

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

United Health Group Incorporated Political Fund

ADDRESS (number and street)

8900 Bran Road East

Check if different than previously reported. (ACC)

Minnetonka

MN

55343

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00274431

3. IS THIS REPORT

X

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

X July 15 Quarterly Report(Q2)

October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post -Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

04

01

2004

through

06

30

2004

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Patrick J. Erlandson

Signature of Treasurer Electronically Filed by Patrick J. Erlandson

Date 07 12 2004

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only

FEC FORM 3X
(Rev. 02/2003)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name

United Health Group Incorporated Political Fund

Report Covering the Period: From: ^M04 ^D01 ^Y2004 To: ^M06 ^D30 ^Y2004

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--------------------------------|--|
| 6. (a) Cash on Hand January 1 ^Y 2004 ^M ^D | | 33920.24 |
| (b) Cash on Hand at Beginning of Reporting Period | 72427.20 | |
| (c) Total Receipts (from Line 19) | 67983.75 | 181490.71 |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 140410.95 | 215410.95 |
| <hr/> | | |
| 7. Total Disbursements (from Line 31) | 98775.00 | 173775.00 |
| <hr/> | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 41635.95 | 41635.95 |
| <hr/> | | |
| 9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

United Health Group Incorporated Political Fund

Report Covering the Period: From: ^M04 ⁻01 ⁻2004 To: ^M06 ⁻30 ⁻2004

| 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) | 55208.62 | |
| (ii) Unitemized | 12775.13 | |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)) | 67983.75 | 179990.71 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 67983.75 | 179990.71 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 1500.00 |
| 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 Transfer (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)) | 67983.75 | 181490.71 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 67983.75 | 181490.71 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 67775.00 | 162775.00 |
| 24. Independent Expenditure (use Schedule E)..... | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees..... | 0.00 | 0.00 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶ | 0.00 | 0.00 |
| 29. Other Disbursements..... | 11000.00 | 11000.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds..... | 0.00 | 0.00 |
| (c) Total Federal Election ActMty (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 98775.00 | 173775.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(i) from Line 31)..... | 98775.00 | 173775.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) | 67983.75 | 179990.71 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 67983.75 | 179990.71 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

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

FOR LINE NUMBER: PAGE 6 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dorothy B. Ward | | Date of Receipt M / D / Y 04 / 23 / 2004 |
| Mailing Address 2 Gateway Center NJ040-1000 | | Transaction ID: 18527767 |
| City Newark | State NJ | Zip Code 07102 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 500.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Health Care Services | Aggregate Year-to-Date ▼ 500.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|----------------------------|--|
| Full Name (Last, First, Middle Initial) B. John W Kelly | | Date of Receipt M / D / Y 05 / 21 / 2004 |
| Mailing Address 9900 Bren Road East MND08-T390 | | Transaction ID: 18535983 |
| City Minnetonk | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 350.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Tax Analysts | Aggregate Year-to-Date ▼ 350.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. ROBERT G HARMON, MD | | Date of Receipt M / D / Y 04 / 20 / 2004 |
| Mailing Address 10467 White Granite Dr. Suite 300, VA31-1000 | | Transaction ID: PR115983748765 |
| City Oakton | State VA | Zip Code 22124-0450 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 120.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation National Medical Director | Aggregate Year-to-Date ▼ 280.00 |
| Receipt For: Primary General Other (specify) ▼ | | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 970.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 7 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. JACK A WICKENS | | Date of Receipt M / D / Y |
| Mailing Address 278 Franklin Rd, Suite 280 TN007-1000 | | Transaction ID: PR115983958765 |
| City Brentwood | State TN | Zip Code 37024 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation SVP Regional Operations | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. ROBERT CHANNING WHEELER | | Date of Receipt M / D / Y |
| Mailing Address 450 Columbus Blvd CT030-12BB | | Transaction ID: PR115984218765 |
| City Hartford | State CT | Zip Code 06115-0450 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1080.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Uniprise CEO | P/R Deduction (\$180.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2520.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. LEONARD A FARR | | Date of Receipt M / D / Y |
| Mailing Address 9900 Bren Road East MND08-B310 | | Transaction ID: PR115978088765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 360.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Corporate Vice President | P/R Deduction (\$60.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 840.00 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts TN's Page (optional) | ▶ | 1670.76 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 8 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. KEN L HOVERMAN | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 385D Olentangy River Rd OH020-3010 | | Transaction ID: PR115979098765 |
| City Columbus | State OH | Zip Code 43214-1138 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 180.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation OOO UHC Ohio | P/R Deduction (\$30.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 420.00 | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. ROBERT J SHEEHY | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 990D Bren Road East MND08-W3D1 | | Transaction ID: PR115979408765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1140.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive Management | P/R Deduction (\$190.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2880.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. ANTHONY J KAZLAUSKAS | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 475 Kilvart St, Suite 310 RI010-3400 | | Transaction ID: PR115979488765 |
| City Warwick | State RI | Zip Code 02888-1392 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 120.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Medical Director | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1440.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 9 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. GEORGE D SHAFER | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 8801 Centerville business Pkwy OH010-3005 | | Transaction ID: PR115979498765 |
| City Dayton | State OH | Zip Code 45459-8028 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 120.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation CEO Dayton Ohio Plan | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. MICHAEL J KOEHLER | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 106 Farmers Alley, Suite 400 MI012-3200 | | Transaction ID: PR115979538765 |
| City Kalamazoo | State MI | Zip Code 49005-0271 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 240.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation CEO PHP Southwest Michigan | P/R Deduction (\$40.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 580.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. WILLIAM D FELSING | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 10701 W. Research Drive WI130-H420 | | Transaction ID: PR115979588765 |
| City Milwaukee | State WI | Zip Code 53228-0849 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.78 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP&COO PrimeCare HealthPlan Inc. | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 590.78 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 10 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. R EDWARD BERGMARK | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 8300 Olson Memorial Hwy MND010-S203 | | Transaction ID: PR115979608765 |
| City Golden Valley | State MN | Zip Code 55427 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.82 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Vice President CEO IHR (OPTUM) | P/R Deduction (\$38.47 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.58 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. RONALD B COLBY | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Rd East MND08-E211 | | Transaction ID: PR115979628765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1050.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Senior VP, Insurance & Product Mgmt | P/R Deduction (\$175.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2450.00 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. LYNNE MONTAGUE-CLOUSE | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 12125 Technology Drive MND02-D181 | | Transaction ID: PR115979638765 |
| City Eden Prairie | State MN | Zip Code 55344 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 120.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation International HealthCare Consultant | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1400.82 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 11 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. CARLA M MUGGIO | | Date of Receipt M / D / Y |
| Mailing Address One South Wacker IL014-3605 | | Transaction ID: PR115979828765 |
| City Chicago | State IL | Zip Code 60606 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP Operations | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 269.22 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) B. BRIAN R BELLOWS | | Date of Receipt M / D / Y |
| Mailing Address 1175 Post Rd East | | Transaction ID: PR115980388765 |
| City Westport | State CT | Zip Code 06880 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 90.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Vice President Sales Strategic Service | P/R Deduction (\$15.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. CHARLES B SHIPP | | Date of Receipt M / D / Y |
| Mailing Address 3401 West End Avenue Ste670 TN002 | | Transaction ID: PR115980538765 |
| City Nashville | State TN | Zip Code 37203 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 173.10 |
| Name of Employer UnitedHealth Group, Inc. | Occupation CEO UHC of Tennessee | P/R Deduction (\$28.85 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 319.28 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts TN's Page (optional) | ▶ | 378.48 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 12 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. KEITH W NOBLITT | | Date of Receipt M / D / Y |
| Mailing Address 297D Clairmont Rd #650 | | Transaction ID: PR115980558765 |
| City Atlanta | State GA | Zip Code 30329-1634 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 120.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Strategic Account Executive | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. JAMES S WATSON | | Date of Receipt M / D / Y |
| Mailing Address 2717 N. 118th Lucile | | Transaction ID: PR115980608765 |
| City Omaha | State NE | Zip Code 68164 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation V.P. Govt Relations, UHC Midlands | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 289.22 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. ROBERT G HUSSEY | | Date of Receipt M / D / Y |
| Mailing Address 833D Boone Blvd Ste 300 VA30-1D30 | | Transaction ID: PR115982128765 |
| City Vienna | State VA | Zip Code 22182-2624 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP, Public Policy & Comm Ovations | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | 466.14 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 13 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. WILLIAM D YOUNG | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 800 N. Magnolia Ave Ste 800 FL029-1029 | | Transaction ID: PR115982138765 |
| City Orlando | State FL | Zip Code 32803 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.70 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Sr. Medical Director | P/R Deduction (\$38.45 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 422.94 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. WILLIAM C TRACY | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 8300 W. 110th Ste 350 | | Transaction ID: PR115982158765 |
| City Overland | State KS | Zip Code 66210 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP Sales | P/R Deduction (\$25.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. MICHAEL J HARRINGTON | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 6300 Olson Memorial Hwy MN10-S203 | | Transaction ID: PR115982178765 |
| City Golden Valley | State MN | Zip Code 55427 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Optum-Sales | P/R Deduction (\$50.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 690.70 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 14 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. MARGARET E STERNBERG | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 2307 W. Cone Blvd NC10-3750 | | Transaction ID: PR11598228765 |
| City Greensboro | State NC | Zip Code 27408 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 173.10 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP Corp Affairs & Gov't Programs | P/R Deduction (\$28.85 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 403.90 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. RHONDA R BAGBY | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 3838 N Causeway Blvd Ste 2100 LA035-1000 | | Transaction ID: PR115982328765 |
| City Metairie | State LA | Zip Code 70002 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Dir. of Finance, UHC of AL, LA, & MS | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 238.48 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. CAROL M SCHNEEWEIS | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 6300 Olson Memorial Hwy MND10-S201 | | Transaction ID: PR115982358765 |
| City Golden Valley | State MN | Zip Code 55427 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation HealthCare | P/R Deduction (\$50.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |

