , ,	dle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			06 30 2011							
City	State	Zip Code	Transaction ID : PR2439928026263							
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C Dir	Govt Rel	2059.52							
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2059.52	]							
Full Name of Individual (Last, First, Mide HEYMAN, STEPHEN M, , ,	dle Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2011							
City	State MN	Zip Code	Transaction ID : PR2444265726263							
Minnetonka	IVIIN	55343-9664	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C VP	Govt Rel	1300.00							
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	15							
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Other (specify)		1300.00	]							
SUBTOTAL of Receipts This Page (option	al)		3619.52							
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PAGE 66 OF

			for each category of the Detailed Summary Page	X 11a		11b	11c	12	17					
			y not be sold or used by any p ddress of any political committee	erson for the		pose of	soliciting	g contribu	utions					
	OMMITTEE (In Full)													
	ealth Group Incorpo	orated PAC (l	Jnited for Health)											
A. MCDOUG	f Individual (Last, First, Mido AL, LORI C, , ,	dle Initial) or Full O	rganization Name	_	Date of Receipt									
City	ess 9900 Bren Road East	State	Zip Code	06	06 / 30 / 2011									
Minnetonka		MN	55343-9664	Transaction ID : PR2445015326263 Amount of Each Receipt this Period										
FEC ID num	ber of contributing cal committee.	Ссе	D - UMVS											
	ployer (for Individual)		upation (for Individual) ed HealthCare Services Inc	15	Memo	o Item								
Receipt For: Primary Other (	y General (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	1										
	f Individual (Last, First, Mido DONALD S, , ,	dle Initial) or Full O	rganization Name	Date	of Re	eceipt								
Mailing Addre	ess 9900 Bren Road East			06		D D 30	/ Y	2011	Y					
City		State	Zip Code	Trar	sact	ion ID : F	PR2445	01542626	53					
Minnetonka		MN	55343-9664	Amou	nis Perioo	ł								
	ber of contributing cal committee.				-	260	.00							
Name of Em	ployer (for Individual)		upation (for Individual) ed HealthCare Services Inc	15	Memo Item									
Receipt For: Primary Other (	y General (specify) ▼	Aggregate	Year-to-Date ▼ 260.00	]										
	f Individual (Last, First, Mido , CHARLES L, , ,	dle Initial) or Full O	rganization Name	Date	of Re	eceipt								
Mailing Addre	ess 9900 Bren Road East			M 06		D D D 30	/ Y	2011 Y	Y					
City		State	Zip Code	Trai	nsact	ion ID :	PR2445	0166262	63					
Minnetonka		MN	55343-9664	Amou	nt of	Each Re	eceipt th	nis Perioo	ł					
	ber of contributing cal committee.	Ссе	O OH Financial Service			,	, y	1300						
Name of Em	ployer (for Individual)		upation (for Individual) ad HealthCare Services Inc	15	Memo Item									
Receipt For:		Aggregate	Year-to-Date V											
Other (	y General (specify)		1300.00	]										
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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER:

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PAGE 67 OF

			Detailed Summary Page		11a 13		11b 14		11c		12 16	17		
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose o		oliciting		ntribut	ions		
	NAME OF COMMITTEE (In Full)													
$\Big\rangle$	UnitedHealth Group Incorporate	d PAC (	United for Health)											
Α.	Full Name of Individual (Last, First, Middle Initia FERGUSON, SABRINA, , ,	al) or Full O	organization Name		Date of Receipt									
	Mailing Address 9900 Bren Road East				06 / D D / Y Y Y Y 2011									
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2445017226263 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C Ass	soc Dir Clinical Quality	260.00										
	Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	1		emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00											
B.	Full Name of Individual (Last, First, Middle Initia LIVERANI, EILEEN J, , ,	al) or Full O	organization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East				м м 06	/	30		/ Y	ү 20	)11 <sup>°</sup>	Y		
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR24601672262 Amount of Each Receipt this Perio								3		
	FEC ID number of contributing federal political committee.	C Dir	Customer Service						- -	_	360.1	0		
	Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc			emo	Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 360.10		-									
C.	Full Name of Individual (Last, First, Middle Initia	al) or Full O	organization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	1	D 30		/ Y		)11 )	Y		
	City Minnetonka	State MN	Zip Code 55343-9664	A					R2460			3		
	FEC ID number of contributing federal political committee.	C Bus	siness Segment Gen C				,		,	_	650.0	00		
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item										
	Receipt For:	Aggregate	- '	J										
	Primary General Other (specify)		650.00											
s	UBTOTAL of Receipts This Page (optional)										1270.1	0		
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# SCHEDULE A (FEC Form 3X)

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PAGE 68 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
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			13     14     15     16     17       person for the purpose of soliciting contributions       per to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpo	rated PAC (I	Jnited for Health)								
Full Name of Individual (Last, First, Middl A. SOLOMON, SHELBY P, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			06 30 / Y Y Y Y Y 06 30 2011							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2460167926263           Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C Pre	sident Payer & Govern	1495.00							
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1495.00								
Full Name of Individual (Last, First, Middl <b>B.</b> PETROVIC, JELKA S, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y Y 2011							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2460168026263							
FEC ID number of contributing federal political committee.		lth Plan CEO	Amount of Each Receipt this Period							
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 260.00								
Full Name of Individual (Last, First, Middl C. RENFRO, LARRY C, , ,	e Initial) or Full O	rganization Name	Date of Receipt							
Mailing Address 9900 Bren Road East			06 / 0 / Y Y Y Y 2011							
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2460168126263 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	Сс	O PSMG	2499.90							
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item 15							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2499.90	]							
SUBTOTAL of Receipts This Page (optiona			4254.90							
TOTAL This Period (last page this line num	ber only)									

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PAGE 69 OF

		for each category of the Detailed Summary Page		11a		11b		11c	12	<u> </u>				
	y information copied from such Reports and State for commercial purposes, other than using the na													
$\overline{)}$	NAME OF COMMITTEE (In Full)													
$\rangle$	UnitedHealth Group Incorporated	PAC (l	Jnited for Health)											
A.	Full Name of Individual (Last, First, Middle Initial) ORBUCH, DAVID B, , ,	) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East				06 / 30 / 2011									
	City Minnetonka	State MN	Zip Code 55343-9664		Transaction ID : PR2460168226263 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.		ef Compliance Officer		Amount	t of	Each	Re	ceipt th	is Period 500	_			
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	1		emo	ltem							
	Receipt For:       Ø         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.50	1										
в.	Full Name of Individual (Last, First, Middle Initial) WEXLER, ERIC J, , ,	) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East			06 / D / Y Y Y Y 2011										
	City Minnetonka	State MN	Zip Code 55343-9664							<b>2312626</b> is Period				
	FEC ID number of contributing federal political committee.	C Dep	outy General Counsel (		_		-		-	416	.00			
	Name of Employer (for Individual)		upation (for Individual) ad HealthCare Services Inc	15		emo	Item							
	Receipt For:       //         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 416.00											
С.	Full Name of Individual (Last, First, Middle Initial) WALKOWSKI, KAREN L, , ,	) or Full O	rganization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East	1			<sup>M</sup> 06	1	D 3	0	/ Y	2011	Y			
	City Minnetonka	State MN	Zip Code 55343-9664	A						7234262 is Period				
	FEC ID number of contributing federal political committee.	C Ass	soc Dir Provider Svc		_		y .		y	260	.00			
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	1	Memo Item									
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		260.00											
s	UBTOTAL of Receipts This Page (optional)			. [			,		9	1176	50			
т	OTAL This Period (last page this line number onl	y)	•	. [			-							

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PAGE 70 OF

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c } \hline X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$								
or for commercial purposes, other than usi			erson for the purpose of soliciting contributions e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full)	orated PAC (	United for Health)									
Full Name of Individual (Last, First, Mide SCHICK, SUE, , , Mailing Address 9900 Bren Road East	dle Initial) or Full C	rganization Name	Date of Receipt								
City Minnetonka	State MN	Zip Code 55343-9664	06     30     2011       Transaction ID : PR2480620526263       Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	Сне	alth Plan CEO	1625.00								
Name of Employer (for Individual)	Unit	upation (for Individual) ed HealthCare Services Inc	15 Memo Item								
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1625.00	]								
Full Name of Individual (Last, First, Mide ANDERSON, JO ANNE M, , ,	dle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East			06 / 06 / Y Y Y Y Y 06 30 / 2011								
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2484541626263 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C VP	Integration	923.00								
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	15								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 923.00	]								
Full Name of Individual (Last, First, Mide BURNS, MATTHEW A, , ,	dle Initial) or Full C	rganization Name	Date of Receipt								
Mailing Address 9900 Bren Road East	State	Zip Code	06 30 2011								
City Minnetonka	MN	55343-9664	Transaction ID : PR2484541726263           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	C Dir	Communications	650.00								
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	15								
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 650.00	]								
SUBTOTAL of Receipts This Page (option	al)		3198.00								
TOTAL This Period (last page this line nu	mber only)										

