

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
UnitedHealth Group Incorporated PAC (United for Health)

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

2. **FEC IDENTIFICATION NUMBER** C00274431
3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 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 (12G)
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 01 01 2009 through 06 30 2009

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 Eric Rangen

Signature of Treasurer Electronically Filed by Eric Rangen Date 07 20 2009

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								
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		224784.14
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	224784.14									
(c) Total Receipts (from Line 19)	202427.34	202427.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	427211.48	427211.48								
7. Total Disbursements (from Line 31)	223675.00	223675.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	203536.48	203536.48								
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. 06/2004)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	171019.01	171019.01
(ii) Unitemized	31408.33	31408.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)	202427.34	202427.34
(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)	202427.34	202427.34
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	202427.34	202427.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	202427.34	202427.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	178000.00	178000.00
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.....	45675.00	45675.00
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 Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	223675.00	223675.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	223675.00	223675.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	202427.34	202427.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	202427.34	202427.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) Stephen J. Hemsley	Date of Receipt MM / DD / YYYY 04 / 02 / 2009
	Mailing Address 9900 Bren Road East MN008-8092	Transaction ID: 30073596
	City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	Yearly PAC Contribution
	Name of Employer UnitedHealth Group, Inc. Occupation President and Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) KEN L HOVERMAN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1918 E DIAMOND DRIVE	Transaction ID: PR1159790922232
	City State Zip Code TEMPE AZ 85283	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer UnitedHealth Group, Inc. Occupation Regional Marketing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

C.	Full Name (Last, First, Middle Initial) ROBERT J SHEEHY	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 5805 MAIT LN	Transaction ID: PR1159794022232
	City State Zip Code EDINA MN 55436	Amount of Each Receipt this Period 1520.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$190.00 Bi-Weekly)
	Name of Employer UnitedHealth Group, Inc. Occupation SVP UnitedHealth Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1520.00	

SUBTOTAL of Receipts This Page (optional)	6800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) ANTHONY J KAZLAUSKAS</p> <p>Mailing Address 7031 HALSTEAD DRIVE</p> <p>City State Zip Code MINNETRISTA MN 55364</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Sr Medical Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 280.00</p>	<p>Date of Receipt 06 / 30 / 2009</p> <p>Transaction ID: PR1159794622232</p> <p>Amount of Each Receipt this Period 280.00</p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) CARLA M MUGGIO</p> <p>Mailing Address 10480 BLUFF RD</p> <p>City State Zip Code EDEN PRAIRIE MN 55347</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Director Network Dvlpmt</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 269.22</p>	<p>Date of Receipt 06 / 30 / 2009</p> <p>Transaction ID: PR1159798222232</p> <p>Amount of Each Receipt this Period 269.22</p> <p>P/R Deduction (\$19.23 Bi-Weekly)</p>
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<p>C. Full Name (Last, First, Middle Initial) BRIAN R BELLOWS</p> <p>Mailing Address 5 SILVER CREEK</p> <p>City State Zip Code IRVINE CA 92603</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: VP Sales - Uniprise</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>	<p>Date of Receipt 06 / 30 / 2009</p> <p>Transaction ID: PR1159803822232</p> <p>Amount of Each Receipt this Period 210.00</p> <p>P/R Deduction (\$15.00 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	759.22
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 112
(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
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)
KEITH W NOBLITT

Mailing Address 9852 SILVRETTA DRIVE

City CYPRESS State CA Zip Code 90630

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

Name of Employer UnitedHealth Group, Inc. Occupation Strategic Client Exec-Uniprise

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR1159805522232

Amount of Each Receipt this Period 280.00

P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
JAMES S WATSON

Mailing Address 92 GOODWIN CIRCLE

City HARTFORD State CT Zip Code 06105

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Regulatory Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 309.61

Date of Receipt 06 / 30 / 2009

Transaction ID: PR1159806022232

Amount of Each Receipt this Period 309.61

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
KENNETH A BURDICK

Mailing Address 4260 QUEEN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55410

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

Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR1159808922232

Amount of Each Receipt this Period 440.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1029.61

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) WILLIAM P WHITELY	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2657 WOODBRIDGE RD	Transaction ID: PR115981262232
	City State Zip Code WAYZATA MN 55391	Amount of Each Receipt this Period 2692.20
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Chief Marketing Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2692.20	P/R Deduction (\$192.30 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) WAYNE F COOK	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 21311 OAK RIDGE CT	Transaction ID: PR115981282232
	City State Zip Code SAN ANTONIO TX 78258	Amount of Each Receipt this Period 646.14
	FEC ID number of contributing federal political committee. C	
	Name of Employer: United HealthGroup Occupation: President Insurance Solutions Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 646.14	P/R Deduction (\$60.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) DAVID S WICHMANN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 7000 ANTRIM ROAD	Transaction ID: PR115981472232
	City State Zip Code EDINA MN 55439	Amount of Each Receipt this Period 2691.50
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: EVP & Gr Pres Ind & Empl Mkts Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2691.50	P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	6029.84
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) PATRICK J ERLANDSON	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2577 FOREST CITY DR	Transaction ID: PR115981592232
	City State Zip Code HENDERSON NV 89052	Amount of Each Receipt this Period 2692.20
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Business Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 2692.20	P/R Deduction (\$192.30 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) PATRICIA R SAURO	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address PO BOX 14605	Transaction ID: PR115981642232
	City State Zip Code SAN ANTONIO TX 78214	Amount of Each Receipt this Period 1120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: United HealthGroup, Inc. Occupation: Business Segment CAO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 1120.00	P/R Deduction (\$60.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) WILLIAM A MUNSELL	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2 LAKESHIRE COURT	Transaction ID: PR115981662232
	City State Zip Code OWINGS MILLS MD 21117	Amount of Each Receipt this Period 1400.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: EVP UHG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 1400.00	P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	2692.20
TOTAL This Period (last page this line number only)	5212.20

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 112
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) JOHN S PENSCHORN		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 3924 E GARNET PL		Transaction ID: PR1159816922232
	City HIGHLANDS RANCH	State CO	Zip Code 80126
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1400.00
	Name of Employer UnitedHealth Group, Inc.	Occupation SVP UnitedHealth Group	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00		

B.	Full Name (Last, First, Middle Initial) PAUL D KALLMEYER		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1626 NW 38TH ST		Transaction ID: PR1159817422232
	City OKLAHOMA CITY	State OK	Zip Code 73118
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 520.00
	Name of Employer United HealthGroup	Occupation Assoc General Counsel	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00		

C.	Full Name (Last, First, Middle Initial) JOHN R MACH JR		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 7431 SHANNON DRIVE		Transaction ID: PR1159817622232
	City EDINA	State MN	Zip Code 55439
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 501.00
	Name of Employer UnitedHealth Group, Inc.	Occupation President EverCare	P/R Deduction (\$167.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 501.00		

SUBTOTAL of Receipts This Page (optional)	▶	2421.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) TIMOTHY F RYAN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 12100 TRAUTWEIN ROAD	Transaction ID: PR1159817922232
	City State Zip Code AUSTIN TX 78737	Amount of Each Receipt this Period 266.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group Occupation: Business Segment Gen Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 266.00	P/R Deduction (\$19.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) THOMAS J QUIRK	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 533 EMERSON CIRCLE	Transaction ID: PR1159819122232
	City State Zip Code BOLINGBROOK IL 60440	Amount of Each Receipt this Period 538.44
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group Occupation: Health Plan CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 538.44	P/R Deduction (\$38.46 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) REED V TUCKSON, M.D.	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 19 VENEZIA	Transaction ID: PR1159819822232
	City State Zip Code NEWPORT COAST CA 92657	Amount of Each Receipt this Period 1615.32
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group Occupation: EVP Consumr Health & Med Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1615.32	P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	2419.76
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 112
(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

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

A.