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

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

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

FOR LINE NUMBER: PAGE 15 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) A. JOSEPH A BERRY | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5901 Lincoln Drive MN012-5249 | | Transaction ID: PR115982378765 |
| City Edina | State MN | Zip Code 55436 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 120.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation National Medical Director | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. DAVID J LUBBEN | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Rd East | | Transaction ID: PR115982388765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1153.86 |
| Name of Employer UnitedHealth Group, Inc. | Occupation General Counsel | P/R Deduction (\$192.31 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2692.18 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. ELISE A GEMEINHARDT | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 1820 L St. NY #B00 DC03D-1000 | | Transaction ID: PR115982498765 |
| City Washington | State DC | Zip Code 20038 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 461.52 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP Federal Affairs | P/R Deduction (\$76.92 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 769.20 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1735.38 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 16 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. BEVERLY H NYCE | | Date of Receipt M / D / Y |
| Mailing Address 450 Columbus Blvd, CT030-1030 | | Transaction ID: PR115982608765 |
| City Hartford | State CT | Zip Code 06115 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 692.28 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Senior VP Uniprise | P/R Deduction (\$115.38 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1615.32 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. LAWRENCE J KISSNER | | Date of Receipt M / D / Y |
| Mailing Address 13621 NW 12Th Street FLD75-1000 | | Transaction ID: PR115982688765 |
| City Sunrise | State FL | Zip Code 33323 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Vice President Sales & Marketing | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 289.22 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. RICHARD J MIGLIORI | | Date of Receipt M / D / Y |
| Mailing Address 12125 Technology Drive MND02-D145 | | Transaction ID: PR115982748765 |
| City Eden Prairie | State MN | Zip Code 55344 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 461.52 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Senior VP Ingenix Employer Group | P/R Deduction (\$76.92 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1078.88 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1269.18 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 17 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. JEANNINE M RIVET | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road E. MNC08-W315 | | Transaction ID: PR115983008765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1153.80 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive VP/Operations | P/R Deduction (\$182.30 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2692.20 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. WILLIAM J ANTHONY | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MNC08-W130 | | Transaction ID: PR115983028765 |
| City Minnetonka | State MN | Zip Code 55440-1459 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation V.P. Call Center Operations - Ovation | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. JACK E SHUFF | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 1180 Town Center Dr., Ste 390 NV005-1000 | | Transaction ID: PR115983058765 |
| City Las Vegas | State NV | Zip Code 89134 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Director, Sales and Service | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 289.22 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1499.94 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 18 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. TRACY L BAHL | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 450 Columbus Blvd Uniprise Towers, 12NB | | Transaction ID: PR115980848765 |
| City Hartford | State CT | Zip Code 06115 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 692.28 |
| Name of Employer UnitedHealth Group, Inc. | Occupation President, Strategic Services Group | P/R Deduction (\$115.38 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1615.32 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. KENNETH A BURDICK | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 990D Bren Road East MND08-W318 | | Transaction ID: PR115980898765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 120.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP of Underwriting | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. JOHN P ANTON | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 297D Clairmont Rd Suite 650 GA01D-3360 | | Transaction ID: PR115981188765 |
| City Atlanta | State GA | Zip Code 30329-1634 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Senior Vice President | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1043.04 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 10 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. TINA J CHILTON | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5901 Lincoln Dr. MND12-N221 | | Transaction ID: PR115981178765 |
| City Edina | State MN | Zip Code 55436 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 90.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Director, Treasury | P/R Deduction (\$15.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. SHEILA G LETSCHER | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MND08-T203 | | Transaction ID: PR115981208765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Attorney | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 289.22 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. WILLIAM P WHITELY | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address One South Wacker IL014-0910 | | Transaction ID: PR115981288765 |
| City Chicago | State IL | Zip Code 60606 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 481.52 |
| Name of Employer UnitedHealth Group, Inc. | Occupation CEO, United HealthCare of Illinois | P/R Deduction (\$76.92 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1078.88 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 666.90 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 20 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. RICHARD J RASKIN, MD | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 1375 E 8th St., Suite 1100 OH030-3015 | | Transaction ID: PR115981358765 |
| City Cleveland | State OH | Zip Code 44114 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Medical Director | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 269.22 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. LOIS E QUAM | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MND08-T300 | | Transaction ID: PR115981378765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1153.80 |
| Name of Employer UnitedHealth Group, Inc. | Occupation CEO, Ovations | P/R Deduction (\$192.90 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2692.20 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. RICHARD A COLLINS | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 450 Columbus Blvd CT030-1030 | | Transaction ID: PR115981408765 |
| City Hartford | State CT | Zip Code 06115-0450 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Director, Underwriting | P/R Deduction (\$50.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 548.18 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts TNs Page (optional) | ▶ | 1569.18 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 21 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. THOMAS LINDQUIST | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MNC08-T300 | | Transaction ID: PR115981418765 |
| City | State | Zip Code |
| Minnetonka | MN | 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 538.44 |
| Name of Employer UnitedHealth Group, Inc. | Occupation President, AARP Division, Ovations | P/R Deduction (\$153.84 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1019.19 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. DAVID SWICHMANN | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MNC08-W3D4 | | Transaction ID: PR115981478765 |
| City | State | Zip Code |
| Minnetonka | MN | 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1153.80 |
| Name of Employer UnitedHealth Group, Inc. | Occupation SVP - Corporate Development | P/R Deduction (\$192.90 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2892.20 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. SAUL FELDMAN | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 405 Market Street CA035-2701 | | Transaction ID: PR115981528765 |
| City | State | Zip Code |
| San Francisco | CA | 94105 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 481.52 |
| Name of Employer UnitedHealth Group, Inc. | Occupation CEO United Behavioral Health | P/R Deduction (\$76.92 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1078.88 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2153.78 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 22 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. EUGENE C. CAVANAUGH | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 450 Columbus Blvd CT030-12NB-BB | | Transaction ID: PR115981538765 |
| City Hartford | State CT | Zip Code 06115 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 461.52 |
| Name of Employer UnitedHealth Group, Inc. | Occupation CFO Uniprise | P/R Deduction (\$76.92 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 807.66 | |