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PAGE 71 OF

			Detailed Summary Page		11a 13		11b 14	11c		12 16	17			
	y information copied from such Reports and Sta for commercial purposes, other than using the				or the		pose of	solicitin		ntributi	ions			
	NAME OF COMMITTEE (In Full)													
$\rangle$	UnitedHealth Group Incorporate	d PAC (I	United for Health)											
A.	Full Name of Individual (Last, First, Middle Initia COPPENS, JAMES F, , ,	al) or Full O	Organization Name	(	Date of Receipt									
	Mailing Address 9900 Bren Road East				M M / D D / Y Y Y Y 06 / 30 / 2011									
	City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2484541926263           Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	C sv	P Total Compensation	820.95										
	Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	1		emo	tem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 820.95											
B.	Full Name of Individual (Last, First, Middle Initia HECKMAN, LILLIAN R, , ,	al) or Full O	Organization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East				06 / 06 / Y Y Y Y 2011									
	City Minnetonka	State MN	Zip Code 55343-9664				on ID : I Each Re				}			
	FEC ID number of contributing federal political committee.	C Six	Sigma Consultant							390.0	0			
	Name of Employer (for Individual)		cupation (for Individual) ted HealthCare Services Inc	1:		emo	ltem							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 390.00											
C.	Full Name of Individual (Last, First, Middle Initia KNARR, KEVIN, , ,	al) or Full O	Organization Name		Date of	Re	ceipt							
	Mailing Address 9900 Bren Road East	1			<sup>M</sup> 06	/	<sup>D</sup> 30		20	011 <sup>°</sup>	Y			
	City Minnetonka	State MN	Zip Code 55343-9664				i <b>on ID</b> : Each Re				3			
	FEC ID number of contributing federal political committee.	С ИР	Operations				y 1	9		499.9	8			
	Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	1	5 M	emo	ltem							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 499.98											
			-19 <sup>1</sup> - 19 <sup>1</sup> - 19 <sup>1</sup>			_			_					
s	UBTOTAL of Receipts This Page (optional)		•			_	,		_	1710.9	3			
т	OTAL This Period (last page this line number o	nly)	••••••				-							

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PAGE 72 OF

TEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions									
NAME OF COMMITTEE (In Full)												
/ UnitedHealth Group Incorpora	ited PAC (	United for Health)										
Full Name of Individual (Last, First, Middle I KUBICKI, JERI G, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			06 / D D / Y Y Y Y 2011									
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2486697826263									
FEC ID number of contributing		33343-3004	Amount of Each Receipt this Period									
federal political committee.	C VP	Govt Rel	650.00									
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	15									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary     General       Other (specify) ▼		650.00										
Full Name of Individual (Last, First, Middle I MANDERFELD, THOMAS B, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			06 30 2011									
City	State	Zip Code	Transaction ID : PR2486697926263									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	× VD Conorol Monogoment											
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	15									
Receipt For:	Aggregate	Year-to-Date ▼										
Primary General Other (specify) ▼		, 520.00										
Full Name of Individual (Last, First, Middle I MCMAHON, DIRK C, , ,	Initial) or Full O	rganization Name	Date of Receipt									
Mailing Address 9900 Bren Road East			M M / D D / Y Y Y Y 06 30 2011									
City	State	Zip Code	Transaction ID : PR2491457026263									
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C CE	O & President Operatic	1300.00									
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item									
Receipt For:		Year-to-Date ▼	15									
Primary General	, .99109410		1									
Other (specify)		1300.00	1									
SUBTOTAL of Receipts This Page (optional)			2470.00									
TOTAL This Period (last page this line numbe	er only)											

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

FOR LINE NUMBER:

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PAGE 73 OF

				Detailed Summary Read		<b>1</b> 1a		111	b	11c		12	
				Detailed Summary Page	ĹĖ	13		14		15		16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the												
$\backslash$	NAME OF COMMITTEE (In Full)												
/ UnitedHealth Group Incorporated PAC (United for Health)													
A.	Full Name of Individual (Last, First, Middle Initia NACKEL, JOHN G, , ,	Drgai	nization Name		Date of Receipt								
	Mailing Address 9900 Bren Road East			1		06 / Y Y Y Y Y 06 30 2011							
	Name of Employer (for Individual)			Zip Code 55343-9664		Transaction ID : PR2491457226263 Amount of Each Receipt this Period							
				genix Consulting		<u> </u>		-		-9-	_	1261.0	0
				tion (for Individual) HealthCare Services Inc	1	5 M	emo	) Ite	em				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 1261.00									
B.	Full Name of Individual (Last, First, Middle Initia	nization Name		Date of	Re	eceip	pt						
	Mailing Address 9900 Bren Road East				<sup>M</sup> 06	/	D	30	/ Y		)11	Y	
	City		Zip Code		Transaction ID : PR2491457426263								
	Minnetonka	netonka MN 55343-9664				Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.			ical Director				-		-9-	_	650.0	0
	Name of Employer (for Individual)		•	tion (for Individual) HealthCare Services Inc		Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	ar-to-Date ▼ 650.00										
с.	Full Name of Individual (Last, First, Middle Initia SULLIVAN, KATHRYN M, , ,	al) or Full C	Orgai	nization Name		Date of	Re	eceip	pt				
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/	D	30	/ Y		)11 <sup>°</sup>	Y
	City Minnetonka	State MN		Zip Code 55343-9664		Trans Amount				R2491			3
	FEC ID number of contributing federal political committee.			CEO		Amoun		J		June 1		1261.0	0
				tion (for Individual) HealthCare Services Inc		M	emc	o Ite	em				
Receipt For: Aggregate				ar-to-Date 🔻									
	Primary General Other (specify)		-	1261.00									
	UBTOTAL of Receipts This Page (optional)				-			, ,	-			3172.0	0

# SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTS

FOR LINE NUMBER:

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PAGE 74 OF

	DRECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
or for comm	ercial purposes, other than using th			erson for the purpose of soliciting contributions to solicit contributions from such committee.					
\ \	COMMITTEE (In Full) IHealth Group Incorporation	ted PAC (	United for Health)						
A. HARTL	e of Individual (Last, First, Middle Ir EY, MICHAEL SCOTT, , , ddress 9900 Bren Road East	nitial) or Full C	Organization Name	Date of Receipt					
City Minneton	ka	State MN	Zip Code 55343-9664	06     30     2011       Transaction ID : PR2538641326263       Amount of Each Receipt this Period					
	umber of contributing litical committee.	C VP	Operations	500.00					
			upation (for Individual) ted HealthCare Services Inc	Memo Item					
	or: nary General er (specify) <b>v</b>	Aggregate	Year-to-Date ▼ 500.00						
	e of Individual (Last, First, Middle Ir DAVID H, , ,	nitial) or Full C	Organization Name	Date of Receipt					
	ddress 9900 Bren Road East			M M M       /       D D       /       Y Y Y Y Y         06       30       /       2011         Transaction ID : PR2540175226263         Amount of Each Receipt this Period					
City Minneton	ka	State MN	Zip Code 55343-9664						
	umber of contributing litical committee.	C Gov	vt Rel Assoc Dir	365.00					
	Employer (for Individual)		upation (for Individual) tedHealth Group, Inc.	Memo Item 15					
	or: nary General er (specify) ▼	Aggregate	Year-to-Date ▼ , 365.00						
C. SMITH	e of Individual (Last, First, Middle Ir I, KARA V, , ,	hitial) or Full C	Organization Name	Date of Receipt					
	ddress 9900 Bren Road East			06 / D D / Y Y Y Y 2011					
City Minneton	ka	State MN	Zip Code 55343-9664	Transaction ID : PR2540175326263           Amount of Each Receipt this Period					
	umber of contributing litical committee.	C Dir	Govt Rel	1636.38					
	Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item 15					
	or: nary General er (specify)	Aggregate	Year-to-Date ▼ 1636.38						
SUBTOTAL	of Receipts This Page (optional)		•••••	2501.38					
TOTAL This	Period (last page this line number	r only)	••••••						

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

FOR LINE NUMBER:

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PAGE 75 OF

				etailed Summary Page		11a 13		11b 14		11c	$\square$	12 16	17	
	y information copied from such Reports and Sta for commercial purposes, other than using the r					or the		pose of				ntributi	ons	
$\overline{)}$	NAME OF COMMITTEE (In Full)						-							
$\rangle$	UnitedHealth Group Incorporated													
Α.	Full Name of Individual (Last, First, Middle Initia CHESTON, EDWARD M, , ,	ll) or Full O	Organiz	zation Name		Date of Receipt								
	Mailing Address 9900 Bren Road East					M M / D D / Y Y Y Y 06 30 2011								
	Minnetonka     MN     5534       FEC ID number of contributing federal political committee.     Dir Govt Rel       Name of Employer (for Individual)     Occupation (for United HealthCall)			Zip Code 55343-9664		Transaction ID : PR2541300326263 Amount of Each Receipt this Period								
				Rel										
				n (for Individual) ealthCare Services Inc	1		emo	ltem						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-	to-Date ▼ 220.00	1									
B.	Full Name of Individual (Last, First, Middle Initia EDWARDS, HYLLIUS R, , ,	zation Name		Date of	Re	ceipt								
	Mailing Address 9900 Bren Road East					06 30 2011								
	City State Minnetonka MN			Zip Code 55343-9664		Transaction ID : PR2541300426263 Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C Dir	Govt	Rel		400.00								
	Name of Employer (for Individual)		upatio	1	Memo Item									
	Receipt For: Primary General Other (specify) ▼	Aggregate		-										
с.	Full Name of Individual (Last, First, Middle Initia KING, MATTHEW A, , ,	l) or Full O	Organiz	zation Name		Date of	Re	ceipt						
	Mailing Address 9900 Bren Road East					<sup>M</sup> 06	/	D 30		/ Y		)11 <sup>°</sup>	Y	
	City Minnetonka	State MN	Z	Zip Code 55343-9664				i <mark>on ID</mark> : Each F					3	
				Rel				y .		9	_	400.0	0	
				n (for Individual) althCare Services Inc	1	Memo Item								
	Receipt For: Aggregate Year-to-Date ▼ Primary General				1									
	Other (specify)		-J	400.00										
s	UBTOTAL of Receipts This Page (optional)				•			,	-	9	1	1020.0	0	
т	OTAL This Period (last page this line number or	nly)		••••••					_	-	_			