Full Name (Last, First, Middle Initial)
DEBRA A OBERMAN

Mailing Address 984 FAIRVIEW CLUB CIRCLE

City State Zip Code
DACULA GA 30019

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director State Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1159820722232

Amount of Each Receipt this Period
269.22

P/R Deduction (\$19.23 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
WILLIAM C TRACY

Mailing Address 467 PRAIRIE WAY SOUTH

City State Zip Code
BAYPORT MN 55003

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

Name of Employer Occupation
UnitedHealth Group, Inc. Health Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1159821522232

Amount of Each Receipt this Period
807.80

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

C.

Full Name (Last, First, Middle Initial)
CAROL M SCHNEEWEIS

Mailing Address 8943 HIDDEN MEADOW R

City State Zip Code
WOODBURY MN 55125

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1159823522232

Amount of Each Receipt this Period
385.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1462.02**

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

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

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

FOR LINE NUMBER: PAGE 14 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
RICHARD J MIGLIORI

Mailing Address 503 W FRANKLIN

City State Zip Code
BRIDGEPORT IL 62417

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

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Bus Initiatives & Clin Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1076.88

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1159827422232
 Amount of Each Receipt this Period: 1076.88
 P/R Deduction (\$76.92 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JEANNINE M RIVET

Mailing Address 2324 LA COSTA AVE UNIT C

City State Zip Code
CARLSBAD CA 92009

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

Name of Employer: UnitedHealth Group, Inc. Occupation: EVP UHG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1159830022232
 Amount of Each Receipt this Period: 2692.20
 P/R Deduction (\$192.30 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JACK E SHUFF

Mailing Address 16308 MORADAS DE AVILA

City State Zip Code
TAMPA FL 33613

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

Name of Employer: UnitedHealth Group, Inc. Occupation: SB VP Sales and Account Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1159830522232
 Amount of Each Receipt this Period: 269.22
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **4038.30**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 112
(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

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

A. Full Name (Last, First, Middle Initial)
JILL WINTERS

Mailing Address 16 SPOEDE LN

City SAINT LOUIS State MO Zip Code 63141

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

Name of Employer UnitedHealth Group, Inc. Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt 06 / 30 / 2009
Transaction ID: PR1159840422232

Amount of Each Receipt this Period 756.00

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

B. Full Name (Last, First, Middle Initial)
Mr. ANTHONY WELTERS

Mailing Address 17214 WILDERNESS COURT SE

City PRIOR LAKE State MN Zip Code 55372

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

Name of Employer UnitedHealth Group, Inc. Occupation EVP UHG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt 06 / 30 / 2009
Transaction ID: PR1332013222232

Amount of Each Receipt this Period 2499.90

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

C. Full Name (Last, First, Middle Initial)
JOHN KIRCHNER

Mailing Address 12210 OYSTER COVE COURT

City STAFFORD State TX Zip Code 77477

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 30 / 2009
Transaction ID: PR1530190522232

Amount of Each Receipt this Period 538.44

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **3794.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 112
(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

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

A.

Full Name (Last, First, Middle Initial)
THELMA DUGGIN

Mailing Address 321 HERITAGE POINT DRIVE

City State Zip Code
SIMPSONVILLE SC 29681

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

Name of Employer UnitedHealth Group, Inc. Occupation Regl President AmeriChoice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.18

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR153079922232

Amount of Each Receipt this Period
2692.18

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

B.

Full Name (Last, First, Middle Initial)
ROBERT J BOHNENKAMP

Mailing Address 14812 SUMMERBREEZE WY

City State Zip Code
SAN DIEGO CA 92128

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

Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1551005622232

Amount of Each Receipt this Period
2692.20

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

C.

Full Name (Last, First, Middle Initial)
MICHAEL J BRESOLIN

Mailing Address 212 DOESKIN DR

City State Zip Code
BOERNE TX 78006

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Care Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1551005722232

Amount of Each Receipt this Period
280.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **5664.38**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 112
(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
							17

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

A.

Full Name (Last, First, Middle Initial)
TIMOTHY J HEADY

Mailing Address 19131 TIGERFISH CIR

City State Zip Code
HUNTINGTON BEACH CA 92646

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Pharmacy Benefit Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1551122522232

Amount of Each Receipt this Period: 560.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
JEFFREY W KAGAN

Mailing Address 3045 BROOK HILL DRIVE

City State Zip Code
BIRMINGHAM AL 35242

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Product Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1551132322232

Amount of Each Receipt this Period: 280.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
GERALD JOHN KNUTSON

Mailing Address 9013 DAWES CROSSING

City State Zip Code
MCDONOUGH GA 30252

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Business Segment CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 446.14

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1551132522232

Amount of Each Receipt this Period: 446.14

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1286.14**

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

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

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

FOR LINE NUMBER: PAGE 18 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MICHAEL C MATTEO

Mailing Address 7702 NW 127 MANOR

City State Zip Code
PARKLAND FL 33076

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

Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1551133422232
Amount of Each Receipt this Period: 269.22
P/R Deduction (\$19.23 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
DAWN M OWENS

Mailing Address 11804 Waterford Road

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1551160322232
Amount of Each Receipt this Period: 269.22
P/R Deduction (\$19.23 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
THOMAS J VALERIUS

Mailing Address 2350 W ORANGETHROPE AVE #19

City State Zip Code
FULLERTON CA 92833

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Recruitment Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1076.88

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1551161322232
Amount of Each Receipt this Period: 1076.88
P/R Deduction (\$76.92 Bi-Weekly)

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)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 112
(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

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

A.

Full Name (Last, First, Middle Initial)
LOIS T WEIHRAUCH

Mailing Address 2480 BRINKHAUS ST

City State Zip Code
CHASKA MN 55318

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR1551161422232

Amount of Each Receipt this Period: 756.00

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

B.

Full Name (Last, First, Middle Initial)
JOHN O ENDERLE

Mailing Address 302 S 52ND ST

City State Zip Code
OMAHA NE 68132

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR1554323522232

Amount of Each Receipt this Period: 770.00

P/R Deduction (\$55.00 Bi-Weekly)

C.

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

Mailing Address 11622 NORTH 12TH PLACE

City State Zip Code
PHOENIX AZ 85020

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Business Segment CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR1554323922232

Amount of Each Receipt this Period: 2692.20

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

SUBTOTAL of Receipts This Page (optional) ▶ **4218.20**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 112

(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

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

A.