| | | |
|---|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. PATRICK J. ERLANDSON | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road E MND08-B315 | | Transaction ID: PR115981598765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1153.80 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP Corporate Controller | P/R Deduction (\$192.90 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2692.20 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. PATRICIA R. SAURO | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MND08-T500 | | Transaction ID: PR115981648765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer United Health Group, Inc. | Occupation VP Product Development AARP | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 269.22 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1730.70 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 23 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. DANIEL J MCATHIE | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road E. MNC08-W318 | | Transaction ID: PR115981658765 |
| City Minnetonka | State Zip Code MN 55343 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 600.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Senior VP Finance & HealthCare Economi | P/R Deduction (\$100.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1400.00 | |

| | | |
|--|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. WILLIAM A MUNSELL | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road E MNC08-W3D1 | | Transaction ID: PR115981668765 |
| City Minnetonka | State Zip Code MN 55343 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 600.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Chief Operating Officer | P/R Deduction (\$100.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1400.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. JOHN S PENSCHORN | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MNC08-B092 | | Transaction ID: PR115981698765 |
| City Minnetonka | State Zip Code MN 55343 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 600.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP Investor Relations | P/R Deduction (\$100.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1400.00 | |

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1800.00 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 24 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. SHEILA E MCMILLAN | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MNC08-T300 | | Transaction ID: PR115981758765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation VP - Finance AARP Division | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) B. KEVIN W PEARSON | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5225 Wiley Post Way, Suite 500 UTD15-0500 | | Transaction ID: PR115981788765 |
| City Salt Lake City | State UT | Zip Code 84116 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 450.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation CEO Ingenix Health Intelligence | P/R Deduction (\$75.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1050.00 | |

| | | |
|--|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. TIMOTHY F RYAN | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Rd East MND08-T400 | | Transaction ID: PR115981798765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 114.00 |
| Name of Employer UnitedHealth Group | Occupation Segment General Counsel | P/R Deduction (\$19.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 288.00 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 794.76 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 25 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. L ROBERT DAPPER | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MNC08-T902 | | Transaction ID: PR115981808765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 923.10 |
| Name of Employer UnitedHealth Group | Occupation Senior Vice President Human Capital | P/R Deduction (\$153.85 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2153.90 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. KELLY J DEKEYSER | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 450 Columbus Blvd CTD30-15NB | | Transaction ID: PR115981848765 |
| City Hartford | State CT | Zip Code 06103 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group | Occupation Senior VP, Business Process Outsourcin | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 289.22 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. TERRY L CAMERON | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5225 Wiley Post Way, Suite 500 UTD15-050D | | Transaction ID: PR115981858765 |
| City Salt Lake City | State UT | Zip Code 84118 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group | Occupation Senior VP Business Development Ingeni | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1269.24 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 26 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) A. MARK F LINDSAY | | Date of Receipt M / D / Y |
| Mailing Address 1225 New York Ave DC030-1000 | | Transaction ID: PR115981868765 |
| City Washington | State Zip Code DC 20005 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1153.80 |
| Name of Employer UnitedHealth Group | Occupation Director Business Development | P/R Deduction (\$182.90 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2692.20 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. MATTHEW M DAVIES | | Date of Receipt M / D / Y |
| Mailing Address 800 N. Magnolia Ave, Suite 600 FL029-1029 | | Transaction ID: PR115981908765 |
| City Orlando | State Zip Code FL 32809 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group | Occupation CEO, Health Plans | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 415.38 | |

| | | |
|---|---|--|
| Full Name (Last, First, Middle Initial) C. THOMAS J QUIRK | | Date of Receipt M / D / Y |
| Mailing Address 5800 Granite Parkway, ste 900 TX033-1000 | | Transaction ID: PR115981918765 |
| City Plano | State Zip Code TX 75024 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group | Occupation CEO Dallas/Austin Health Plan | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 424.60 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1615.32 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 27 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. CHARLES C PITTS | | Date of Receipt M / D / Y |
| Mailing Address 3700 Colonnade Parkway AL001-0607 | | Transaction ID: PR115981928765 |
| City Birmingham | State Zip Code AL 35243 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group | Occupation CEO, UnitedHealthCare of AL, LA & MS | P/R Deduction (\$38.44 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. AMY K KNAPP | | Date of Receipt M / D / Y |
| Mailing Address Two Penn Plaza, 7th Floor NY038-1000 | | Transaction ID: PR115981938765 |
| City New York | State Zip Code NY 10121 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 692.28 |
| Name of Employer UnitedHealth Group | Occupation Regional President, Eastern Region, UH | P/R Deduction (\$115.98 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1615.32 | |

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) C. WILLIAM E MOELLER | | Date of Receipt M / D / Y |
| Mailing Address 233 North Michigan Ave IL014-0300 | | Transaction ID: PR115981958765 |
| City Chicago | State Zip Code IL 60601 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 423.08 |
| Name of Employer UnitedHealth Group | Occupation CEO UnitedHealthcare Illinois | P/R Deduction (\$76.92 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 730.74 | |

| | |
|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1346.10 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 28 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. ROBERT FLESHNER | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 4418 East-West Highway MD031-1000 | | Transaction ID: PR115981978765 |
| City Bethesda | State MD | Zip Code 20817 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group | Occupation CEO UHC of the Mid Atlantic | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. REED V TUCKSON, M.D. | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MND08-T902 | | Transaction ID: PR115981988765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 692.28 |
| Name of Employer UnitedHealth Group | Occupation Sr. V.P. Consumer Health & Medical Car | P/R Deduction (\$115.98 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1615.32 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. DONNA L. HOFFMEIER | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 1225 New York Ave, Nw, Suite 475 DC03D-1000 | | Transaction ID: PR116235458765 |
| City Washington | State DC | Zip Code 20005 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 420.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Public Affairs | P/R Deduction (\$70.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 740.00 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1343.04 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 28 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. STEVEN MATTHEWS | | Date of Receipt M / D / Y |
| Mailing Address 7 Hanover Square NY 037-1000 | | Transaction ID: PR153018948765 |
| City New York | State NY | Zip Code 10004 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Public Affairs | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 269.22 | |

| | | |
|--|---------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. JESS E SWEELY | | Date of Receipt M / D / Y |
| Mailing Address 8045 Leesburg Pke Ste 650 VA 028-1000 | | Transaction ID: PR153018978765 |
| City Vienna | State VA | Zip Code 22182 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1153.86 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Chief Operating Officer | P/R Deduction (\$192.31 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2692.34 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. JOHN KIRCHNER | | Date of Receipt M / D / Y |
| Mailing Address 172 West State St., Suite 102 NJ 040-1000 | | Transaction ID: PR153018058765 |
| City Trenton | State NJ | Zip Code 08530 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Vice President | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