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE 76 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
I LIVILLED RECEIPIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
			person for the purpose of soliciting contributions te to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incor	porated PAC (	United for Health)						
Full Name of Individual (Last, First, M A. VERSAGGI, JOHN, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 9900 Bren Road Eas	t		06 / D D / Y Y Y Y Y 06 30 2011					
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2541300826263           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C Dir	Govt Rel	952.40					
Name of Employer (for Individual)		upation (for Individual) red HealthCare Services Inc	Memo Item					
Receipt For:	Aggregate	Year-to-Date ▼	15					
Other (specify) ▼		952.40	]					
Full Name of Individual (Last, First, M B. DOHERTY, JOHN F, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 9900 Bren Road East	:		06 30 2011					
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2542024526263         Amount of Each Receipt this Period         350.00					
FEC ID number of contributing federal political committee.	C Dir	Govt Rel						
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350,00	]					
Full Name of Individual (Last, First, M C. RAMSAY, RICHARD E, , ,	liddle Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 9900 Bren Road Eas	t		06 / <sup>D D</sup> / <sup>Y Y Y Y Y Y Y Y Y Y</sup>					
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2542542226263           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C Go	vt Rel Dir	300.00					
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item 15					
Receipt For:	Aggregate	Year-to-Date ▼ 300.00	1					
Other (specify)		7 7 7	1					
SUBTOTAL of Receipts This Page (opt	ional)		1602.40					
TOTAL This Period (last page this line	number only)	······						

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

FOR LINE NUMBER:

PAGE 77 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
II EIVIIZED KEGEIFIJ		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
			person for the purpose of soliciting contributions te to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorpo	ated PAC (	United for Health)						
Full Name of Individual (Last, First, Middle A. PACE, JEANNE M, , ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 9900 Bren Road East			06 30 2011					
City Minnetonka	State MN	Zip Code 55343-9664	Transaction ID : PR2552313726263 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	Ска	Sr Sales Executive	1000.00					
Name of Employer (for Individual)		upation (for Individual) ed HealthCare Services Inc	Memo Item					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00						
Full Name of Individual (Last, First, Middle B. BAER, RICHARD N, , ,	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address 9900 Bren Road East								
City	State	Zip Code	Transaction ID : PR2552960526263					
Minnetonka	MN	55343-9664	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C EVE	General Counsel	4999.90					
Name of Employer (for Individual)		upation (for Individual) ted HealthCare Services Inc	Memo Item					
Receipt For:	Aggregate	Year-to-Date V						
Primary General Other (specify) ▼		4999.90	]					
Full Name of Individual (Last, First, Middle	e Initial) or Full O	rganization Name	Date of Receipt					
Mailing Address								
City	State	Zip Code	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.CName of Employer (for Individual)O								
		upation (for Individual)	Memo Item					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼	]					
SUBTOTAL of Receipts This Page (optional	)		5999.90					
TOTAL This Period (last page this line num	ber only)		202009.65					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 78 OF

		for each category of the Detailed Summary Page	11a         11b         11c         X         12           13         14         15         16         17
Any information copied from such Reports and S or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (	United for Health)	
Full Name of Individual (Last, First, Middle In         A.       United Health Group Inc. Political Action         Mailing Address       9900 Bren Road East         City       Minnetonka         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Receipt For:         Primary       General         Other (specify) ▼	Committee c	•	Date of Receipt 04 08 2011 Transaction ID : 33160227 Amount of Each Receipt this Period 10573.53 Memo Item 18G
Full Name of Individual (Last, First, Middle In         B.         Mailing Address         City         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Receipt For:         Primary       General         Other (specify) ▼	State C Occ	Drganization Name Zip Code cupation (for Individual) Year-to-Date ▼	Date of Receipt
Full Name of Individual (Last, First, Middle In         Mailing Address         City         FEC ID number of contributing federal political committee.         Name of Employer (for Individual)         Receipt For:         Primary       General         Other (specify)	State C Occ	Drganization Name         Zip Code         upation (for Individual)         Year-to-Date ▼	Date of Receipt
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			10573.53

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 79 OF 103			
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		(check only 21b				
		Detaileu	Summary Fage	28a	28b 28c 29 30b			
	ny information copied from such Reports and State for commercial purposes, other than using the na							
$\setminus$	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Ur	nited for Heal	th)				
<u>د</u>	Full Name (Last, First, Middle Initial)							
Α.	Nebraska Leadership PAC (NELPA	C)			Date of Disbursement			
	Mailing Address P.O. Box 3325				01 / D D / Y Y Y Y 21 2011			
	City	State NE	Zip Code		FEC Identification Number			
	Omaha Purpose of Disbursement		68103		<b>C</b> 011			
					C 011 Transaction ID : 32892658			
	Candidate Name			Category/	Amount of Each Disbursement this Period			
	C00366419			Туре	2500.00			
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General		2300.00			
	State: District:	Other (sper	City) 🔻		Memo Item			
_	Full Name (Last, First, Middle Initial)							
В.	Friends Of Roy Blunt		Date of Disbursement					
	Mailing Address Po Box 278		01 21 2011					
	City	State MO	Zip Code 65757		FEC Identification Number			
	Strafford Purpose of Disbursement		C 011					
				Void - F	Transaction ID : 32892661			
	Candidate Name			Category/	Amount of Each Disbursement this Period			
	, Blunt, Roy, ,			Туре	5000.00			
		1	2010		- 5000.00			
	Senate President	Primary Other (spe	General					
	State: H District: MO				Memo Item			
	Full Name (Last, First, Middle Initial)							
C.	Friends Of Roy Blunt				Date of Disbursement			
	Mailing Address Po Box 278				01 21 2011			
		0						
	City Strafford	State MO	Zip Code 65757		FEC Identification Number			
	Purpose of Disbursement				C 011			
				DEBT F	Transaction ID : 32892663			
	Candidate Name			Category/	Amount of Each Disbursement this Period			
	, Blunt, Roy, ,	mont For		Туре	5000.00			
	Office Sought: House Disburse Senate	ment For: 2	2010 X General		7 7 7			
	President	Other (spe			Nome Item			
	State: H District: MO		General Debt 201	0	Memo Item			
Γ	······································				0500.00			
s	<b>UBTOTAL</b> of Disbursements This Page (optional).			····· •	2500.00			
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 80 OF 103				
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	y one)				
	Detailed	Summary Page	21b 28a	22         X         23         26         27           28b         28c         29         30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na			d by any perso	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorporated	PAC (Ur	nited for Heal	th)					
Full Name (Last, First, Middle Initial)								
A. Democratic Senatorial Campaign C	ommittee			Date of Disbursement				
Mailing Address 430 S Capitol				02 / 10 / Y Y Y Y 2011				
City	State DC	Zip Code		FEC Identification Number				
Washington Purpose of Disbursement		20003		0 011				
				C 011				
Candidate Name			Category/	Transaction ID : 32956943 Amount of Each Disbursement this Period				
			Type					
	ement For:			15000.00				
Senate President	Primary	General		8				
State: District:	Other (spe	city) 🔻		Memo Item				
Full Name (Last, First, Middle Initial)								
B. Kevin Mccarthy For Congress				Date of Disbursement				
Mailing Address PO Box 12667			02 10 / Y Y Y Y 02 10 2011					
City Bakersfield	State CA	Zip Code 93389		FEC Identification Number				
Purpose of Disbursement				C 011				
				Transaction ID : 32956953 Amount of Each Disbursement this Period				
Candidate Name			Category/					
H6CA22125, McCarthy, Kevin, , Mr.			Туре					
Office Sought: House Disburst	ement For:	2012 General		1500.00				
President	Primary Other (spe							
State: H District: CA				Memo Item				
Full Name (Last, First, Middle Initial)								
C. Heller For Congress				Date of Disbursement				
				02 10 Y Y Y Y 02 10 2011				
Mailing Address PO Box 750580				02 10 2011				
City	State	Zip Code		FEC Identification Number				
Las Vegas	NV	89136						
Purpose of Disbursement				C 011				
Candidate Name			Catagory	Transaction ID : 32956960 Amount of Each Disbursement this Period				
H6NV02164, Heller, Dean, , Rep.			Category/ Type	Amount of Each Dispursement this relibu				
Office Sought: House Disburs	ement For:	2012		2500.00				
Senate	Primary	General						
State: H District: NV	Other (spe	city) 🔻		Memo Item				
State: H District: NV								
SUBTOTAL of Disbursements This Page (optional)				19000.00				
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TOTAL This Period (last page this line number onl	y)		••••••	, ,				

S	CHEDULE B (FEC Form 3X)			FO	r line	E NUMBER: PAGE 81 OF 103			
ITEMIZED DISBURSEMENTS		Use sepa for each	(ch	eck on	/ one)				
			Summary Page		21b				
	ny information copied from such Reports and State for commercial purposes, other than using the na				iny per	rson for the purpose of soliciting contributions			
$\overline{\}$	NAME OF COMMITTEE (In Full)								
	UnitedHealth Group Incorporated	PAC (Un	ited for Heal	lth)					
/	Full Name (Last, First, Middle Initial)								
Α.	National Republican Senatorial Com	mittee				Date of Disbursement			
	Mailing Address 425 Second Street NE					02 10 2011			
	-	State	Zip Code			FEC Identification Number			
	Washington	DC	20002						
	Purpose of Disbursement					C 011			
	Candidate Name				<u> </u>	Transaction ID : 32957006			
				Cateo Typ		Amount of Each Disbursement this Period			
	Office Sought: House Disburse	ment For:				15000.00			
	Senate	Primary	General						
	State: District:	Other (spec	cify) ▼			Memo Item			
	Full Name (Last, First, Middle Initial)								
В.	Cantor For Congress					Date of Disbursement			
	Mailing Address P. O. Box 17813	P. O. Box 17813				03 / D D / Y Y Y Y 03 / 02 / 2011			
	-	State	Zip Code			FEC Identification Number			
	Richmond	VA	23226						
	Purpose of Disbursement				C 011				
	Candidate Name			<u> </u>	ابت	Transaction ID : 33026772			
	H0VA07042, Cantor, Eric, I., Rep.			Cateo Typ		Amount of Each Disbursement this Period			
		ment For: 2	2012	- 71		5000.00			
	Senate	Primary	General						
	State: H District: VA	Other (spec	cify)			Memo Item			
	Full Name (Last, First, Middle Initial)					1			
C.	Matheson For Congress					Date of Disbursement			
	Mailing Address P O Box 521048 Suite A					03 02 2011			
	City	State	Zip Code			FEC Identification Number			
	Salt Lake City	UT	84152						
	Purpose of Disbursement					C 011			
	Candidate Name				gory/	Transaction ID : 33026775 Amount of Each Disbursement this Period			
	H0UT02096, Matheson, James, D., Rep.			Тур	pe	5000.00			
	Office Sought: House Disburse Senate	ment For: 2 Primary	2012 General			5000.00			
	President	Other (spec							
	State: H District: UT	outor (opoc	Sily) V			Memo Item			
<u> </u>						25000.00			
l s	<b>UBTOTAL</b> of Disbursements This Page (optional).				•••• ►	2000.00			
т	OTAL This Period (last page this line number only	)			►				