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

Mailing Address 30 FAWN HILL DRIVE

City State Zip Code
BURLINGTON CT 06013

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 269.22

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1554324522232

Amount of Each Receipt this Period
269.22

P/R Deduction (\$19.23 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
CATHERINE E SPILLANE

Mailing Address 16 WOO DRIVE

City State Zip Code
SEEKONK MA 02771

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Claims

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 269.22

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1554324622232

Amount of Each Receipt this Period
269.22

P/R Deduction (\$19.23 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
KIRK E STAPLETON

Mailing Address 18702 RIVERSTONE CT

City State Zip Code
DALLAS TX 75252

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Network Dvlpmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1554324722232

Amount of Each Receipt this Period
700.00

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

SUBTOTAL of Receipts This Page (optional)

1238.44

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 21 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
KAREN L ERICKSON
 Mailing Address 31 ANDREIS TRAIL
 City SOUTH WINDSOR State CT Zip Code 06074
 Date of Receipt 06 / 30 / 2009
Transaction ID: PR1575957622232
 Amount of Each Receipt this Period 2692.20
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealth Group, Inc. Occupation VP Corporate Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 2692.20
 P/R Deduction (\$192.30 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ERNEST MONFILETTO
 Mailing Address 37 HEATHER LANE
 City NORTH GRANBY State CT Zip Code 06060
 Date of Receipt 06 / 30 / 2009
Transaction ID: PR1575958122232
 Amount of Each Receipt this Period 1076.88
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealth Group, Inc. Occupation Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1076.88
 P/R Deduction (\$76.92 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
LEE D VALENTA
 Mailing Address 110 SUMMIT CREST DRIVE
 City SOUTH GLASTONBURY State CT Zip Code 06073
 Date of Receipt 06 / 30 / 2009
Transaction ID: PR1575958522232
 Amount of Each Receipt this Period 2692.20
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealth Group, Inc. Occupation Business Segment COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 2692.20
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 6461.28
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 22 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
THOMAS S PAUL

Mailing Address 1855 O LEARY ROAD

City State Zip Code
NEENAH WI 54956

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

Name of Employer Occupation
UnitedHealth Group, Inc. Pres UnitedHealth Alliances

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1580864722232
Amount of Each Receipt this Period: 538.44
P/R Deduction (\$38.46 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ROB WEBB

Mailing Address 8073 SHENANDOAH LANE N

City State Zip Code
MAPLE GROVE MN 55311

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

Name of Employer Occupation
UnitedHealth Group, Inc. CEO Care Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1580865322232
Amount of Each Receipt this Period: 2692.20
P/R Deduction (\$192.30 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
GAYE A MASSEY

Mailing Address 5511 MALIBU DRIVE

City State Zip Code
EDINA MN 55436

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

Name of Employer Occupation
UnitedHealth Group, Inc. Business Segment Gen Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596304522232
Amount of Each Receipt this Period: 1615.32
P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **4845.96**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 112
(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
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)
GEORGE L MIKAN III

Mailing Address 742 GOODRICH AVE

City SAINT PAUL State MN Zip Code 55105

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

Name of Employer UnitedHealth Group, Inc. Occupation EVP CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 06 / 30 / 2009

Transaction ID: PR1596304822232

Amount of Each Receipt this Period 2692.20

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

B.

Full Name (Last, First, Middle Initial)
CAROL B MORNESS

Mailing Address RR 1 BOX 282A

City BRIDGEPORT State IL Zip Code 62417

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 30 / 2009

Transaction ID: PR1596304922232

Amount of Each Receipt this Period 538.44

P/R Deduction (\$38.46 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
SCOTT E THEISEN

Mailing Address 300 E 40TH ST APT 3M

City NEW YORK State NY Zip Code 10016

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

Name of Employer UnitedHealth Group, Inc. Occupation SVP Product Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt 06 / 30 / 2009

Transaction ID: PR1596305622232

Amount of Each Receipt this Period 269.22

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 3499.86

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

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

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

FOR LINE NUMBER: PAGE 24 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
THOMAS D LEWIS

Mailing Address 7417 S LAFAYETTE CR EAST

City State Zip Code
CENTENNIAL CO 80122

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

Name of Employer UnitedHealth Group, Inc. Occupation Health Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596306922232
Amount of Each Receipt this Period: 538.44
P/R Deduction (\$38.46 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ROBERT W OBERRENDER

Mailing Address 34 CASTLEROCK LANE

City State Zip Code
BOLTON CT 06043

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Treasurer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 406.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596307022232
Amount of Each Receipt this Period: 406.00
P/R Deduction (\$29.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
DIANE BEDNAR FLYNN

Mailing Address 26 PASTURE LANE

City State Zip Code
DARIEN CT 06820

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596309722232
Amount of Each Receipt this Period: 315.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1259.44

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

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

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

FOR LINE NUMBER: PAGE 25 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
LISA M BEHNKE

Mailing Address 1643 BRICKELL AVENUE #1906

City State Zip Code
MIAMI FL 33129

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596309822232
Amount of Each Receipt this Period: 500.00
P/R Deduction (\$100.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
RAMON E COTO

Mailing Address PO BOX 1025

City State Zip Code
RANCHO SANTA FE CA 92067

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596311522232
Amount of Each Receipt this Period: 269.22
P/R Deduction (\$19.23 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JILLIAN FOUCRE

Mailing Address 108 NORTH ROLLING OAKS

City State Zip Code
SAN ANTONIO TX 78253

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

Name of Employer UnitedHealth Group, Inc. Occupation Reg Network Mgmt Lead

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596312722232
Amount of Each Receipt this Period: 305.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1074.22**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) STEVAN D GARCIA	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 4396 CREEKSIDE PASS	Transaction ID: PR1596312922232
	City State Zip Code ZIONSVILLE IN 46077	Amount of Each Receipt this Period 269.22
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 269.22	P/R Deduction (\$19.23 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) EDWARD J HAWLEY	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 4916 THOR WAY	Transaction ID: PR1596313622232
	City State Zip Code CARMICHAEL CA 95608	Amount of Each Receipt this Period 538.44
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: SB SVP National SIs & AM Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 538.44	P/R Deduction (\$38.46 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) KURT A HEUMANN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 20989 WOODSIDE LANE	Transaction ID: PR1596313722232
	City State Zip Code PARKER CO 80138	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 280.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	1087.66
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 27 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOHN H RENNICK JR
 Mailing Address 15348 RED OAKS ROAD SE
 City State Zip Code
 PRIOR LAKE MN 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealth Group, Inc. Medical Director
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 269.22
 Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596316822232
 Amount of Each Receipt this Period: 269.22
 P/R Deduction (\$19.23 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
STEPHAN S RODGERS
 Mailing Address 6648 DASHER COURT
 City State Zip Code
 COLUMBIA MD 21045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealth Group, Inc. VP Healthcare Strategies
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 2692.20
 Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596317122232
 Amount of Each Receipt this Period: 2692.20
 P/R Deduction (\$192.30 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
DANIEL I ROSENTHAL
 Mailing Address 413 DOE RUN RD
 City State Zip Code
 SEQUIM WA 98382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealth Group, Inc. Health Plan CEO
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 269.22
 Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596317322232
 Amount of Each Receipt this Period: 269.22
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **3230.64**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 112
(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
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)
KEVIN J RUTH

Mailing Address 3304 COBBS DRIVE

City State Zip Code
PALM HARBOR FL 34684

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

Name of Employer UnitedHealth Group, Inc. Occupation COO UHC & Regional CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: PR1596317422232

Amount of Each Receipt this Period
1050.00

P/R Deduction (\$75.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
MANUEL A SELVA

Mailing Address 1855 LES CHATEAUX BLVD # 203

City State Zip Code
NAPLES FL 34109

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: PR1596317722232

Amount of Each Receipt this Period
269.22

P/R Deduction (\$19.23 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
M LAURIE WASSERSTEIN

Mailing Address 1312 BOB HARRISON DR

City State Zip Code
AUSTIN TX 78702

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

Name of Employer UnitedHealth Group, Inc. Occupation PS RVP Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: PR1596319522232

Amount of Each Receipt this Period
269.22

P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1588.44**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 112
(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

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

A.