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

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

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

FOR LINE NUMBER: PAGE 30 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. SHIVRAJ J DESAI | | Date of Receipt M / D / Y |
| Mailing Address The Wannamaker Building 100 Penn S PA040-1000 | | Transaction ID: PR153079758765 |
| City Philadelphia | State PA | Zip Code 19107 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Medical Director | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. LESLIE GIDDENS ROBINSON | | Date of Receipt M / D / Y |
| Mailing Address 8045 Leesburg Pike Ste 650 VA028-1000 | | Transaction ID: PR153079838765 |
| City Vienna | State VA | Zip Code 22182 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 692.28 |
| Name of Employer UnitedHealth Group, Inc. | Occupation SVP Medical Management | P/R Deduction (\$115.98 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1615.32 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. DEBORAH MATES CHASKEG | | Date of Receipt M / D / Y |
| Mailing Address 8045 Leesburg Pike Ste 650 VA028-1000 | | Transaction ID: PR153079858765 |
| City Vienna | State VA | Zip Code 22182 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 800.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Attorney | P/R Deduction (\$100.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1400.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1523.04 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 31 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. THELMA DUGGIN | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000 | | Transaction ID: PR153079928765 |
| City Vienna | State VA | Zip Code 22182 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1153.86 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$192.31 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 2692.34 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. RICHARD HMCCASKILL JR | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Rd East MND08-T500 | | Transaction ID: PR155018878765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 692.28 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Administration | P/R Deduction (\$115.98 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1038.42 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. CHRIS E PATERSON | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 100 Penn Square E, Suite 900 PAD40-1000 | | Transaction ID: PR155018088765 |
| City Philadelphia | State PA | Zip Code 19107 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2076.90 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 32 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. MARY G SHINHAM | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 100 Penn Square, FL9 PA040-1000 | | Transaction ID: PR155019098765 |
| City Philadelphia | State PA | Zip Code 19107 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 120.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. JAQUELYN E ALBRIGHT | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MND08-T202 | | Transaction ID: PR155019108765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 173.10 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Attorney | P/R Deduction (\$28.85 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 403.90 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. DAVID P INGRAHAM | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MND08-T500 | | Transaction ID: PR155019118765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 523.86 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 33 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. DAVID R ASTAR | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 12125 Technology Drive MN002-0100 | | Transaction ID: PR155100518765 |
| City | State | Zip Code |
| Eden Prairie | MN | 55344 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 600.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation OOO Ingenix | P/R Deduction (\$100.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1200.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. ROBERT C BAUSMITH | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 450 Columbus Blvd (SB) CT028-075A | | Transaction ID: PR155100528765 |
| City | State | Zip Code |
| Hartford | CT | 06103 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Computer Systems | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 289.22 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. ROBERT J BOHNENKAMP | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MN008-W300 | | Transaction ID: PR155100588765 |
| City | State | Zip Code |
| Minnetonka | MN | 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Systems | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 946.14 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 34 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. MICHAEL J BRESOLIN | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 1900 E Golf Rd #200/300 IL035-0300 | | Transaction ID: PR155100578765 |
| City Schaumburg | State IL | Zip Code 60173 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 120.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Health Care | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|--|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) B. DUANE R DOWNEY | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 450 Columbus Blvd CT030-04NA | | Transaction ID: PR155100688765 |
| City Hartford | State CT | Zip Code 06103 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1000.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$1000.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. TIMOTHY J HEADY | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5901 Lincoln Drive MND12-S234 | | Transaction ID: PR155112258765 |
| City Edina | State MN | Zip Code 55438 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 240.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Management | P/R Deduction (\$40.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 500.00 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1360.00 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 35 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. JAMES T JARRATT | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MNC08-E115 | | Transaction ID: PR155113218765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Customer Relations | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. JEFFREY W III KAGAN | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 295D Expressway Drive South Ste 24 MY033-1000 | | Transaction ID: PR155113238765 |
| City Islandia | State NY | Zip Code 11749-1412 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 120.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Financial Analyst | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. MICHAEL C MATTED | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 450 Columbus Blvd CT030-15NB | | Transaction ID: PR155113348765 |
| City Hartford | State CT | Zip Code 06103 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Management | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 289.22 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 466.14 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 37 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. THOMAS J VALERIUS | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MNC08-T850 | | Transaction ID: PR155116138765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 461.52 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$76.92 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1076.88 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. RONALD C WHITE | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MNC08-T830 | | Transaction ID: PR155116158765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Sales | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|--|------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. ANTHONY R GARR | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 13621 Nw 12th St FLD75-1000 | | Transaction ID: PR155432348765 |
| City Sunrise | State FL | Zip Code 33323 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 90.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Sales | P/R Deduction (\$15.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 210.00 | |

| | |
|---|---------------|
| SUBTOTAL of Receipts TNs Page (optional) | 782.28 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 38 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. RICK M JELINEK | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MNC08-T500 | | Transaction ID: PR155432398765 |
| City | State | Zip Code |
| Minnetonka | MN | 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Senior Management | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. JOSEPH J MICERLANE | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5402 Parkdale Drive #300 MND25-2500 | | Transaction ID: PR155432418765 |
| City | State | Zip Code |
| Minneapolis | MN | 55416 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 289.22 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. MICHAEL RADJ | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 3141 North Third Ave AZD80-S120 | | Transaction ID: PR155432458765 |
| City | State | Zip Code |
| Phoenix | AZ | 85013 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 289.22 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 461.52 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 38 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. CATHERINE E SPILLANE | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9700 Bissonnet Suite 2300/2500 TX037-0100 | | Transaction ID: PR155432468765 |
| City Houston | State TX | Zip Code 77036-8000 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 269.22 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. KIRK E STAPLETON | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5901 Lincoln Drive MND12-S13B | | Transaction ID: PR155432478765 |
| City Edina | State MN | Zip Code 55436 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Network Development | P/R Deduction (\$50.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. CRAIG C ANDERSON | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 450 Columbus Blvd CT030-15NB | | Transaction ID: PR157595738765 |
| City Hartford | State CT | Zip Code 06103 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 289.22 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 530.78 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 40 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. JAMES EBBITT | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5901 Lincoln Drive MND12-NL29 | | Transaction ID: PR157595758765 |
| City Edina | State MN Zip Code 55436 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Health Care | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 269.22 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. KAREN L ERICKSON | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5901 Lincoln Drive MND12-N110 | | Transaction ID: PR157595768765 |
| City Edina | State MN Zip Code 55436 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 240.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | P/R Deduction (\$40.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 480.00 | |

| | | |
|--|---------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. MARIO F FABRIZIO JR | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 6150 Trenton Lane N MND13-N300 | | Transaction ID: PR157595778765 |
| City Plymouth | State MN Zip Code 55442 | |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 300.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Data Systems Management | P/R Deduction (\$50.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 700.00 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 655.38 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 41 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. CATHERINE B KILLIAN | | Date of Receipt M M / D D / Y Y Y Y |
| Mailing Address The Wannamaker Building 100 Penn S PA040-1000 | | Transaction ID: PR157595768765 |
| City Philadelphia | State PA | Zip Code 19107 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 461.52 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Public Relations | P/R Deduction (\$76.92 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1076.88 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. ERNEST MONFILETTO | | Date of Receipt M M / D D / Y Y Y Y |
| Mailing Address The Wannamaker Building 100 Penn S PA040-1000 | | Transaction ID: PR157595818765 |
| City Philadelphia | State PA | Zip Code 19107 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 461.52 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Computer Operations | P/R Deduction (\$76.92 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1078.88 | |