SCHEDULE B (FEC Form 3X)	Use sen	arate schedule(s)	FOR LINE				
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			
Any information copied from such Reports and Stat or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorporated	PAC (U	nited for Heal	lth)				
Full Name (Last, First, Middle Initial)				Date of Disbursement			
A. Bluegrass Committee							
Mailing Address 400 North Capitol Street NW #58	5			03 02 2011			
City	State DC	Zip Code		FEC Identification Number			
Washington Purpose of Disbursement	DC	20001		0 014			
				C 011			
Candidate Name			Category/	Transaction ID : 33026776 Amount of Each Disbursement this Period			
C00235655			Туре				
	ement For:			2500.00			
Senate President	Other (spe	General					
State: District:		(Gily)		Memo Item			
Full Name (Last, First, Middle Initial)							
<sup>B.</sup> Upton For All Of Us		Date of Disbursement					
Mailing Address P.O. Box 490				03 02 2011			
City	State	Zip Code		FEC Identification Number			
St. Joseph Purpose of Disbursement	MI	49085					
				C 011			
Candidate Name			Category/	Transaction ID : 33026777 Amount of Each Disbursement this Period			
H6MI04113, Upton, Frederick, , Rep.			Туре				
C I	ement For:	-		2500.00			
President	Primary Other (spe	General					
State: H District: MI		(intervention of the second seco		Memo Item			
Full Name (Last, First, Middle Initial)							
C. Republican Main Street Partnersh	nip PAC			Date of Disbursement			
Mailing Address 1220 L Street, NW Suite 100-263				03 / D D / Y Y Y Y Y 02 2011			
City	State	Zip Code		FEC Identification Number			
Washington Purpose of Disbursement	DC	20005		C 011			
	urpose of Disbursement						
Candidate Name			Category/ Type	Transaction ID : 33026778 Amount of Each Disbursement this Period			
Office Sought: House Disburs	ement For:			5000.00			
Senate	Primary	General					
State: District:	Other (spe	ecify) 🔻		Memo Item			
SUBTOTAL of Disbursements This Page (optional)				10000.00			
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SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE					
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may ame and add	not be sold or use lress of any politica	d by any perso I committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)								
/ UnitedHealth Group Incorporated	I PAC (U	nited for Heal	th)					
Full Name (Last, First, Middle Initial)				Date of Disbursement				
				M M / D D / Y Y Y				
Mailing Address 111 E Street SE				03 02 2011				
City Washington	State DC	Zip Code 20003		FEC Identification Number				
Purpose of Disbursement	_			C 011				
Candidate Name			Onterest	Transaction ID : 33026779 Amount of Each Disbursement this Period				
			Category/ Type					
Office Sought: House Disburs	sement For: Primary	General		5000.00				
President	Other (spe			Memo Item				
State: District: Full Name (Last, First, Middle Initial)								
<sup>B.</sup> Searchlight Leadership Fund				Date of Disbursement				
Mailing Address 422 C St. NE Lower Level			03 / D D / Y Y Y Y 02 / 2011					
City Washington	State DC	Zip Code 20002		FEC Identification Number				
Purpose of Disbursement				C 011				
Candidate Name			Category/	Transaction ID : 33026780 Amount of Each Disbursement this Period				
C00327395 Office Sought: House Disburs	sement For:		Туре	5000.00				
Senate	Primary	General						
State: District:	Other (spe	ecify)		Memo Item				
Full Name (Last, First, Middle Initial)								
C. Friends Of Roy Blunt				Date of Disbursement				
Mailing Address Po Box 278				03 08 2011				
City	State MO	Zip Code		FEC Identification Number				
Strafford Purpose of Disbursement	NIO	65757		C 011				
Candidate Name			Void - F Category/	Transaction ID : 33042715 Amount of Each Disbursement this Period				
, Blunt, Roy, ,	amort F	0040	Туре	- 5000.00				
Office Sought: House Disburs	sement For: Primary	2010 X General		5555.05				
State: H District: MO	Other (spe	ecify)		Memo Item				
State: H District: MO								
SUBTOTAL of Disbursements This Page (optional	)		····· ►	5000.00				
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SCHEDULE B (FEC Form 3X)		oroto ochodula(a)	FOR LINE					
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	7 one) 22 X 23 26 27 28b 28c 29 30b				
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NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorporated	PAC (U	nited for Hea	lth)					
Full Name (Last, First, Middle Initial) A. Friends Of Roy Blunt				Date of Disbursement				
Mailing Address Po Box 278				03 / D D / Y Y Y Y 2011				
City Strafford	State MO	Zip Code 65757		FEC Identification Number				
Purpose of Disbursement	MO	05757		C 011				
Candidate Name			2010 D	Transaction ID : 33042717				
, Blunt, Roy, ,			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburs	ement For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5000.00				
Senate President	Primary Other (spe		10	Memo Item				
State: H District: MO Full Name (Last, First, Middle Initial)		General Debt 20	10					
B. Heller For Congress				Date of Disbursement				
Mailing Address PO Box 750580				03 / D D / Y Y Y Y 2011				
City Las Vegas								
Purpose of Disbursement	1		Void - H	C 011 Transaction ID : 33052771 Amount of Each Disbursement this Period				
Candidate Name			Category/					
H6NV02164, Heller, Dean, , Rep.			Туре	- 2500.00				
ů – – – – – – – – – – – – – – – – – – –	ement For: Primary	2012 General		- 2500.00				
State: H District: NV	Other (spe			Memo Item				
Full Name (Last, First, Middle Initial)								
C. Heller For Congress				Date of Disbursement				
Mailing Address PO Box 750580				03 11 2011				
City Las Vegas	State NV	Zip Code 89136		FEC Identification Number				
Purpose of Disbursement		00100		C 011				
Candidate Name	Category/							
H6NV02164, Heller, Dean, , Rep. Office Sought: House Disburse	ement For:	2012	Туре	2500.00				
Senate President	Primary Other (spe	General						
State: H District: NV		<i></i>		Memo Item				
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SC	CHEDULE B (FEC Form 3X)			FO	RLI	NE NUMBER: PAGE 85 OF 103		
ITI	ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the					
			Summary Page			1b         22         X         23         26         27           8a         28b         28c         29         30b		
	y information copied from such Reports and State for commercial purposes, other than using the na							
$  \rangle$	NAME OF COMMITTEE (In Full)							
	UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)				
	Full Name (Last, First, Middle Initial)							
Α.	Ryan For Congress					Date of Disbursement		
	Mailing Address P. O. Box 1919					03 / 15 / 2011		
	City	State	Zip Code			FEC Identification Number		
	Janesville	WI	53547					
	Purpose of Disbursement			_		C 011		
	Candidate Name					Transaction ID : 33087285		
	H8WI01024, Ryan, Paul, D., Rep.			Cateo Typ		Amount of Each Disbursement this Period		
		ment For: 2	2012	ı y	þe	2000.00		
	Senate	Primary	General					
	State: H District: WI	Other (spec	cify) 🔻			Memo Item		
	Full Name (Last, First, Middle Initial)							
В.	Montanans For Tester					Date of Disbursement		
					M M / D D / Y Y Y Y			
	Mailing Address PO Box 1135					03 15 2011		
	City	State	Zip Code			FEC Identification Number		
	Helena Purpose of Disbursement	MT	59624					
						C 011		
	Candidate Name			Categ	norv/	Transaction ID : 33087325 Amount of Each Disbursement this Period		
	S6MT00162, Tester, Jon, , Mr.			Тур				
		ement For: 2	2012			4000.00		
		Primary	General					
	State: S District: MT	Other (spec	city)			Memo Item		
_	Full Name (Last, First, Middle Initial)							
C.	Montanans For Tester					Date of Disbursement		
	Mailing Address PO Box 1135					03 / D D / Y Y Y Y 2011		
	City	State	Zip Code			FEC Identification Number		
	Helena	MT	59624					
	Purpose of Disbursement					C 011		
	Candidate Name					Transaction ID : 33087331		
	S6MT00162, Tester, Jon, , Mr.			Cateo Typ	gory/ pe	Amount of Each Disbursement this Period		
		ement For: 2	2012			1000.00		
	Senate	Primary	X General					
	President	Other (spec	cify) 🔻			Memo Item		
_	State: S District: MT							
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т	OTAL This Period (last page this line number only	/)			🕨			