Full Name (Last, First, Middle Initial)
JOHN P DODDY

Mailing Address 19117 ARTESIAN COURT

City State Zip Code
DERWOOD MD 20855

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Information Systems

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1600597322232
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
LEWIS G SANDY

Mailing Address 276 COYOTE WILLOW DRIVE

City State Zip Code
COLORADO SPRINGS CO 80921

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

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Clinical Advancement

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1600598722232
Amount of Each Receipt this Period: 910.00
P/R Deduction (\$65.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
MICHAEL P CAUTIN

Mailing Address 3508 PINEY POINT DRIVE

City State Zip Code
FLOWER MOUND TX 75022

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Business Segment CIO

Receipt For:
 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1602667522232
Amount of Each Receipt this Period: 269.22
P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1459.22**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 / 112
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
MATTHEW W PETERSON

Mailing Address 9010 MORNINGSTAR DRIVE

City State Zip Code
SUGAR LAND TX 77479

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

Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1602669922232

Amount of Each Receipt this Period
560.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
JEFF W MALONEY

Mailing Address 13531 CARLTON OAKS

City State Zip Code
SAN ANTONIO TX 78232

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Operations - Evercare

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1613243522232

Amount of Each Receipt this Period
1346.10

P/R Deduction (\$96.15 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
ALLEN LAWRENCE FINKELSTEIN

Mailing Address 6069 WEATHERED OAK CT

City State Zip Code
WESTERVILLE OH 43082

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR1620989022232

Amount of Each Receipt this Period
538.44

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **2444.54**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 112 (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

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

<p>A. Full Name (Last, First, Middle Initial) WILLIAM F KENNEDY</p> <p>Mailing Address 9504 OLYMPIA DRIVE</p> <p>City State Zip Code EDEN PRAIRIE MN 55347</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Director IT Project Mgmt</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 238.51</p>	<p>Date of Receipt 06 / 30 / 2009</p> <p>Transaction ID: PR1653443122232</p> <p>Amount of Each Receipt this Period 238.51</p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) STEVE R KOOREN</p> <p>Mailing Address 4639 AMELIA DR</p> <p>City State Zip Code HUNTER OH 45005</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Business Segment CIO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 807.66</p>	<p>Date of Receipt 06 / 30 / 2009</p> <p>Transaction ID: PR1653443222232</p> <p>Amount of Each Receipt this Period 807.66</p> <p>P/R Deduction (\$57.69 Bi-Weekly)</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) THOMAS J BELLAMY</p> <p>Mailing Address 10 SHADOWOOD LANE</p> <p>City State Zip Code TRUMBULL CT 06611</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Director Sales Operations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 807.80</p>	<p>Date of Receipt 06 / 30 / 2009</p> <p>Transaction ID: PR1653444322232</p> <p>Amount of Each Receipt this Period 807.80</p> <p>P/R Deduction (\$57.70 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	1853.97
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOYCE A LARKIN
 Mailing Address 1656 N OLD BRUCEVILLE RD
 City State Zip Code
 VINCENNES IN 47591
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealth Group, Inc. Occupation Director Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1076.88
 Date of Receipt 06 / 30 / 2009
Transaction ID: PR1677771622232
 Amount of Each Receipt this Period 1076.88
 P/R Deduction (\$76.92 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. MILES S SNOWDEN
 Mailing Address 10515 TULIP CANYON
 City State Zip Code
 HELOTES TX 78023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealth Group, Inc. Occupation SVP Health Advancement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2692.20
 Date of Receipt 06 / 30 / 2009
Transaction ID: PR1746717822232
 Amount of Each Receipt this Period 2692.20
 P/R Deduction (\$192.30 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JOHN T KOUTSOUMPAS JR
 Mailing Address 4444 ELLSWORTH DRIVE
 City State Zip Code
 EDINA MN 55435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UnitedHealth Group, Inc. Occupation VP Public Policy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2692.20
 Date of Receipt 06 / 30 / 2009
Transaction ID: PR1748514522232
 Amount of Each Receipt this Period 2692.20
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **6461.28**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 112
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) JEFF L LEVINE		Date of Receipt MM / DD / YYYY 06 / 30 / 2009	
Mailing Address 5115 SARATOGA LANE		Transaction ID: PR180644322232	
City PLYMOUTH	State MN	Zip Code 55442	Amount of Each Receipt this Period 280.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc.	Occupation PS Mgr Acct Mgmt (FEHBP)	Aggregate Year-to-Date 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

B.

Full Name (Last, First, Middle Initial) WILLIAM TALAMANTES		Date of Receipt MM / DD / YYYY 06 / 30 / 2009	
Mailing Address 7817 RYDAL TERRACE		Transaction ID: PR180644472232	
City DERWOOD	State MD	Zip Code 20855	Amount of Each Receipt this Period 246.40
FEC ID number of contributing federal political committee. C		P/R Deduction (\$17.60 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc.	Occupation OpX Business Black Belt	Aggregate Year-to-Date 246.40	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

C.

Full Name (Last, First, Middle Initial) GREGORY A BAYER		Date of Receipt MM / DD / YYYY 06 / 30 / 2009	
Mailing Address 4002 E RANCHO DR		Transaction ID: PR180675022232	
City PHOENIX	State AZ	Zip Code 85018	Amount of Each Receipt this Period 665.00
FEC ID number of contributing federal political committee. C		P/R Deduction (\$35.00 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc.	Occupation CEO Behavioral Solutions	Aggregate Year-to-Date 665.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional)	▶	1191.40
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 112
(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)
UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)
PAUL M EMERSON

Mailing Address 9727 WELLINGTON RIDGE

City State Zip Code
WOODBURY MN 55125

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Business Segment CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR1806750322232

Amount of Each Receipt this Period: 538.44

P/R Deduction (\$38.46 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
SHERRI C PINOTTI

Mailing Address 20595 SPENCER LANE

City State Zip Code
SHOREWOOD MN 55331

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 268.45

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR1832039822232

Amount of Each Receipt this Period: 268.45

P/R Deduction (\$9.50 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
MICHELLE D LEDELL

Mailing Address 3106 WILLOWBROOK DRIVE

City State Zip Code
REMINDERVILLE OH 44202

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Human Capital Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR1882850622232

Amount of Each Receipt this Period: 560.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1366.89**

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

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

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

FOR LINE NUMBER: PAGE 35 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CATHERINE K ANDERSON

Mailing Address 47 AMATO CIRCLE

City State Zip Code
WETHERSFIELD CT 06109

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Marketing/Bus Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1903550722232
Amount of Each Receipt this Period: 807.80
P/R Deduction (\$57.70 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
KATHLEEN L BISHOP

Mailing Address 17 MAJUS DRIVE

City State Zip Code
COVENTRY CT 06238

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1903560822232
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ROBERT J DUFEK

Mailing Address 407 GRENACHE CIRCLE

City State Zip Code
CLAYTON CA 94517

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

Name of Employer UnitedHealth Group, Inc. Occupation Director IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1903577122232
Amount of Each Receipt this Period: 350.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1437.80

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 112
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) SUSAN B EDBERG		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 422 MAIN STREET PO BOX 849		Transaction ID: PR1903578122232
City SOMERS	State CT	Zip Code 06071
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1400.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Customer Service	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

B.