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) C. LEE D VALENTA | | Date of Receipt M M / D D / Y Y Y Y |
| Mailing Address 12125 TECHNOLOGY DRIVE MND02-D100 | | Transaction ID: PR157595858765 |
| City EDEN PRAIRIE | State MN | Zip Code 55344 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 1153.80 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | P/R Deduction (\$192.90 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1628.10 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 2076.84 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 42 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. PATRICK J BYRNE | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 8300 Olson Memorial HWY MND10-5203 | | Transaction ID: PR158086308765 |
| City Golden Valley | State MN | Zip Code 55427 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. DAVID L COLE | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 8300 Olson Memorial HWY MND10-W120 | | Transaction ID: PR158086328765 |
| City Golden Valley | State MN | Zip Code 55427 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. G RICHARD COOK | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5800 Granite PKWY STE 900 TX033-1000 | | Transaction ID: PR158086338765 |
| City Plano | State TX | Zip Code 75024 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 692.28 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 43 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. TOM M DAVIS | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5975 Castle Creek PKWY N DR STE 1 IND40-1000 | | Transaction ID: PR158086358765 |
| City Indianapolis | State IN | Zip Code 46250 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 240.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Director Sales | P/R Deduction (\$40.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 560.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. THOMAS S PAUL | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MND08-T500 | | Transaction ID: PR158086478765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Pharmacy | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. JIMMIE L PDGUE | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 601 Office Center Drive PAD20-1000 | | Transaction ID: PR158086488765 |
| City Fort Washington | State PA | Zip Code 19034 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Health Care | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 289.22 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 596.14 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 44 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. PAMELA J SAUNDERS | | Date of Receipt M / D / Y |
| Mailing Address 145 Commercial St ME009-1000 | | Transaction ID: PR158086508765 |
| City Portland | State ME | Zip Code 04101 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 461.52 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$76.92 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1076.88 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. KAREN R SCHIEVELBEIN | | Date of Receipt M / D / Y |
| Mailing Address 425 Market St Floor 12/13/27 CA035-2700 | | Transaction ID: PR158086518765 |
| City San Francisco | State CA | Zip Code 94105 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 461.52 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | P/R Deduction (\$76.92 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1078.88 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. JOSEPH O WEISSENBORN | | Date of Receipt M / D / Y |
| Mailing Address 9900 Bren Road East MND08-T850 | | Transaction ID: PR158086548765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 510.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation HR Benefits | P/R Deduction (\$85.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1190.00 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1433.04 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 45 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. WILLIAM S BOJAN | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MNC08-T205 | | Transaction ID: PR159630378765 |
| City | State | Zip Code |
| Minnetonka | MN | 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 240.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Risk Management | P/R Deduction (\$40.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 560.00 | |

| | | |
|--|--------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. BRIGID A BONNER | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MNC08-W212 | | Transaction ID: PR159630388765 |
| City | State | Zip Code |
| Minnetonka | MN | 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 120.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Information Technology | P/R Deduction (\$20.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. CHARLES A BOWLES | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address P.O Box 9472 PA960-1000 | | Transaction ID: PR159630398765 |
| City | State | Zip Code |
| Minneapolis | MN | 55440-9472 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Sales & Marketing | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 289.22 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 475.38 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 46 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. PAUL H GULSTRAND | | Date of Receipt M / / D D / Y Y Y Y |
| Mailing Address 8300 Olson Memorial HWY MND10-E112 | | Transaction ID: PR159630408765 |
| City Golden Valley | State MN | Zip Code 55427 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. PAMELA HURSH | | Date of Receipt M / / D D / Y Y Y Y |
| Mailing Address 8300 Olson Memorial HWY MND10-S203 | | Transaction ID: PR159630428765 |
| City Golden Valley | State MN | Zip Code 55427 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Accountant | P/R Deduction (\$25.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. GAYE ADAMS MASSEY | | Date of Receipt M / / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MND08-T500 | | Transaction ID: PR159630458765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Attorney | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 289.22 | |

| | |
|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | 496.14 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 47 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. MICHAEL JOHN MCDONNELL | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5901 Lincoln Drive MND12-N205 | | Transaction ID: PR159630478765 |
| City Edina | State MN | Zip Code 55436 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 462.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Attorney | P/R Deduction (\$77.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1078.00 | |

| | | |
|---|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. GEORGE L MIKAN III | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MND08-T700 | | Transaction ID: PR159630488765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 461.52 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | P/R Deduction (\$76.92 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1078.88 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. CAROL B MORNESS | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 6300 Olson Memorial HWY MND10-E112 | | Transaction ID: PR159630498765 |
| City Golden Valley | State MN | Zip Code 55427 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Underwriting | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 538.44 | |

| | | |
|---|---|----------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1154.28 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 48 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. METE SAHIN | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 800 King Farm Blvd Ste 600 MD051-1000 | | Transaction ID: PR159630518765 |
| City Rockville | State MD | Zip Code 20850 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 461.52 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | P/R Deduction (\$76.92 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1076.88 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. SCOTT E THEISEN | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MND08-W3B5 | | Transaction ID: PR159630568765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 289.22 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. GEOFFREY ALAN GOTHRO | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MND08-T700 | | Transaction ID: PR159630688765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Marketing | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 461.52 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 907.66 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 48 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. THOMAS D LEWIS | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 383B N Causeway Blvd STE 2100 LA035-1000 | | Transaction ID: PR159630698765 |
| City State Zip Code Metairie LA 70002 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 461.52 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. ROBERT W OBERRENDER | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 990D Bren Road East MND08-T380 | | Transaction ID: PR159630708765 |
| City State Zip Code Minnetonka MN 55343 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 174.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Cash Management | P/R Deduction (\$29.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 348.00 | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. ROBERT REBITZER | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 425 Market St Fl 12/13/27 CA035-2700 | | Transaction ID: PR159630718765 |
| City State Zip Code San Francisco CA 94105 | FEC ID number of contributing federal political committee. C | Amount of Each Receipt this Period 115.38 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$19.23 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 230.76 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts TNs Page (optional) | ▶ | 520.14 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 60 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. LISA M BEHNKE | | Date of Receipt M / D / Y |
| Mailing Address Two Penn Plaza 8/7 Floors NY036-1000 | | Transaction ID: PR159630988765 |
| City New York | State NY | Zip Code 10121 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 600.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Medicine | P/R Deduction (\$100.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. THOMAS R BRADY | | Date of Receipt M / D / Y |
| Mailing Address 9200 Worthington Road OH020-3010 | | Transaction ID: PR159631058765 |
| City Westerville | State OH | Zip Code 43082 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 461.52 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$76.92 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 769.20 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. ROBERT W BURG | | Date of Receipt M / D / Y |
| Mailing Address 2700 Midwest Drive WI010-1000 | | Transaction ID: PR159631088765 |
| City Onalaska | State WI | Zip Code 54650 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 240.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Attorney | P/R Deduction (\$40.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1301.52 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 51 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. KEITH G BUSHARDT | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5901 Lincoln Drive MNO12 | | Transaction ID: PR159631108765 |
| City Edina | State MN | Zip Code 55436 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Marketing & Sales | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. RICHARD G DUNLOP | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9200 Worthington Road OH020-301D | | Transaction ID: PR159631238765 |
| City Westerville | State OH | Zip Code 43082 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 150.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | P/R Deduction (\$25.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. RANDY P GILES | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 2000 West Loop South Suite #60070 TX035-1000 | | Transaction ID: PR159631328765 |
| City Houston | State TX | Zip Code 77027 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Health Care | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 611.52 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 52 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. RONALD H HARMS | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5901 Lincoln Drive MND12-S110 | | Transaction ID: PR159631358765 |
| City Edina | State MN | Zip Code 55436 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 461.52 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$76.92 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 769.20 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. EDWARD J HAWLEY | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 2700 Midwest Drive WID10-1000 | | Transaction ID: PR159631368765 |
| City Onalaska | State WI | Zip Code 54650 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Health Care | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. DALE JONES | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 10 Cadillac Drive #200 TN002-1002 | | Transaction ID: PR159631428765 |
| City Brentwood | State TN | Zip Code 37027 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Health Care | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts TN's Page (optional) | ▶ | 923.04 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 63 / 73
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. EDWARD LAGERSTROM | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MNC08-T430 | | Transaction ID: PR159631508765 |
| City | State | Zip Code |
| Minnetonka | MN | 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation | P/R Deduction (\$384.60 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | |

| | | |
|--|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. KATHLEENA MALLATT | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 2717 N 118th Circle Ste 300 NE010-3700 | | Transaction ID: PR159631548765 |
| City | State | Zip Code |
| Omaha | NE | 68164-9672 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 240.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Health Care | P/R Deduction (\$400.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 400.00 | |

| | | |
|--|-------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. STEPHAN S RODGERS | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5901 Lincoln Drive MND12-S200 | | Transaction ID: PR159631718765 |
| City | State | Zip Code |
| Edina | MN | 55438 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 892.28 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$1153.80 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 1153.80 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 1163.04 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 54 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) A. KEVIN J RUTH | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 80 King Farm Blvd Ste 600 MD051-1000 | | Transaction ID: PR159631748765 |
| City Rockville | State MD | Zip Code 20850 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 450.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Executive | P/R Deduction (\$75.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 750.00 | |

| | | |
|--|---|---|
| Full Name (Last, First, Middle Initial) B. DAVID C STURKEY | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 107 Westpark Blvd Ste 110 SC020-1000 | | Transaction ID: PR159631848765 |
| City Columbia | State SC | Zip Code 29210 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Health Care | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 384.60 | |

| | | |
|--|--|---|
| Full Name (Last, First, Middle Initial) C. EDWARD J WHEELER | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 64 Warner Road OH910-1000 | | Transaction ID: PR16005B448765 |
| City Hubbard | State OH | Zip Code 44425 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 240.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Mktg & Strategic Performance | P/R Deduction (\$40.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional) | 920.76 |
| TOTAL This Period (last page this line number only) | |

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

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

FOR LINE NUMBER: PAGE 55 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. MARGUERITE EDWARDS | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9009 CORPORATE LAKE DRIVE FL021-0540 | | Transaction ID: PR160059748765 |
| City TAMPA | State FL | Zip Code 33634 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Management | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 346.14 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. THOMAS J O'BRIEN | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 860 OAKMONT LANE #200 IL038-1000 | | Transaction ID: PR160059788765 |
| City WESTMONT | State IL | Zip Code 60559 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 230.76 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Management | P/R Deduction (\$38.46 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 348.14 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. LEWIS G SANDY | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5901 LINCOLN DRIVE MND12-N205 | | Transaction ID: PR160059878765 |
| City EDINA | State MN | Zip Code 55438 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 290.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Doctor | P/R Deduction (\$65.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 520.00 | |

| | | |
|---|---|---------------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 851.52 |
| TOTAL This Period (last page this line number only) | ▶ | |

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

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

FOR LINE NUMBER: PAGE 66 / 73

(check only one)

| | | | | | | | | | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|
| <input checked="" type="checkbox"/> | 11a | <input type="checkbox"/> | 11b | <input type="checkbox"/> | 11c | <input type="checkbox"/> | 12 | <input type="checkbox"/> | 13 | <input type="checkbox"/> | 14 | <input type="checkbox"/> | 15 | <input type="checkbox"/> | 16 | <input type="checkbox"/> | 17 |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|--------------------------|----|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. MATTHEW W PETERSON | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 5901 Lincoln Drive MND12-5286 | | Transaction ID: PR160266998765 |
| City Edina | State MN | Zip Code 55436 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 240.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Human Resources | P/R Deduction (\$40.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. JEFF W MALONEY | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MND08-W130 | | Transaction ID: PR161324358765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 461.52 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Finance | P/R Deduction (\$76.92 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 461.52 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. KEVINA KUHN | | Date of Receipt M / M / D D / Y Y Y Y |
| Mailing Address 9900 Bren Road East MND08-W300 | | Transaction ID: PR162098228765 |
| City Minnetonka | State MN | Zip Code 55343 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 350.00 |
| Name of Employer UnitedHealth Group, Inc. | Occupation Information Systems | P/R Deduction (\$350.00 Bi-Weekly) |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 350.00 | |

| | |
|--|-----------------|
| SUBTOTAL of Receipts This Page (optional) | 1051.52 |
| TOTAL This Period (last page this line number only) | 55208.62 |

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

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

FOR LINE NUMBER:
(check only one)

PAGE 57 / 73

| | | | | | |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)
A. Akin for Congress

Mailing Address P.O. Box 31222

City St. Louis State MO Zip Code 63131

Purpose of Disbursement

Candidate Name
Todd Akin

Office Sought: House
Senate
President
State: MO District 2

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18315067
Date of Disbursement

04 / 06 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. Gutknecht For Congress

Mailing Address PO Box 6428

City Rochester State MN Zip Code 55903

Purpose of Disbursement

Candidate Name
Gil Gutknecht

Office Sought: House
Senate
President
State: MN District 1

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18315074
Date of Disbursement

04 / 06 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. Heather Wilson for Congress

Mailing Address P.O. Box 14070

City Albuquerque State NM Zip Code 87102

Purpose of Disbursement

Candidate Name
Heather A. Wilson

Office Sought: House
Senate
President
State: NM District 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18315065
Date of Disbursement

04 / 06 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 58 / 73

| | | | | | |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)
A. Richard Burr Committee

Mailing Address P.O. Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

Candidate Name
Richard M. Burr

Office Sought: House Senate President
State: NC District 5

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: 18315078
Date of Disbursement
04 / 08 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Friends of Blanche Lincoln

Mailing Address P.O. Box 77572

City Washington State DC Zip Code 20013

Purpose of Disbursement

Candidate Name
Blanche Lambert Lincoln

Office Sought: House Senate President
State: AR District 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: 18315082
Date of Disbursement
04 / 08 / 2004

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. Glacier PAC

Mailing Address B18 Connecticut Ave. NW
Suite 1100

City Washington State DC Zip Code 20008

Purpose of Disbursement
Leadership PAC

Candidate Name

Office Sought: House Senate President
State: District 0

Disbursement For: General
Other (specify) ▼

Transaction ID: 18315078
Date of Disbursement
04 / 08 / 2004

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

Leadership PAC

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 59 / 73

| | | | | | |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)
A. Friends Of John Boehner

Mailing Address 7908-I Cincinnati Dayton Road

City West Chester State OH Zip Code 45069

Purpose of Disbursement

Candidate Name John A. Boehner

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

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: 18315083
Date of Disbursement
04 / 13 / 2004

Amount of Each Disbursement this Period
1125.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Missourians for Kit Bond

Mailing Address 507 Capitol Court N.E.
Suite 100

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name Christopher S. Bond

Office Sought: House Senate President
State: MO District: 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: 18315086
Date of Disbursement
04 / 13 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. Hoosiers Supporting Buyer For Congress

Mailing Address 200 North Main St
PO Box 712

City Muncicella State IN Zip Code 47960

Purpose of Disbursement

Candidate Name Steve Buyer

Office Sought: House Senate President
State: IN District: 5

Disbursement For: 2004
 Primary General
Other (specify) ▼

Transaction ID: 18315090
Date of Disbursement
04 / 13 / 2004

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ► **4125.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 60 / 73

| | | | | | |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)
A. J.D. Hayworth for Congress