SCHEDULE B (FEC Form 3X)			FO	RLIN	E NI	JMBER	:			Р	AGE	86 OF	103
ITEMIZED DISBURSEMENTS		barate schedule(s) a category of the	(ch		· _								
		Summary Page		21		22 28b	×	23 28c	$\vdash$	26	$\vdash$	27 30b	
Any information copied from such Reports and Sta or for commercial purposes, other than using the				any pe	rson	for the		pose		solicit		ontributions	3
NAME OF COMMITTEE (In Full)													
/ UnitedHealth Group Incorporated	d PAC (U	nited for Heal	lth)										
Full Name (Last, First, Middle Initial)						_							
A. Friends Of John Barrow						Date o	f Dis	sburs	em	ent			
Mailing Address PO Box 8166						03	/		15	/		011	
City Savannah	State GA	Zip Code 31412				FEC ld	lenti	ficatio	on I	Numb	ər		
Purpose of Disbursement	_		_	_	-	С	011					- I - I	
						-	÷		n IC	): 330	8733	4	
Candidate Name			Cate									t this Peric	bd
H4GA12010, Barrow, John, , Rep. Office Sought: House Disbur	sement For:	2012	Ту	pe	_							1000.00	
Senate	$\mathbf{X}$ Primary	General						7		-7	-		
State: H District: GA	Other (spe	ecify) 🔻				Me	emo	Item					
Full Name (Last, First, Middle Initial)													
B. New Democrat Coalition Politica	I Action C	Committee				Date of Disbursement							
Mailing Address 607 4th Street NW Suite 800		1				03		L	29		2	011	
City Washington	State DC	Zip Code 20005				FEC ld	lenti	ficatio	on I	Numb	ər		
Purpose of Disbursement	20	20003	_			С	011					_	
						Transaction ID : 33121233 Amount of Each Disbursement this Period							
Candidate Name			Cate						bd				
C00409730 Office Sought: House Disbur	sement For:		Ту	pe	_	5000.00		٦.					
Senate	Primary	General						,			_	0000.00	
President	Other (spe							14					
State: District:						IVIE	1110	Item					
Full Name (Last, First, Middle Initial)													
C. National Republican Congressio	nal Comn	nittee				Date o	_			ent			
Mailing Address 320 First Street, SE						м м 04	/		12	/		011	
City	State	Zip Code			+	FEC Id	lenti	ficatio	on I	Numb	ər		
Washington Purpose of Disbursement	DC	20003				_			_			-	
	Dispursement					C	011		n / F		6404		
Candidate Name			Cate Ty							<b>) : 33</b> 1 isburs		7 t this Perio	bd
Office Sought: House Disbur	sement For:										1	5000.00	
Senate	Primary	General								,			_
State: District:	Other (spe	ecity) 🔻				Me	emo	Item					
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SUBTOTAL of Disbursements This Page (optiona	l)			⊾							2	1000.00	
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 87 OF 103		
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)		
		Summary Page	21b 28a	22         X         23         26         27           28b         28c         29         30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na			by any perso	n for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)						
UnitedHealth Group Incorporated	PAC (Ur	nited for Heal	th)			
Full Name (Last, First, Middle Initial)						
A. AMERIPAC: The Fund for a Greate	r America			Date of Disbursement		
Mailing Address 607 14th Street, NW Suite 800				04 12 2011		
City	State DC	Zip Code		FEC Identification Number		
Washington Purpose of Disbursement		20005		011		
				C 011		
Candidate Name			Category/	Transaction ID : 33161852 Amount of Each Disbursement this Period		
C00271338			Type			
	ement For:			5000.00		
Senate President	Primary Other (spe	General cify) ▼		Memo Item		
State: District:						
Full Name (Last, First, Middle Initial)				Date of Disbursement		
<sup>B.</sup> Devin Nunes Campaign Committe	evin Nunes Campaign Committee					
Mailing Address PO Box 6545				04 / Y Y Y Y 04 12 2011		
City Visalia	State CA	Zip Code 93290		FEC Identification Number		
Purpose of Disbursement	UN	33230		C 011		
Candidate Name			Category/	Transaction ID : 33161855 Amount of Each Disbursement this Period		
H8CA20059, Nunes, Devin, , Mr.			Туре			
	ement For: :			1000.00		
President	Primary Other (spe	General		-		
State: H District: CA	Other (spec	city)		Memo Item		
Full Name (Last, First, Middle Initial)						
C. Lynn Jenkins For Congress				Date of Disbursement		
Mailing Address P.O. Box 1441				04 / D D / Y Y Y Y 04 28 2011		
City	State	Zip Code				
Topeka	KS	66601		FEC Identification Number		
Purpose of Disbursement		1		C 011		
Candidate Name				Transaction ID : 33234614		
H8KS02090, Jenkins, Lynn, , Rep.			Category/ Type	Amount of Each Disbursement this Period		
	ement For: 2	2012	iyha	1500.00		
Senate	Primary	General				
President	Other (spe	cify) 🔻		Memo Item		
State: H District: KS						
				7500.00		
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SCHEDULE B (FEC Form 3X)	11		FOR LINE I				
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Sta or for commercial purposes, other than using the n							
NAME OF COMMITTEE (In Full)							
UnitedHealth Group Incorporated	I PAC (Ur	nited for Heal	th)				
Full Name (Last, First, Middle Initial)				Data of Disburgement			
A. Wasserman-Schultz For Congress				Date of Disbursement			
Mailing Address 1071 Twin Branch Ln				04 28 2011			
City Weston	State FL	Zip Code 33326		FEC Identification Number			
Purpose of Disbursement				C 011			
Candidate Name				Transaction ID : 33235439			
H4FL20023, Schultz Debbie, Wasserman, ,			Category/ Type	Amount of Each Disbursement this Period			
Office Sought: House Disburs	ement For: :	2012 General		5000.00			
State: H District: FL	Other (spe	cify) ▼		Memo Item			
Full Name (Last, First, Middle Initial)							
B. Texans For Senator John Cornyr	n Inc			Date of Disbursement			
Mailing Address PO Box 13026 Suite 180	1	1		04 28 2011			
City Austin	State TX	Zip Code 78711		FEC Identification Number			
Purpose of Disbursement				C 011			
Candidate Name			Catananul	Transaction ID : 33236170			
S2TX00106, Cornyn, John, , Sen.			Category/ Type	Amount of Each Disbursement this Period			
<b>c</b>	ement For:	2014		2500.00			
	Primary	General					
State: S District: TX	Other (spe	спу)		Memo Item			
Full Name (Last, First, Middle Initial)				Data of Disburgement			
C. Pat Roberts For U S Senate Inc				Date of Disbursement			
Mailing Address PO Box 433				04 28 2011			
City Creat Band	State	Zip Code		FEC Identification Number			
Great Bend Purpose of Disbursement	KS	67530		C 011			
				Transaction ID : 33239280			
Candidate Name			Category/	Amount of Each Disbursement this Period			
S6KS00080, Roberts, Pat, , Sen. Office Sought: House Disburs	ement For: ;	2014	Туре	1500.00			
Senate	Primary	General					
President	Other (spe	cify) ▼		Memo Item			
State: S District: KS							
SUBTOTAL of Disbursements This Page (optional	)			9000.00			
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TOTAL This Period (last page this line number on	ly)		••••••	, ,			