Full Name (Last, First, Middle Initial) PAUL D WEYMOUTH		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 128 WOODLAND RD		Transaction ID: PR1903636922232
City COVENTRY	State CT	Zip Code 06238
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Director Finance	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	

C.

Full Name (Last, First, Middle Initial) GARY J AHWAH		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 2010 VELEZ DR		Transaction ID: PR2119466722232
City RANCHO PALOS VERDE	State CA	Zip Code 90275
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Information Systems	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	▶	2419.22
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 112
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial) BRADLEY E ALLEN		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 3 WOODLAND ROAD		Transaction ID: PR2119466822232
City BELLE TERRE	State Zip Code NY 11777	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer UnitedHealth Group, Inc.	Occupation Assoc General Counsel	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

B.

Full Name (Last, First, Middle Initial) RUSSELL A BENNETT		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 462 UPPER BLVD		Transaction ID: PR2119468022232
City RIDGEWOOD	State Zip Code NJ 07450	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer UnitedHealth Group, Inc.	Occupation Director Marketing/Bus Dev	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

C.

Full Name (Last, First, Middle Initial) SUSAN LYNN BERKEL		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 343 MCINTOSH LANE		Transaction ID: PR2119468122232
City WESTFIELD	State Zip Code IN 46074	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2688.00
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Operations	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2688.00	

SUBTOTAL of Receipts This Page (optional)	▶	3248.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) KATHIE L BRYAN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 912 JOSHUA PLACE	Transaction ID: PR2119469422232
	City State Zip Code SAN DIEGO CA 92154	Amount of Each Receipt this Period 350.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. Director Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.	Full Name (Last, First, Middle Initial) COLLEEN CAMPBELL	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 7010 W AURORA DR	Transaction ID: PR2119469922232
	City State Zip Code GLENDALE AZ 85308	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. Director Quality Improvement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) DAVID S CARLSON	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 11 CARRIAGE WAY	Transaction ID: PR2119470222232
	City State Zip Code WHITE PLAINS NY 10605	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. Director Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	▶	840.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 39 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
LESLIE J CARTER

Mailing Address 13130 WESTPORT ST

City State Zip Code
MOORPARK CA 93021

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Network Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1344.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119470322232
Amount of Each Receipt this Period: 1344.00
P/R Deduction (\$96.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
HAROLD COATS

Mailing Address 409 N MAGUIRE AVE

City State Zip Code
TUCSON AZ 85710

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Sr Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119471022232
Amount of Each Receipt this Period: 600.00
P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
RANDELL J CORREIA

Mailing Address 1200 PEBBLE HILL ROAD

City State Zip Code
DOYLESTOWN PA 18901

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Pharm Mail Svcs Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119471322232
Amount of Each Receipt this Period: 420.00
P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 2364.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 112
(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

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

A.

Full Name (Last, First, Middle Initial)
RICHARD A CROSS

Mailing Address 2587 MACBETH AVE

City State Zip Code
CORONA CA 92882

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2119471822232

Amount of Each Receipt this Period: 350.00

P/R Deduction (\$25.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
WILLIAM JOHN CUNNINGHAM, MD

Mailing Address 26321 CANNES

City State Zip Code
MISSION VIEJO CA 92692

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2119471922232

Amount of Each Receipt this Period: 240.00

P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
KENNETH R DAVIS

Mailing Address 7528 NORTH 6TH PLAGE

City State Zip Code
PHOENIX AZ 85020

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2119472522232

Amount of Each Receipt this Period: 280.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **870.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) LINDA M DAYAN		Date of Receipt
	Mailing Address 6058 HARBOUR TOWN CIR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	WESTERVILLE	OH	43082
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119472622232
Name of Employer UnitedHealth Group, Inc.		Occupation Director Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 266.00	266.00
			P/R Deduction (\$19.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) TODD J DEMBROSKI		Date of Receipt
	Mailing Address 7640 N 10TH AVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	PHOENIX	AZ	85021
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119472822232
Name of Employer UnitedHealth Group, Inc.		Occupation Director Pricing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	210.00
			P/R Deduction (\$15.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) ANDREA E DILWEG		Date of Receipt
	Mailing Address 1390 FINCH LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 30 / 2009
	City	State	Zip Code
	GREEN BAY	WI	54313
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2119472922232
Name of Employer UnitedHealth Group, Inc.		Occupation Director Regulatory Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 518.00	518.00
			P/R Deduction (\$37.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	994.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 42 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
BRADLEY M FLUITT

Mailing Address 6150 BAY SHORE WALK # 406

City State Zip Code
LONG BEACH CA 90803

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR2119474122232

Amount of Each Receipt this Period
380.00

P/R Deduction (\$10.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ANGELO GIAMBRONE

Mailing Address 4675 DELAWARE DRIVE

City State Zip Code
LARKSPUR CO 80118

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Industry Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR2119475122232

Amount of Each Receipt this Period
840.00

P/R Deduction (\$60.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
AMY J GILDERNICK

Mailing Address 61 EMILY LANE

City State Zip Code
MANCHESTER CT 06040

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR2119475222232

Amount of Each Receipt this Period
280.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DAVID M HANSEN		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1387 RED DUNES RUN		Transaction ID: PR2119476722232
	City AVON	State IN	Zip Code 46123
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1890.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Region CEO	P/R Deduction (\$135.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) SAMUEL W HO		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 17 PATRIOT LANE		Transaction ID: PR2119477922232
	City MANCHESTER	State CT	Zip Code 06040
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1400.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Chief Clinical Officer	P/R Deduction (\$100.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) KEVIN D HOST		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 9490 SPRING HOLLOW LANE SOUTH		Transaction ID: PR2119478222232
	City GERMANTOWN	State TN	Zip Code 38139
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Pharmacy Services	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	3570.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 44 / 112
(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)
UnitedHealth Group Incorporated PAC (United for Health)