Mailing Address P.O. Box 14273

City Scottsdale State AZ Zip Code 85267

Purpose of Disbursement

Candidate Name
J.D. Hayworth

Office Sought: House
Senate
President
State: AZ District: 6

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18315092
Date of Disbursement

04 / 13 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. PRYCE PROJECT

Mailing Address 1155 21st Street NW Suite 300

City Washington State DC Zip Code 20036

Purpose of Disbursement
Leadership PAC

Candidate Name

Office Sought: House
Senate
President
State: District: D

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18315088
Date of Disbursement

04 / 13 / 2004

Amount of Each Disbursement this Period

5000.00

Leadership PAC

Full Name (Last, First, Middle Initial)
C. Judd Gregg Committee

Mailing Address PO Box 1812

City Concord State NH Zip Code 03302

Purpose of Disbursement

Candidate Name
Sen. Judd Gregg

Office Sought: House
 Senate
President
State: NH District: 1

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18315095
Date of Disbursement

04 / 16 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 61 / 73

| | | | | | |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

A. Full Name (Last, First, Middle Initial)
Judd Gregg Committee

Mailing Address PO Box 1812

City Concord State NH Zip Code 03302

Purpose of Disbursement

Candidate Name Sen. Judd Gregg

Office Sought: House Senate President
 Senate

Disbursement For: 2004 Primary X General Other (specify) ▼

State: NH District 1

Transaction ID: 18315098
Date of Disbursement
04 / 16 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
Health Plan PAC (AHP)

Mailing Address 1129 20Th Street NW

City Washington State DC Zip Code 20036

Purpose of Disbursement Trade Association PAC

Candidate Name

Office Sought: House Senate President

Disbursement For: 2004 Primary General Other (specify) ▼

State: District D

Transaction ID: 18315098
Date of Disbursement
04 / 21 / 2004

Amount of Each Disbursement this Period
1650.00

011
Category/
Type

Trade Association PAC

C. Full Name (Last, First, Middle Initial)
Pryce for Congress

Mailing Address 340 East Gay Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name Deborah Pryce

Office Sought: House Senate President

Disbursement For: 2004 Primary X General Other (specify) ▼

State: OH District 15

Transaction ID: 18315097
Date of Disbursement
04 / 21 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶

3650.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 / 73

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)
A. Crane For Congress Committee

Mailing Address 32020 North Pine Street

City State Zip Code
Grayslake IL 60030

Purpose of Disbursement

Candidate Name
Philip M. Crane

Office Sought: House
Senate
President
State: IL District B

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18316D08
Date of Disbursement

04 / 22 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. Ike Skelton For Congress Committee

Mailing Address P.O. Box A

City State Zip Code
Harrisonville MO 64701

Purpose of Disbursement

Candidate Name
Rep. Ike Skelton

Office Sought: House
Senate
President
State: MO District 4

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18316D06
Date of Disbursement

04 / 22 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. The Leadership Circle PAC

Mailing Address PO Box 2888

City State Zip Code
Raleigh NC 27602

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: District 0

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18316D10
Date of Disbursement

04 / 27 / 2004

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 63 / 73

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)
A. Congressional Majority Committee

Mailing Address 4100 Truxton Ave
Suite 21D

City Bakersfield State CA Zip Code 93309

Purpose of Disbursement
Support for Republican Candidates to US

Candidate Name

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

State: District D

011
Category/
Type

Transaction ID: 18316D41

Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

2000.00

Support for Republican Ca-
ndidates to US House of
Representatives

Full Name (Last, First, Middle Initial)

B. Brady For Congress

Mailing Address PO Box 8277

City Woodlands State TX Zip Code 77387

Purpose of Disbursement

Candidate Name

Kevin Brady

Office Sought: x House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: TX District B

011
Category/
Type

Transaction ID: 18316D42

Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Nelson For U S Senate

Mailing Address PO Box 54D154

City Omaha State NE Zip Code 68154

Purpose of Disbursement

Candidate Name

Sen. Ben Nelson

Office Sought: House Senate President
Disbursement For: 2006 Primary General X Other (specify) ▼

State: NE District 2

011
Category/
Type

Transaction ID: 18316D45

Date of Disbursement

04 / 28 / 2004

Amount of Each Disbursement this Period

2000.00

2006 Primary Electio

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 64 / 73

| | | | | | |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)
A. Citizens For Bunning

Mailing Address 1717 Dixie Highway Suite 180

City Ft Wright State KY Zip Code 41011

Purpose of Disbursement

Candidate Name
Sen. Jim Bunning

Office Sought: House Disbursement For: 2004
 Senate X Primary General
 President Other (specify) ▼

State: KY District 1

Transaction ID: 18316D44
Date of Disbursement
04 / 28 / 2004

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Ben Cardin for Congress

Mailing Address 6305 York Road

City Baltimore State MD Zip Code 21212

Purpose of Disbursement

Candidate Name
Benjamin L. Cardin

Office Sought: House Disbursement For: 2004
 Senate Primary X General
 President Other (specify) ▼

State: MD District 3

Transaction ID: 18322707
Date of Disbursement
04 / 28 / 2004

Amount of Each Disbursement this Period
2500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
C. Hatch Election Committee

Mailing Address 555 13th Street NW
Suite 600 East

City Washington State DC Zip Code 20004-1108

Purpose of Disbursement

Candidate Name
Orin G. Hatch

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President X Other (specify) ▼
 2006 Primary Electio

State: UT District 1

Transaction ID: 18324189
Date of Disbursement
05 / 04 / 2004

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional) ▶ **6500.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 65 / 73

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)
A. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Support for Democratic Candidates to US

Candidate Name

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

State: District D

011
Category/
Type

Transaction ID: 18324210
Date of Disbursement

05 / 05 / 2004

Amount of Each Disbursement this Period

3000.00

Support for Democratic Ca-
ndidates to US House of
Representatives

Full Name (Last, First, Middle Initial)
B. Sabo for Congress Volunteer Comm.

Mailing Address 11702 Selkirk Avenue

City Burnsville State MN Zip Code 55337

Purpose of Disbursement

Candidate Name
Rep. Martin Olav Sabo

Office Sought: x House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: MN District 5

011
Category/
Type

Transaction ID: 18324200
Date of Disbursement

05 / 05 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. Friends Of Byron Dorgan

Mailing Address PO Box 871

City Bismarck State ND Zip Code 58502

Purpose of Disbursement

Candidate Name
Sen. Byron Dorgan

Office Sought: House X Senate President
Disbursement For: 2004 X Primary General Other (specify) ▼

State: ND District 2

011
Category/
Type

Transaction ID: 18326108
Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 66 / 73

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)
A. CARE Political Action Committee

Mailing Address 228 S. Washington St
Ste 34D

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Leadership PAC

Candidate Name

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

State: District D

011
Category/
Type

Transaction ID: 18324498
Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

1000.00

Leadership PAC

Full Name (Last, First, Middle Initial)
B. Rely on Your Beliefs Political Action Committee

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

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

State: District D

011
Category/
Type

Transaction ID: 18325272
Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)
C. Lee Terry for Congress

Mailing Address P.O. Box 640098

City Omaha State NE Zip Code 68154

Purpose of Disbursement

Candidate Name
Lee Terry

Office Sought: x House Senate President
Disbursement For: 2004 Primary X General Other (specify) ▼

State: NE District 2

011
Category/
Type

Transaction ID: 18506633
Date of Disbursement

05 / 10 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 67 / 73

| | | | | | |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)
A. Jack Ryan For Us Senate

Mailing Address 118 N Clinton, Ste. 305

City Chicago State IL Zip Code 60601

Purpose of Disbursement

Candidate Name
Mr. Jack Ryan

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 State: IL District: 2 Other (specify) ▼