SCHEDULE B (FEC Form 3X)		Use senarate schedule(s)			IE NUMBER: PAGE 89 OF 103				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(checl	k only 21b					
		Summary Page		210 28a	22 X 23 26 27 28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na				perso	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)									
VinitedHealth Group Incorporated	PAC (Ur	nited for Heal	lth)						
Full Name (Last, First, Middle Initial)									
A. Portman For Senate Committee					Date of Disbursement				
Mailing Address 8331 Little Harbor Drive					05 / D D / Y Y Y Y 2011				
City Cincinnati	State OH	Zip Code 45244			FEC Identification Number				
Purpose of Disbursement		<u>'</u>			C 011				
Or a listen New			L		Transaction ID : 33295411				
Candidate Name			Categor	·у/	Amount of Each Disbursement this Period				
S0OH00133, Portman, Rob, , Mr. Office Sought: House Disburse	ment For: 2	2016	Туре		2500.00				
Senate	Primary	General			<u> </u>				
State: S District: OH	Other (spec	cify) ▼			Memo Item				
Full Name (Last, First, Middle Initial)									
<sup>B.</sup> Pat Roberts For US Senate Inc	rts For US Senate Inc				Date of Disbursement				
Mailing Address PO Box 433					04 28 2011				
City Creat Band	State	Zip Code			FEC Identification Number				
Great Bend Purpose of Disbursement	KS	67530			C 011				
• • • •					C 011 Transaction ID : 33352979				
Candidate Name			Categor	y/	Amount of Each Disbursement this Period				
S6KS00080, Roberts, Pat, , Sen.			Туре		4500.00				
Office Sought: House Disburse	ment For: 2 Primary	2014 X General			1500.00				
President	Other (spec				<b>—</b>				
State: S District: KS		- '			Memo Item				
Full Name (Last, First, Middle Initial)									
<sup>C.</sup> Dawg PAC					Date of Disbursement				
Mailing Address 3422 Porter Street, NW					05 / 25 / Y Y Y Y 2011				
City	State	Zip Code			FEC Identification Number				
Washington Purpose of Disbursement	DC	20016			<b>C</b> 011				
Candidate Name			Categor	·v/	Transaction ID : 33362512 Amount of Each Disbursement this Period				
C00455360			Туре	-	5000.00				
	ment For:				5000.00				
Senate President	Primary Other (spec	General							
State: District:		(ing)			Memo Item				
SUBTOTAL of Disbursements This Page (optional).					9000.00				
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SCHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER: PAGE 90 OF 103				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check or	ly one)				
		Summary Page	21					
Any information copied from such Reports and State or for commercial purposes, other than using the na			ed by any pe	rson for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorporated	PAC (Ur	nited for Heal	lth)					
Full Name (Last, First, Middle Initial)								
A. Dave Camp For Congress				Date of Disbursement				
Mailing Address 5915 Eastman Avenue Suite 100	1			05 25 2011				
City Midland	State MI	Zip Code 48640		FEC Identification Number				
Purpose of Disbursement	111	40040		C 011				
Candidate Name			Category/	Transaction ID : 33363851 Amount of Each Disbursement this Period				
H0MI10071, Camp, David, Lee, Rep.			Type					
	ement For:	2012		5000.00				
Senate X	Primary	General						
State: H District: MI	Other (spe	ciiy) 🔻		Memo Item				
Full Name (Last, First, Middle Initial)								
B. Continuing A Majority Political Ac	tion Com		Date of Disbursement					
Mailing Address 5915 Eastman Avenue Suite 100				05 25 2011				
City	State	Zip Code		FEC Identification Number				
Midland Purpose of Disbursement	MI	48640		C 011				
Candidate Name			Category/	Transaction ID : 33363854 Amount of Each Disbursement this Period				
Office Sought: House Disburse	mont For		Туре	5000.00				
Senate	ement For: Primarv	General						
President	Other (spe							
State: District:		27		Memo Item				
Full Name (Last, First, Middle Initial)								
C. Scott Brown For Us Senate Comr	nittee Inc	<b>C</b>		Date of Disbursement				
Mailing Address, 200 Decembra Chart								
Mailing Address 200 Reservoir Street				06 06 2011				
City	State	Zip Code		FEC Identification Number				
Needham	MA	02494						
Purpose of Disbursement				C 011				
Candidate Name				Transaction ID : 33404415				
S0MA00109, Brown, Scott, , Sen.			Category/ Type	Amount of Each Disbursement this Period				
	ement For:	2012	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000.00				
Senate	Primary	General						
President	Other (spe	cify) 🔻		Memo Item				
State: S District: MA								
				11000.00				
SUBTOTAL of Disbursements This Page (optional)			····· ►	11000.00				
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SCHEDULE B (FEC Form 3X)		arata adhadula(-)		LINE NUMBER: PAGE 91 OF 103				
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the	(check only	one) 22 X 23 26 27				
	Detailed	Summary Page	210 28a	22 X 23 20 27 28b 28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na			ed by any perso	on for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)					
Full Name (Last, First, Middle Initial)								
A. Crowley For Congress				Date of Disbursement				
Mailing Address 84-56 Grand Avenue				06 / 06 / Y Y Y Y 2011				
City Elmhurst	State NY	Zip Code 11373		FEC Identification Number				
Purpose of Disbursement		110/0		C 011				
				Transaction ID : 33404421				
Candidate Name			Category/	Amount of Each Disbursement this Period				
H8NY07046, Crowley, Joseph, , Rep.			Туре	5000.00				
Office Sought: House Disburse	ement For:			5000.00				
President	Primary Other (spe	General cifv) ▼						
State: H District: NY		~·· <i>J</i> / <b>#</b>		Memo Item				
Full Name (Last, First, Middle Initial)								
<sup>B.</sup> The Blue Dog PAC				Date of Disbursement				
Mailing Address 227 Massachusetts Ave Suite 101	1	-		06 06 2011				
City	State DC	Zip Code 20002		FEC Identification Number				
Washington Purpose of Disbursement	DC	20002		C 011				
				Transaction ID : 33404435				
Candidate Name			Category/	Amount of Each Disbursement this Period				
C00305318	_		Туре					
Office Sought: House Disburse	ement For:	Caparal		5000.00				
President	Primary Other (spe	cify) General						
State: District:		ony)		Memo Item				
Full Name (Last, First, Middle Initial)								
C. Boustany for Congress				Date of Disbursement				
Mailing Address PO Box 80126				06 / D D / Y Y Y Y Y 2011				
City	State	Zip Code		FEC Identification Number				
Lafayette	LA	70598						
Purpose of Disbursement				C 011				
Candidate Name				Transaction ID : 33404511				
H4LA07029, Boustany, Charles, W., Rep.			Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ement For:	2012	71	1000.00				
Senate	<b>P</b> rimary	General						
President	Other (spe	cify) 🔻		Memo Item				
State: H District: LA								
SUBTOTAL of Disbursements This Page (optional)				11000.00				
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SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 92 OF 103			
ITEMIZED DISBURSEMENTS	RSEMENTS Use separate schedule(s) for each category of the			one)			
		Summary Page	21b	22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na							
/ UnitedHealth Group Incorporated	PAC (Ur	nited for Heal	lth)				
Full Name (Last, First, Middle Initial)							
A. Graves for Congress				Date of Disbursement			
Mailing Address P.O. Box 34744				06 / 06 / 2011			
City	State	Zip Code		FEC Identification Number			
Kansas City	MO	64116					
Purpose of Disbursement				C 011			
Candidate Name			Category/	Transaction ID : 33404519 Amount of Each Disbursement this Period			
, Graves, Sam, ,			Type	Anount of Lach Disbursement this renou			
	ement For: 2	2012		1500.00			
Senate	Primary	General		,			
State: H District: MO	Other (spe	cify) 🔻		Memo Item			
Full Name (Last, First, Middle Initial)							
B. Friends Of John Barrasso				Date of Disbursement			
				M M / D D / Y Y Y Y			
Mailing Address PO Box 52008		1		06 06 2011			
City	State WY	Zip Code		FEC Identification Number			
Casper Purpose of Disbursement	VVY	82605		0 011			
				C 011			
Candidate Name			Category/	Transaction ID : 33404520 Amount of Each Disbursement this Period			
S6WY00068, Barrasso, John, , Mr.			Type	Amount of Each Disburschieft this Fellod			
Office Sought: House Disburse	ement For:	2012		2500.00			
	Primary	General					
State: S District: WY	Other (spe	cify)		Memo Item			
Full Name (Last, First, Middle Initial)							
C. ERICPAC				Date of Disbursement			
Mailing Address 25 East Main Street, Suite 200				06 06 2011			
	01-1	7.0.1					
City Richmond	State VA	Zip Code 23219		FEC Identification Number			
Purpose of Disbursement		20210		C 011			
				Transaction ID : 33404521			
Candidate Name			Category/	Amount of Each Disbursement this Period			
C00384701			Туре				
				5000.00			
Senate President	Primary Other (anal	General					
State: District:	Other (spe	city) 🔻		Memo Item			
SUBTOTAL of Disbursements This Page (optional)			····· •	9000.00			
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TOTAL This Period (last page this line number only	y)		····· ►	, ,			

SCHEDULE B (FEC Form 3X)			FOF	R LINE	NUMBER: PAGE 93 OF 103			
ITEMIZED DISBURSEMENTS	for each	parate schedule(s) n category of the I Summary Page	(che	eck only 21b 28a	v one) 22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
UnitedHealth Group Incorporated	PAC (U	nited for Hea	lth)					
Full Name (Last, First, Middle Initial)								
A. Carper For Senate					Date of Disbursement			
Mailing Address 19 East Commons Blvd Second F	Floor				06 / 06 / Y Y Y Y 2011			
City New Costle	State DE	Zip Code			FEC Identification Number			
New Castle Purpose of Disbursement	DE	19720			0 04			
					C 011			
Candidate Name			Categ	10rv/	Transaction ID : 33404522 Amount of Each Disbursement this Period			
S8DE00079, Carper, Thomas, R., Sen.			Тур					
Office Sought: House Disburse	ement For: Primary	2012 General			2500.00			
State: S District: DE	Other (spe	ecify) ▼			Memo Item			
Full Name (Last, First, Middle Initial)								
B. Whitfield For Congress Committe	Whitfield For Congress Committee							
Mailing Address P.O. Box 391					06 / 06 / Y Y Y Y 06 2011			
City Hopkinsville	State KY	Zip Code 42241			FEC Identification Number			
Purpose of Disbursement					C 011			
Candidate Name					Transaction ID : 33404523			
H4KY01040, Whitfield, Edward, , Rep.			Categ Typ	, , ,	Amount of Each Disbursement this Period			
Office Sought: House Disburse	ement For:	2012			1500.00			
	Primary	General						
State: H District: KY	Other (spe	ecify)			Memo Item			
Full Name (Last, First, Middle Initial)								
C. Democratic Congressional Campa	aign Cor	nmittee			Date of Disbursement			
Mailing Address 430 S. Capital St. 2nd Fl					06 / D D / Y Y Y Y 06 24 2011			
City	State	Zip Code			FEC Identification Number			
Washington	DC	20003						
Purpose of Disbursement					C 011			
Candidate Name					Transaction ID : 33484497			
C00000935			Categ Typ		Amount of Each Disbursement this Period			
	ement For:		٦yp		5000.00			
Senate	Primary	General						
President	Other (spe	ecify) 🔻			Memo Item			
State: District:								
SUBTOTAL of Disbursements This Page (optional)				►	9000.00			
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TOTAL This Period (last page this line number only	y)			🕨				

SC	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 94 OF 103		
ITEMIZED DISBURSEMENTS			rate schedule(s) category of the	(check only	one)		
			Summary Page	21b			
•	information control from such D			28a	28b 28c 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the na						
$\backslash$	NAME OF COMMITTEE (In Full)						
]	UnitedHealth Group Incorporated	PAC (Un	ited for Heal	lth)			
	Full Name (Last, First, Middle Initial)						
Α.	Democratic Congressional Campaig	n Commi	ttee		Date of Disbursement		
	Mailing Address 430 S. Capital St. 2nd Fl				06 / 24 / 2011		
	City	State	Zip Code		FEC Identification Number		
	Washington Purpose of Disbursement	DC	20003				
	Purpose of Disbursement				C 011		
	Candidate Name				Transaction ID : 33484498		
	C00000935			Category/ Type	Amount of Each Disbursement this Period		
		ment For:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5000.00		
	Senate	Primary	General				
	President	Other (spec	cify) ▼		Memo Item		
	State: District:						
B.	Full Name (Last, First, Middle Initial)				Date of Disbursement		
D.	Democratic Congressional Campa	ocratic Congressional Campaign Committee					
	Mailing Address 430 S. Capital St. 2nd FI				06 / 24 / Y Y Y Y Y		
	City	Stata	Zip Codo				
	City Washington	State DC	Zip Code 20003		FEC Identification Number		
	Purpose of Disbursement				C 011		
					Transaction ID : 33484499		
	Candidate Name			Category/	Amount of Each Disbursement this Period		
	C00000935			Туре			
	Office Sought: House Disburse Senate	ment For: Primary	General		5000.00		
	President	Other (spec					
	State: District:				Memo Item		
	Full Name (Last, First, Middle Initial)						
C.	Friends Of Erik Paulsen				Date of Disbursement		
	Mailing Address P.O. Box 44369				06 / D D / Y Y Y Y 24 2011		
	250 Prairie Center Drive City	State	Zip Code				
	Eden Prairie	MN	55344		FEC Identification Number		
	Purpose of Disbursement				C 011		
					Transaction ID : 33484500		
	Candidate Name			Category/	Amount of Each Disbursement this Period		
	H8MN03077, Paulsen, Erik, , Mr.	mont Free -	240	Туре	1000.00		
	Office Sought: House Disburse Senate	ment For: 2 Primary	2012 General		1000.00		
	President	Other (spec					
	State: H District: MN	. (-1-00			Memo Item		
Γ	1						
s	UBTOTAL of Disbursements This Page (optional).			····· ►	11000.00		
Т	OTAL This Period (last page this line number only	/)		••••••	, ,		