A. Full Name (Last, First, Middle Initial)
BRIAN JEFFREY
 Mailing Address 19495 VINE RIDGE ROAD
 City Shorewood State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: UnitedHealth Group, Inc. Occupation: Director Network Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 350.00
 Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119479122232
 Amount of Each Receipt this Period: 350.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JOHN D JONES
 Mailing Address 12880 53RD STREET NORTH
 City Stillwater State MN Zip Code 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: UnitedHealth Group, Inc. Occupation: VP Public/Gov't Affairs-Corp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 1344.00
 Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119479222232
 Amount of Each Receipt this Period: 1344.00
 P/R Deduction (\$96.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
KATHLEEN M KANNE
 Mailing Address 43 BARBADOS
 City Aliso Viejo State CA Zip Code 92656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: UnitedHealth Group, Inc. Occupation: Director Regional Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date 210.00
 Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119479622232
 Amount of Each Receipt this Period: 210.00
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1904.00**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 112
(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
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)
MARK C KNUTSON

Mailing Address 1 WILLIAMSON LANE

City State Zip Code
LAMBERTVILLE NJ 08530

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Customer Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: PR211948022232

Amount of Each Receipt this Period
210.00

P/R Deduction (\$15.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
TIFFANY T LAM

Mailing Address 3321 ALABAMA CIRCLE

City State Zip Code
COSTA MESA CA 92626

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Opns & Perf Improvement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: PR211948072232

Amount of Each Receipt this Period
225.00

P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
SANDY M LUEDKE

Mailing Address 9969 MERCED RIVER AVENUE

City State Zip Code
FOUNTAIN VALLEY CA 92708

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

Name of Employer Occupation
UnitedHealth Group, Inc. IT Database Cnsltnt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: PR211948222232

Amount of Each Receipt this Period
210.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **645.00**

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

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

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

FOR LINE NUMBER: PAGE 46 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
HEATHER M MACE-MEADOR

Mailing Address 175 COUNTY ROAD B2 E # 201

City State Zip Code
LITTLE CANADA MN 55117

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Regional Director Utilization Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119482522232
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JEFFREY S MASON

Mailing Address 593 PALE PUEBLO CT

City State Zip Code
LAS VEGAS NV 89183

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119483022232
Amount of Each Receipt this Period: 210.00
P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
CHARLEEN M MILBURN

Mailing Address 8 DURANGO COURT

City State Zip Code
ALISO VIEJO CA 92656

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Regulatory Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119483922232
Amount of Each Receipt this Period: 910.00
P/R Deduction (\$65.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 112
(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

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

A.

Full Name (Last, First, Middle Initial)
NANCY J MONK

Mailing Address 12411 184TH AVE CT E

City State Zip Code
BONNEY LAKE WA 98391

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Govt Affairs & Compl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR2119484322232

Amount of Each Receipt this Period
700.00

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

B.

Full Name (Last, First, Middle Initial)
SCOTT A NEURURER

Mailing Address 2702 SOUTH FILLMORE STREET

City State Zip Code
DENVER CO 80210

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Administrative Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 448.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR2119484922232

Amount of Each Receipt this Period
448.00

P/R Deduction (\$10.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
KEITH E NYGARD

Mailing Address 737 SHEPARD AVENUE

City State Zip Code
HAMDEN CT 06514

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR2119485022232

Amount of Each Receipt this Period
280.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1428.00**

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

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

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

FOR LINE NUMBER: PAGE 48 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
TRACY L OLLMANN-WAGNER

Mailing Address 4505 MOORLAND AVENUE

City State Zip Code
EDINA MN 55424

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Mgr Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR211948522232
Amount of Each Receipt this Period: 210.00
P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
CYNTHIA ANN OTTO

Mailing Address 2839 TIMBER LANE

City State Zip Code
GREEN BAY WI 54313

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Case Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR211948542232
Amount of Each Receipt this Period: 245.00
P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
LYNDA A PAXSON

Mailing Address 1048 HORSHAM RD

City State Zip Code
HORSHAM PA 19044

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Service Account Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR211948582232
Amount of Each Receipt this Period: 350.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **805.00**

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

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

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

FOR LINE NUMBER: PAGE 49 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MICHELLE LYNN PETERS

Mailing Address 9509 E PAMPA AVE

City MESA State AZ Zip Code 85212

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Pricing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2119486422232

Amount of Each Receipt this Period: 210.00

P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
AUSTIN T PITTMAN

Mailing Address 59 WEST HILL DRIVE

City WEST HARTFORD State CT Zip Code 06119

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Health Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1890.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2119486722232

Amount of Each Receipt this Period: 1890.00

P/R Deduction (\$135.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
CYNTHIA L POLICH

Mailing Address 14 LOCH RIDGE DRIVE

City GREENSBORO State NC Zip Code 27408

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Public Policy

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2119486822232

Amount of Each Receipt this Period: 1400.00

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

SUBTOTAL of Receipts This Page (optional) ► 3500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) SHARON A RICCIUTI	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 3220 LAKEWOOD EDGE DRIVE	Transaction ID: PR2119487922232
	City State Zip Code CHARLOTTE NC 28269	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Director Quality Assurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$20.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) MARILYNN D STYERS	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1610 NEVADA AVE S	Transaction ID: PR2119490722232
	City State Zip Code SAINT LOUIS PARK MN 55426	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Director Medical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) CHERYL TANIGAWA, MD	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 11826 GERMAINE TERRACE	Transaction ID: PR2119491122232
	City State Zip Code EDEN PRAIRIE MN 55347	Amount of Each Receipt this Period 700.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Sr Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	▶	1260.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CHERYL A THOMSON	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 105 GREEN KNOLL DR	Transaction ID: PR2119491622232
	City State Zip Code FRANKLIN OH 45005	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Legal Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date: 210.00	

B.	Full Name (Last, First, Middle Initial) STEVEN M TUCKER	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 21 BREEZES	Transaction ID: PR2119492022232
	City State Zip Code IRVINE CA 92620	Amount of Each Receipt this Period 1344.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$96.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Govt Affairs & Compliance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date: 1344.00	

C.	Full Name (Last, First, Middle Initial) SUSAN VANASTEN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 4701 GOLF TERRACE	Transaction ID: PR2119492622232
	City State Zip Code EDINA MN 55424	Amount of Each Receipt this Period 560.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Customer Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date: 560.00	

SUBTOTAL of Receipts This Page (optional)	2114.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 112
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) LINDA D DAUGHERTY		Date of Receipt
	Mailing Address 349 KING STREET		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2009
	City	State	Zip Code
	NAUGATUCK	CT	06770
	FEC ID number of contributing federal political committee.		Transaction ID: PR2119493522232
		Amount of Each Receipt this Period	
		<input type="text"/> 280.00	
Name of Employer UnitedHealth Group, Inc.		Occupation Director Business Risk Management	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 280.00	

B.	Full Name (Last, First, Middle Initial) GREGORY WRIGHT		Date of Receipt
	Mailing Address 13901 MAUVE DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2009
	City	State	Zip Code
	SANTA ANA	CA	92705
	FEC ID number of contributing federal political committee.		Transaction ID: PR2119494122232
		Amount of Each Receipt this Period	
		<input type="text"/> 350.00	
Name of Employer UnitedHealth Group, Inc.		Occupation Director Market Leadership	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 350.00	