011
Category/
Type

Transaction ID: 18506629
Date of Disbursement

05 / 10 / 2004

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)
B. CHRIS PAC, Citizens for Hope Responsibility Indepe

Mailing Address 607 14th Street NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Leadership PAC Democratic Candidates

Candidate Name

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

011
Category/
Type

Transaction ID: 18506667
Date of Disbursement

05 / 13 / 2004

Amount of Each Disbursement this Period

2500.00

Leadership PAC Democratic
Candidates

Full Name (Last, First, Middle Initial)
C. Mark Kennedy for Congress

Mailing Address 507 Capitol Court NE #100
P.O. Box 49333, Blaine, MN 55449

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name
Mark Kennedy

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President Other (specify) ▼
 State: MN District: 2

011
Category/
Type

Transaction ID: 18506680
Date of Disbursement

05 / 18 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 / 73

| | | | | | |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)
A. Pryce for Congress

Mailing Address 340 East Gay Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name
Deborah Pryce

Office Sought: House
Senate
President
State: OH District 15

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18506681
Date of Disbursement

05 / 18 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
B. Debbie Wasserman Schultz for Congress

Mailing Address 1725 Main Street, Suite 215

City Weston State FL Zip Code 33331

Purpose of Disbursement

Candidate Name
Debbie Schultz

Office Sought: House
Senate
President
State: FL District 20

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18532973
Date of Disbursement

05 / 18 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)
C. Pioneer PAC

Mailing Address 1212 North Vernon St

City Arlington State VA Zip Code 22201

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: District 0

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18533063
Date of Disbursement

05 / 21 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 69 / 73

| | | | | | |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)
A. Richard Burr Committee

Mailing Address P.O. Box 5928

City Winston-Salem State NC Zip Code 27113

Purpose of Disbursement

Candidate Name
Richard M. Burr

Office Sought: House
Senate
President
State: NC District 5

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18533251

Date of Disbursement
06 / 07 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
B. Chris John For Us Senate

Mailing Address PO Box 971

City Crowley State LA Zip Code 70527

Purpose of Disbursement

Candidate Name
Chris John

Office Sought: House
 Senate
President
State: LA District 2

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18535654

Date of Disbursement
06 / 07 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)
C. American Benefits Council PAC

Mailing Address 1212 New York Avenue NW Suite 1250

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name

Office Sought: House
Senate
President
State: District 0

Disbursement For:
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18727170

Date of Disbursement
06 / 11 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 70 / 73

| | | | | | |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)
A. Carper For Senate

Mailing Address 240 North James Street Suite 100a

City Newport State DE Zip Code 19804

Purpose of Disbursement

Candidate Name
Sen. Thomas Carper

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 Other (specify) ▼
 State: DE District 2 2006 Primary Electio

Transaction ID: 18727214
Date of Disbursement
06 / 16 / 2004

Amount of Each Disbursement this Period
1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)
B. Senate Majority Fund

Mailing Address P.O. Box 32025

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement
Support Republican Candidates US Senate

Candidate Name

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

Transaction ID: 18727211
Date of Disbursement
06 / 17 / 2004

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

Support Republican Candid-
ates US Senate

Full Name (Last, First, Middle Initial)
C. Democratic Senatorial Campaign Committee

Mailing Address 430 S Capitol

City Washington State DC Zip Code 20003

Purpose of Disbursement
Support for Democratic Candidates US Sen

Candidate Name

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

Transaction ID: 18727220
Date of Disbursement
06 / 22 / 2004

Amount of Each Disbursement this Period
2000.00

011
Category/
Type

Support for Democratic Ca-
ndidates US Senate

SUBTOTAL of Disbursements This Page (optional) ▶ **5000.00**

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 71 / 73

| | | | | | |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 30b |
|------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)

A. Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement

Candidate Name
Rep. Eric Cantor

Office Sought: House
Senate
President
State: VA District 7

Disbursement For: 2004
Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18727215

Date of Disbursement

06 / 22 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Bobby Jindal Inc

Mailing Address PO Box 8628

City Metairie State LA Zip Code 70011

Purpose of Disbursement

Candidate Name
Mr. Bobby Jindal

Office Sought: House
Senate
President
State: LA District D

Disbursement For: 2004
 Primary General
Other (specify) ▼

011
Category/
Type

Transaction ID: 18727226

Date of Disbursement

06 / 22 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

87775.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 72 / 73

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)
A. West Virginia Chamber PAC

Mailing Address 1624 Kanawha Boulevard E.

City Charleston State WV Zip Code 25311

Purpose of Disbursement
State Primary support

Candidate Name

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

011
Category/
Type

Transaction ID: 18322857
Date of Disbursement

04 / 30 / 2004

Amount of Each Disbursement this Period

1000.00

State Primary support

Full Name (Last, First, Middle Initial)
B. Arizona Democratic Party

Mailing Address 2910 North Central Avenue

City Phoenix State AZ Zip Code 85012

Purpose of Disbursement
Rasies monies for Democratic candidates

Candidate Name

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

011
Category/
Type

Transaction ID: 18324144
Date of Disbursement

05 / 03 / 2004

Amount of Each Disbursement this Period

5000.00

Rasies monies for Democra-
tic candidates in AZ

Full Name (Last, First, Middle Initial)
C. David Dewhurst Committee

Mailing Address P.O. Box 758

City Austin State TX Zip Code 78767-0758

Purpose of Disbursement
David Dewhurst, LT. GOVERNOR TX

Candidate Name
David Dewhurst

Office Sought: House Senate President
State: TX District D
Disbursement For: 2004 Primary X General Other (specify) ▼

011
Category/
Type

Transaction ID: 18326105
Date of Disbursement

05 / 06 / 2004

Amount of Each Disbursement this Period

2500.00

David Dewhurst, LT. GOVER-
NOR TX

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 73 / 73

| | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|--|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 24 | <input type="checkbox"/> 25 | <input type="checkbox"/> 26 |
| <input type="checkbox"/> 27 | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)
A. Friends of Kyle Janek

Mailing Address 815 Brazos Street, Suite 701

City Austin State TX Zip Code 78701

Purpose of Disbursement
Kyle Janek, STATE SENATE TX

Candidate Name
TX Sen. Kyle Janek

Office Sought: House Disbursement For: 2006
 Senate Primary General
 President
 Other (specify) ▼
 State: TX District: 17 2006 Primary Electio

011
Category/
Type

Transaction ID: 18727179
Date of Disbursement

06 / 11 / 2004

Amount of Each Disbursement this Period

1000.00

Kyle Janek, STATE SENATE
TX

Full Name (Last, First, Middle Initial)
B. Representative Jack Stick Campaign

Mailing Address P.O. Box 12636

City Austin State TX Zip Code 78711

Purpose of Disbursement
Jack Stick, STATE HOUSE 50th TX

Candidate Name
TX Rep. Jack Stick

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 Other (specify) ▼
 State: TX District: 50

011
Category/
Type

Transaction ID: 18727251
Date of Disbursement

06 / 25 / 2004

Amount of Each Disbursement this Period

1000.00

Jack Stick, STATE HOUSE
50th TX

Full Name (Last, First, Middle Initial)
C. Committee to Elect Patrick Rose

Mailing Address P.O. Box 325

City Dripping Springs State TX Zip Code 78820

Purpose of Disbursement
Patrick Rose, STATE HOUSE 45th TX

Candidate Name
TX Rep. Patrick Rose

Office Sought: House Disbursement For: 2004
 Senate Primary General
 President
 Other (specify) ▼
 State: TX District: 45

011
Category/
Type

Transaction ID: 18727257
Date of Disbursement

06 / 25 / 2004

Amount of Each Disbursement this Period

500.00

Patrick Rose, STATE HOUSE
45th TX

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

11000.00