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 95 OF 103		
ITEMIZED DISBURSEMENTS	for each	parate schedule(s) category of the Summary Page				
Any information copied from such Reports and or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)						
UnitedHealth Group Incorpora	ted PAC (U	nited for Hea	alth)			
Full Name (Last, First, Middle Initial)						
A. Hagan For Us Senate Inc				Date of Disbursement		
Mailing Address PO Box 29103				06 / D D / Y Y Y Y 24 2011		
City	State	Zip Code		FEC Identification Number		
Greensboro	NC	27429				
Purpose of Disbursement				C 011		
Candidate Name				Transaction ID : 33484502		
S8NC00239, Hagan, Kay, ,			Category/ Type	Amount of Each Disbursement this Period		
	bursement For:	2014	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	500.00		
Senate	X Primary	General				
State: S District: NC	Other (spe	ecify) ▼		Memo Item		
Full Name (Last, First, Middle Initial)						
<sup>B.</sup> Hagan For Us Senate Inc				Date of Disbursement		
Mailing Address PO Box 29103				06 / D D / Y Y Y Y 2011		
City	State	Zip Code		FEC Identification Number		
Greensboro Purpose of Disbursement	NC	27429				
r upose or Disbursement				C 011		
Candidate Name			Category/	Transaction ID : 33484503 Amount of Each Disbursement this Period		
S8NC00239, Hagan, Kay, ,			Type	Anount of Each Disburschieft this Feriod		
<b>0</b>	bursement For:			500.00		
Senate	Primary	General				
State: S District: NC	Other (spe	ecity)		Memo Item		
Full Name (Last, First, Middle Initial)						
C. Tim Scott For Congress				Date of Disbursement		
Mailing Address 1405 Ashley River Road				06 / D D / Y Y Y Y 2011		
City	State	Zip Code		FEC Identification Number		
Charleston	SC	29407				
Purpose of Disbursement				C 011		
Candidate Name				Transaction ID : 33484504		
H0SC01279, Scott, Tim, , Rep.			Category/ Type	Amount of Each Disbursement this Period		
· · · · · ·	bursement For:	2012		1000.00		
Senate	X Primary	General				
President	Other (spe	ecify) 🔻		Memo Item		
State: H District: SC						
SUBTOTAL of Disbursements This Page (opti	onal)		••••••	2000.00		
TOTAL This Period (last page this line number	er only)		▶	, ,		

SCHEDULE B (FEC Form 3X)	Use sens	arate schedule(s)	FOR LINE	-
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	One)         22         X         23         26         27           28b         28c         29         30b
Any information copied from such Reports and State or for commercial purposes, other than using the nat	ments may r me and addr	not be sold or use ress of any politic	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full)				
/ UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)	
Full Name (Last, First, Middle Initial) A. Heath Shuler for Congress				Date of Disbursement
Mailing Address 38 Ivy Street, SE				06 / 24 / Y Y Y Y 2011
Washington	State DC	Zip Code 20004		FEC Identification Number
Purpose of Disbursement			· · · · ·	C 011
Candidate Name			Category/	Transaction ID : 33484505 Amount of Each Disbursement this Period
C00413393 Office Sought: House Disburse	ment For: 2	2012	Туре	2500.00
Senate President	Primary Other (spec	General		
State: H District: NC				
<ul><li>Full Name (Last, First, Middle Initial)</li><li>B. Michigan Republican Party</li></ul>				Date of Disbursement
Mailing Address 520 Seymour Street				06 / 27 / Y Y Y Y 2011
City Lansing	State MI	Zip Code 48933		FEC Identification Number
Purpose of Disbursement				C 011 Transaction ID : 33484631
Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	ment For:			1000.00
State: District:	Primary Other (spec	General cify)		Memo Item
Full Name (Last, First, Middle Initial)				
C. Michigan Republican Party				Date of Disbursement
Mailing Address 520 Seymour Street				06 / D D / Y Y Y Y 2011
City Lansing	State MI	Zip Code 48933		FEC Identification Number
Purpose of Disbursement		40000		C 011
Candidate Name			Void - N Category/ Type	Transaction ID : 33484633 Amount of Each Disbursement this Period
	ment For:			- 1000.00
State: District:	Primary Other (spec	General cify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional).			•	2500.00
TOTAL This Period (last page this line number only	)		····· ►	, ,

SCHEDULE B (FEC Form 3X)			FOR LINE	
ITEMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check only 21b 28a	r one) 22 X 23 26 27 28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
/ UnitedHealth Group Incorporated I	PAC (Un	ited for Heal	th)	
Full Name (Last, First, Middle Initial) A. Michigan Republican Party	Date of Disbursement			
Mailing Address 520 Seymour Street	06 27 2011			
,	State MI	Zip Code 48933		FEC Identification Number
Lansing Purpose of Disbursement		40933		C 011
Candidate Name			Catagory	Transaction ID : 33484634 Amount of Each Disbursement this Period
			Category/ Type	
Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General cify) ▼		1000.00
State: District:				Memo Item
Full Name (Last, First, Middle Initial) B.		Date of Disbursement		
Mailing Address	iling Address			
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement	rsement			С
Candidate Name Category/ Type			Amount of Each Disbursement this Period	
Office Sought: House Disburser	ment For: Primary	General	, , , , , , , , , , , , , , , , , , ,	1 1 7 1 1 7 1 1 7
State: District:	Other (spec	cify)		Memo Item
Full Name (Last, First, Middle Initial)				Date of Disbursement
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement				С
Candidate Name	Amount of Each Disbursement this Period			
Office Sought: House Disburser	ment For: Primary	General	Туре	
State: District:	Other (spec			Memo Item
SUBTOTAL of Disbursements This Page (optional)			•••••	1000.00
TOTAL This Period (last page this line number only)	)		····· ►	176500.00

SCHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 98 OF 103	
ITEMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	(check only 21b X 28a	one) 22 23 26 27 28b 28c 29 30b	
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
/ UnitedHealth Group Incorporated	PAC (Un	ited for Hea	lth)		
Full Name (Last, First, Middle Initial) A. Sommer, Judah, C., ,				Date of Disbursement	
Mailing Address 701 Pennsylvania Ave NW	03 09 2011				
Suite 530/650	01-1-	Zia Osala			
City Washington	State DC	Zip Code 20004-2606		FEC Identification Number	
Purpose of Disbursement			Refund	C 010	
Candidate Name				Transaction ID : 33043413	
			Category/ Type	Amount of Each Disbursement this Period	
	ment For:			5000.00	
Senate President	Primary Other (spec	General cify) ▼		Memo Item	
State: District:				<u> </u>	
Full Name (Last, First, Middle Initial) B.				Date of Disbursement	
Mailing Address	Mailing Address				
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement	ursement			С	
Candidate Name Category/ Type				Amount of Each Disbursement this Period	
Office Sought: House Disburse	ment For:		Type		
Senate President	Primary Other (spec	General			
State: District:	Other (spec	211 <b>y</b> )		Memo Item	
Full Name (Last, First, Middle Initial)		Date of Disbursement			
Mailing Address		M M / D D / Y Y Y Y			
City	State	Zip Code		FEC Identification Number	
Purpose of Disbursement				С	
Candidate Name Category/ Type				Amount of Each Disbursement this Period	
	ment For:	- 74 -			
Senate President	Primary Other (spec	General Gify) ▼		Memo Item	
State: District:					
SUBTOTAL of Disbursements This Page (optional).			•••••• •	5000.00	
TOTAL This Period (last page this line number only	/)		••••••	5000.00	