C.	Full Name (Last, First, Middle Initial) GEORGE M YOUNG		Date of Receipt
	Mailing Address 8131 S COOLIDGE WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 06 / 30 / 2009
	City	State	Zip Code
	AURORA	CO	80016
	FEC ID number of contributing federal political committee.		Transaction ID: PR2119494422232
		Amount of Each Receipt this Period	
		<input type="text"/> 210.00	
Name of Employer UnitedHealth Group, Inc.		Occupation Executive Director Medicare	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 840.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DANIEL M CUMMINGS	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 3112 GOLD MINE ROAD	Transaction ID: PR2133132622232
	City State Zip Code BROOKEVILLE MD 20833	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$15.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) CINDY K DONOHOE	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2109 MEETING STREET	Transaction ID: PR2133132722232
	City State Zip Code WAYZATA MN 55391	Amount of Each Receipt this Period 230.76
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.76	P/R Deduction (\$38.46 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) ELLEN M DUFFIELD	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 514 WARING ROAD	Transaction ID: PR2133132822232
	City State Zip Code ELKINS PARK PA 19027	Amount of Each Receipt this Period 486.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 486.00	P/R Deduction (\$54.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	926.76
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
PATRICIA A FORD

Mailing Address 21640 E BRIARWOOD DRIVE

City State Zip Code
AURORA CO 80016

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 259.65

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2133132922232
Amount of Each Receipt this Period: 259.65
P/R Deduction (\$28.85 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
CHARLES W HANSON

Mailing Address 1419 HORNADAY RD

City State Zip Code
BROWNSBURG IN 46112

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 722.68

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2133133122232
Amount of Each Receipt this Period: 722.68
P/R Deduction (\$51.62 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
BROR O HULTGREN

Mailing Address 185 WEST 62ND STREET

City State Zip Code
EXCELSIOR MN 55331

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2133133222232
Amount of Each Receipt this Period: 538.44
P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1520.77

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 112

(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

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

A.

Full Name (Last, First, Middle Initial)
CAROLYN E MAGILL

Mailing Address 94 COOPER LANE

City State Zip Code
HAMDEN CT 06514

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Product Mgmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 269.22

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: PR2133133522232

Amount of Each Receipt this Period
269.22

P/R Deduction (\$19.23 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
ALLEN D MILLER

Mailing Address BOX 72

City State Zip Code
WAYZATA MN 55391

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 490.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: PR2133133622232

Amount of Each Receipt this Period
490.00

P/R Deduction (\$35.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
SUSAN C MORISATO

Mailing Address 20808 LAKE VIENNA DR

City State Zip Code
LAND O LAKES FL 34638

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

Name of Employer Occupation
UnitedHealth Group, Inc. COO Secure Horizons

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: PR2133133822232

Amount of Each Receipt this Period
2100.00

P/R Deduction (\$150.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

2859.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
KIM A NETTLETON

Mailing Address 2288 BUFFALO RUN AVE

City State Zip Code
LAS VEGAS NV 89123

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2133133922232
Amount of Each Receipt this Period: 245.00
P/R Deduction (\$15.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
T JEFFREY PUTNAM

Mailing Address 546 HARRINGTON ROAD

City State Zip Code
WAYZATA MN 55391

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2133134222232
Amount of Each Receipt this Period: 2692.20
P/R Deduction (\$192.30 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
HELENE S ROYBAL

Mailing Address 3304 COBBS DRIVE

City State Zip Code
PALM HARBOR FL 34684

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 648.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2133134522232
Amount of Each Receipt this Period: 648.00
P/R Deduction (\$54.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **3585.20**

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

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

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

FOR LINE NUMBER: PAGE 57 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DIANE M SCHIMMELBUSCH

Mailing Address 1305 MEDFORD ROAD

City State Zip Code
WYNNEWOOD PA 19096

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR2133134622232

Amount of Each Receipt this Period
350.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
AMIT TRIVEDI

Mailing Address 57 BROAD STREET

City State Zip Code
EAST HARTFORD CT 06118

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR2133134822232

Amount of Each Receipt this Period
269.22

P/R Deduction (\$19.23 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
CYNTHIA A BARNOWSKI

Mailing Address 70 ROCKLEDGE DR

City State Zip Code
SOUTH WINDSOR CT 06074

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 341.95

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR2145728122232

Amount of Each Receipt this Period
341.95

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **961.17**

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ROBERT C FALKENBERG

Mailing Address 2407 LAKE PLACE

City State Zip Code
MINNEAPOLIS MN 55405

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

Name of Employer Occupation
UnitedHealth Group, Inc. Health Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2145728422232
Amount of Each Receipt this Period: 538.44
P/R Deduction (\$38.46 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ROB FARAHANI

Mailing Address 88 NICHOLS RD

City State Zip Code
COHASSET MA 02025

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2145728522232
Amount of Each Receipt this Period: 538.44
P/R Deduction (\$38.46 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JULIE JOHNSTON

Mailing Address 1 SNOWBERRY LANE

City State Zip Code
ORINDA CA 94563

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2145728722232
Amount of Each Receipt this Period: 269.22
P/R Deduction (\$38.46 Bi-Weekly)

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CARL T KIDD

Mailing Address 14 MYRA LN

City State Zip Code
BURLINGTON CT 06013

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Acct Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 403.90

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2145728822232
Amount of Each Receipt this Period: 403.90
P/R Deduction (\$28.85 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
NANCY E LINDIMORE

Mailing Address 5185 JOMAR DR

City State Zip Code
CONCORD CA 94521

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

Name of Employer Occupation
UnitedHealth Group, Inc. KA Director Acct Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2145728922232
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
WILLIAM Y MICKLE

Mailing Address 808 JEFFERSON

City State Zip Code
LAWRENCEVILLE IL 62439

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 213.84

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2145729122232
Amount of Each Receipt this Period: 213.84
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **897.74**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(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

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

A.

Full Name (Last, First, Middle Initial)
WAYNE MILLER

Mailing Address 3041 SAN LORENZO WAY

City State Zip Code
CARMICHAEL CA 95608

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Client Mgmt & Svc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR214572922232
Amount of Each Receipt this Period: 385.00
P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
LEAH C RUMMEL

Mailing Address 6500 SW 131 STREET

City State Zip Code
MIAMI FL 33156

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR214572952232
Amount of Each Receipt this Period: 210.00
P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
MICHAEL P SCHWARZ

Mailing Address 2203 RIVER FALLS DRIVE

City State Zip Code
KINGWOOD TX 77339

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR214572972232
Amount of Each Receipt this Period: 490.00
P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1085.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DANNETTE L SMITH

Mailing Address 9407 LLANO VERDE

City State Zip Code
HELOTES TX 78023

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Deputy General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2145729922232
Amount of Each Receipt this Period: 1615.32
P/R Deduction (\$115.38 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MARGARET W WEAR

Mailing Address 6520 SHENANDOAH DR

City State Zip Code
LINCOLN NE 68510

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Actuary - Pricing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2145730222232
Amount of Each Receipt this Period: 700.00
P/R Deduction (\$50.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
DAVID A SPIVACK

Mailing Address 11709 WELTERS WAY

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Evecutive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2162867622232
Amount of Each Receipt this Period: 769.20
P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **3084.52**

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

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

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

FOR LINE NUMBER: PAGE 62 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CHRISTINE W GIBSON

Mailing Address 282 MIDDAUGH

City State Zip Code
CLARENDON HILLS IL 60514

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Chief Marketing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2225166722232
Amount of Each Receipt this Period: 1615.32
P/R Deduction (\$115.38 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ANDREW M SLAVITT