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		Detailed	Summary Page	28a	28b 28c X 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the na						
$\backslash$	NAME OF COMMITTEE (In Full)						
	UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)			
<u> </u>	Full Name (Last, First, Middle Initial)				Date of Disbursement		
Α.	UnitedHealth Group Inc PAC of PA	InitedHealth Group Inc PAC of PA					
	Mailing Address 9900 Bren Road East	01 / 24 / 2011					
	City	State	Zip Code		FEC Identification Number		
	Minnetonka	MN	55343				
	Purpose of Disbursement			Contrib	C 011		
	Candidate Name				Transaction ID : 32898112		
				Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For:		71	1000.00		
	Senate	Primary	General				
	State: District:	Other (spec	cify) 🔻		Memo Item		
_	Full Name (Last, First, Middle Initial)						
В.	Citizens for Amstutz		Date of Disbursement				
	Mailing Address 4456 Wood Lake Trail		02 18 2011				
	City	State	Zip Code		FEC Identification Number		
	Wooster OH 44691						
	Purpose of Disbursement			Ron Arr	C 011		
	Candidate Name     Category/       , Amstutz, Ron, , OH Rep.     Category/       Office Sought:     House       Disbursement For:     2012				Transaction ID : 33000375 Amount of Each Disbursement this Period		
					Amount of Each Disbursement this Penou		
					1000.00		
	Senate Primary General						
	State: H District: OH	Other (spec	cify)		Memo Item		
	Full Name (Last, First, Middle Initial)						
C.	Citizens for Sears		Date of Disbursement				
	Mailing Address 6711 Monroe Street Building 3 Su		M M / D D / Y Y Y Y 03 14 2011				
		State	Zip Code				
	Sylvania	OH	53560		FEC Identification Number		
	Purpose of Disbursement				C 011		
		Category/			Transaction ID : 33069457		
	Candidate Name				Amount of Each Disbursement this Period		
	, Sears, Barbara, , OH Rep.			Туре	500.00		
	Office Sought: House Disburse Senate	ment For: 2 Primary	2012 General				
	President	Other (spec					
	State: H District: OH		- <b>,</b> , ,		Memo Item		
s	UBTOTAL of Disbursements This Page (optional).			I	2500.00		
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SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE I	-	
ITEMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	
Any information copied from such Reports and State or for commercial purposes, other than using the na					
NAME OF COMMITTEE (In Full)					
UnitedHealth Group Incorporated	PAC (Ur	nited for Heal	lth)		
Full Name (Last, First, Middle Initial)				Dete of Diskurgement	
A. Team Burke				Date of Disbursement	
Mailing Address 275 W. 4th Street	03 / 14 / 2011				
City	State OH	Zip Code 43040		FEC Identification Number	
Marysville Purpose of Disbursement	OII	43040		0 011	
			Dave B		
Candidate Name			Category/	Transaction ID: 33069468 Amount of Each Disbursement this Period	
, Burke, Dave, , OH Rep.			Туре	500.00	
Office Sought: House Disburse Senate President	ement For: 2 Primary Other (spec	General		500.00	
State: H District: OH		(), (), (), (), (), (), (), (), (), (),		Memo Item	
Full Name (Last, First, Middle Initial)					
B. Jimmy Stewart for State Senate	my Stewart for State Senate				
Mailing Address 1021 Four Mile Creek Road			04 28 2011		
City Collville	State OH	Zip Code 45723		FEC Identification Number	
Purpose of Disbursement		43723	Jimmy (	C 011	
Candidate Name	Candidate Name Category/				
, Stewart, Jimmy, , OH Sen.	Туре			Amount of Each Disbursement this Period	
<b>o</b>	ment For: 2	2012		500.00	
Senate	Primary	General			
State: S District: OH	Other (spec	cify)		Memo Item	
Full Name (Last, First, Middle Initial)				Date of Dishursement	
<sup>C.</sup> Friends of Faber				Date of Disbursement	
Mailing Address 7706 St. Rt 703					
City	State	Zip Code		FEC Identification Number	
Celina Purpose of Disbursement	OH	45822		C 011	
	Keith F			C 011 Transaction ID : 33234040	
Candidate Name			Category/	Amount of Each Disbursement this Period	
, Faber, Keith, , OH Sen. Office Sought: House Disburse	ment For: 2	2012	Туре	750.00	
Office Sought: House Disburse	Primary	2012 General			
President	Other (spec			Mama Itam	
State: S District: OH	J			Memo Item	
SUBTOTAL of Disbursements This Page (optional).			····· •	1750.00	
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TOTAL This Period (last page this line number only	()		••••••		

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use sep	Use separate schedule(s)		NUMBER: PAGE 101 OF 103 one)
		category of the Summary Page	21b 28a	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$
Any information copied from such Reports and Stat or for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full)				
UnitedHealth Group Incorporated	I PAC (UI	nited for Heal	lth)	
Full Name (Last, First, Middle Initial) A. Committee to Elect Niehaus				Date of Disbursement
Mailing Address 1131 Little Indian Creek Road				04 / 28 / Y Y Y Y 2011
City New Richmond	State OH	Zip Code 45157-9602		FEC Identification Number
Purpose of Disbursement			Tom Ni	C 011
Candidate Name			Category/	Transaction ID : 33234044 Amount of Each Disbursement this Period
, Niehaus, Tom, , OH Sen.	_		Туре	
Office Sought: House Disburs Senate President	ement For: Primary Other (spe	General		1000.00
State: S District: OH				Memo Item
B. Batchelder for Representative Co		Date of Disbursement		
Mailing Address 105 West Liberty St.				04 28 2011
City Medina	State OH	Zip Code 44256		FEC Identification Number
Purpose of Disbursement		William	C 011 Transaction ID : 33234045	
Candidate Name	Category/			Amount of Each Disbursement this Period
Senate	ement For:	2012 General	Туре	1000.00
State: H District: OH	Other (spe	ecify)		Memo Item
Full Name (Last, First, Middle Initial) C. Citizens for Responsive Governm	Full Name (Last, First, Middle Initial)			
Mailing Address PO Box 23031				05 / D D / Y Y Y Y 2011
City Honolulu	State HI	Zip Code 96823-3031		FEC Identification Number
Purpose of Disbursement Candidate Name	Category/ Type	C 011 Transaction ID : 33287042 Amount of Each Disbursement this Period		
Office Sought: House Disburs	ffice Sought: House Disbursement For:			1000.00
State: District:	Other (spe	ecify) 🔻		Memo Item
SUBTOTAL of Disbursements This Page (optional				3000.00
TOTAL This Period (last page this line number on	y)		••••••	

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 102 OF 103		
ITEMIZED DISBURSEMENTS		arate schedule(s) category of the	(check only	one)		
		Summary Page	21b 28a	22         23         26         27           28b         28c         X         29         30b		
Any information copied from such Reports and State or for commercial purposes, other than using the na			d by any perso	on for the purpose of soliciting contributions		
NAME OF COMMITTEE (In Full)						
/ UnitedHealth Group Incorporated	PAC (Ur	nited for Hea	lth)			
Full Name (Last, First, Middle Initial)				Date of Disbursement		
A. Pete Lund for State Representative	Pete Lund for State Representative					
Mailing Address 6881 Muirfield Dr.	05 09 2011					
City	State MI	Zip Code		FEC Identification Number		
Shelby Twp. Purpose of Disbursement	IVII	48316		0		
Fulpose of Disbursement			Pete Lu	C 011		
Candidate Name				Transaction ID : 33287044 Amount of Each Disbursement this Period		
, Lund, Pete, , MI Rep.			Category/ Type			
	ement For: 2	2012		250.00		
Senate	Primary	X General				
President	Other (spe	cify) 🔻		Memo Item		
State: H District: MI						
Full Name (Last, First, Middle Initial) B. Connete Deputylinger Comparing Co				Date of Disbursement		
Senate Republican Campaign Co	<ul> <li>Senate Republican Campaign Committee</li> </ul>					
Mailing Address P.O. Box 12023	ailing Address P.O. Box 12023					
City	State	Zip Code		FEC Identification Number		
Lansing Purpose of Disbursement	MI	48901		C 011		
Fulpose of Disbursement	Candidate Name Category/					
Candidate Name						
Type				Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:	I		3000.00		
Senate	Primary	General				
State: District:	Other (spe	cify)		Memo Item		
Full Name (Last, First, Middle Initial)						
C				Date of Disbursement		
Citizens for Kevin Bacon	Citizens for Kevin Bacon					
Mailing Address 5325 Ponderosa Drive				06 13 2011		
City	State	Zip Code		FEC Identification Number		
Columbus	ОН	43231				
Purpose of Disbursement			Kevie D	C 011		
Candidate Name	Kevin B					
, Bacon, Kevin, , OH Rep.			Category/ Type	Amount of Each Disbursement this Period		
• • • •	ment For: 2	2012	ishe	1000.00		
Senate	Primary	General				
President	Other (spe	cify) 🔻		Memo Item		
State: S District: OH	-					
				4250.00		
SUBTOTAL of Disbursements This Page (optional).			••••••	4250.00		
TOTAL This Period (last page this line number only	()					
	,		••••••			

SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 103 OF 103	
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the		one)	
		Summary Page	21b	22         23         26         27           28b         28c         X         29         30b	
Any information copied from such Reports and Stat or for commercial purposes, other than using the na			d by any perso	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full)					
UnitedHealth Group Incorporated	PAC (U	nited for Heal	th)		
Full Name (Last, First, Middle Initial)					
A. Republican Senate Campaign Com	Date of Disbursement				
Mailing Address 4679 Winterset Drive	06 / D D / Y Y Y Y Y 2011				
City Columbus	State OH	Zip Code 43220		FEC Identification Number	
Purpose of Disbursement				C 011	
Opplidate Name				Transaction ID : 33439291	
Candidate Name			Category/ Type	Amount of Each Disbursement this Period	
Office Sought: House Disburs	ement For:		1990	2500.00	
Senate President					
State: District:		(Ciry) V		Memo Item	
Full Name (Last, First, Middle Initial)					
<sup>B.</sup> UnitedHealth Group Inc PAC of F	PA			Date of Disbursement	
Mailing Address 9900 Bren Road East	·				
City	State	Zip Code			
Minnetonka	MN	55343		FEC Identification Number	
Purpose of Disbursement	ose of Disbursement			C 011	
Candidate Name Category/ Type				Transaction ID : 33459131	
				Amount of Each Disbursement this Period	
Senate President	Other (one	General			
State: District:	Other (spe	city)		Memo Item	
Full Name (Last, First, Middle Initial)					
C. Jimmy Stewart for State Senate				Date of Disbursement	
Mailing Address 1021 Four Mile Creek Road				06 / D D / Y Y Y Y 06 30 2011	
City	State	Zip Code		FEC Identification Number	
Collville	OH	45723			
Purpose of Disbursement			Void - J	C 011	
Candidate Name			Transaction ID : 33566812 Amount of Each Disbursement this Period		
, Stewart, Jimmy, , OH Sen.	Category/				
	ement For:			- 500.00	
President	C Primary Other (spe	General			
State: S District: OH	Other (spe	ectry) 🔻		Memo Item	
SUBTOTAL of Disbursements This Page (optional)			••••••	7000.00	
				18500.00	
TOTAL This Period (last page this line number on	у)		••••••		