Mailing Address 6385 SPINNAKER LANE

City State Zip Code
ALPHARETTA GA 30005

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Business Segment CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1385.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2225167422232
Amount of Each Receipt this Period: 1385.00
P/R Deduction (\$277.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JEAN-FRANCOIS BEAULE

Mailing Address 2743 THOMAS AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55416

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Chief Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2225813622232
Amount of Each Receipt this Period: 807.80
P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **3808.12**

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

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 63 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DANIEL M HARRIS

Mailing Address 1741 CAMBRIDGE AVENUE

City State Zip Code
FLOSSMOOR IL 60422

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

Name of Employer Occupation
UnitedHealth Group, Inc. Director Healthcare Economics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: PR2225817522232

Amount of Each Receipt this Period
269.22

P/R Deduction (\$19.23 Bi-Weekly)

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

Mailing Address 194 COLD SPRING DR

City State Zip Code
WESTBROOK CT 06498

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

Name of Employer Occupation
UnitedHealth Group, Inc. Health Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 657.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: PR2225818822232

Amount of Each Receipt this Period
657.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ERIC S RANGEN

Mailing Address 303 ELMWOOD PLACE WEST

City State Zip Code
MINNEAPOLIS MN 55419

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

Name of Employer Occupation
UnitedHealth Group, Inc. Senior Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: PR2225819322232

Amount of Each Receipt this Period
2692.20

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

SUBTOTAL of Receipts This Page (optional) ► **3618.42**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 112
(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)
UnitedHealth Group Incorporated PAC (United for Health)

A. Full Name (Last, First, Middle Initial)
JOHN D RYAN
 Mailing Address 4 SPLIT ROCK ROAD
 City State Zip Code
 NEWTOWN CT 06470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealth Group, Inc. VP Client Mgmt & Svc
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 538.44
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9
Transaction ID: PR2225819622232
 Amount of Each Receipt this Period
 538.44
 P/R Deduction (\$38.46 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ROY T SAILOR
 Mailing Address 16621 ALEXANDER MANOR DRIVE
 City State Zip Code
 SILVER SPRING MD 20905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealth Group, Inc. Director Product Mgmt
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 1076.88
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9
Transaction ID: PR2225819722232
 Amount of Each Receipt this Period
 1076.88
 P/R Deduction (\$76.92 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
KAREN A DIPALMO
 Mailing Address 520 HARDWOOD TRAIL
 City State Zip Code
 MESQUITE TX 75150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealth Group, Inc. Director Care Mgmt
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼
 420.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9
Transaction ID: PR2231347222232
 Amount of Each Receipt this Period
 420.00
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **2035.32**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 65 / 112
(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)
UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)
JEFFERY A DROZDA

Mailing Address 2816 MONTREAUX DRIVE

City State Zip Code
FRISCO TX 75034

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Public Policy Specialist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2231347422232

Amount of Each Receipt this Period: 630.00

P/R Deduction (\$40.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
SUSAN A FOWLER

Mailing Address 3318 FOXRIDGE CIRCLE

City State Zip Code
TAMPA FL 33618

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP UHO Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2231349722232

Amount of Each Receipt this Period: 210.00

P/R Deduction (\$15.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
DONALD M MUDGETT

Mailing Address 238 ARDMORE ROAD

City State Zip Code
DES PLAINES IL 60016

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Administrative Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2231351922232

Amount of Each Receipt this Period: 280.00

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1120.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DARRELL S RICHEY

Mailing Address 3931 BLUE OAK PASS

City State Zip Code
SAN ANTONIO TX 78223

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Deputy General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1120.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2231352322232
Amount of Each Receipt this Period: 1120.00
P/R Deduction (\$80.00 Bi-Weekly)

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

Mailing Address 13935 WOODRIDGE PATH

City State Zip Code
SAVAGE MN 55378

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Actuarial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2231352422232
Amount of Each Receipt this Period: 210.00
P/R Deduction (\$15.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
MICHAEL R CONNLY

Mailing Address 4135 ETHAN DRIVE

City State Zip Code
EAGAN MN 55123

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Information Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2247625822232
Amount of Each Receipt this Period: 560.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1890.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) ANDREA M GREENE		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 9353 WEST TWAIN # 286		Transaction ID: PR2247626022232
	City LAS VEGAS	State NV	Zip Code 89147
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Operations	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

B.	Full Name (Last, First, Middle Initial) CAROLYN B KERR		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 228 EAST STREET		Transaction ID: PR2247626222232
	City HEBRON	State CT	Zip Code 06248
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 295.61
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Business Development	P/R Deduction (\$23.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 295.61		

C.	Full Name (Last, First, Middle Initial) JOYCE M RUDDOCK		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1635 FOOTHILLS DR S		Transaction ID: PR2247626422232
	City GOLDEN	State CO	Zip Code 80401
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Executive Director	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional)	▶	1205.61
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 112
(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
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)
JOSEPH R CARCIONE JR

Mailing Address 71 VERNWOOD DR

City State Zip Code
VERNON ROCKVILLE CT 06066

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2247626822232
Amount of Each Receipt this Period: 807.80
P/R Deduction (\$57.70 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
KEVIN DAVID KANTOLA

Mailing Address W279 N2819 ROCKY POINT ROAD

City State Zip Code
PEWAUKEE WI 53072

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director IT Project Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2247627022232
Amount of Each Receipt this Period: 350.00
P/R Deduction (\$25.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
DENNIS P O'BRIEN

Mailing Address 372 1/2 NEWPORT AVE

City State Zip Code
LONG BEACH CA 90814

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Regional Network Mgmt Lead

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2247627322232
Amount of Each Receipt this Period: 807.80
P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1965.60**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 112
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
JEFFERY RICHARD VERNEY

Mailing Address 4828 OAK RIDGE DRIVE

City State Zip Code
HERMANTOWN MN 55811

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

Name of Employer Occupation
UnitedHealth Group, Inc. CEO United Retiree Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR2247627422232

Amount of Each Receipt this Period
807.80

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

B.

Full Name (Last, First, Middle Initial)
DARRELL BROOKS

Mailing Address 425 QUEENSLAND LANE NORTH

City State Zip Code
PLYMOUTH MN 55447

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Information Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR2247627622232

Amount of Each Receipt this Period
807.80

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

C.

Full Name (Last, First, Middle Initial)
SANJAY GARODIA

Mailing Address 182 PENFIELD HILL RD

City State Zip Code
PORTLAND CT 06480

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt
M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: PR2247627822232

Amount of Each Receipt this Period
538.44

P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **2154.04**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 112
(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

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

A.

Full Name (Last, First, Middle Initial)
JACQUELINE B KOSECOFF

Mailing Address 520 KIMBERLY LN N

City State Zip Code
PLYMOUTH MN 55447

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

Name of Employer: UnitedHealth Group, Inc. Occupation: CEO Ovations Pharmacy Sltns

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2247627922232

Amount of Each Receipt this Period: 2692.20

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

B.

Full Name (Last, First, Middle Initial)
DANIEL L OHMAN

Mailing Address 4212 ALDEN DR

City State Zip Code
EDINA MN 55416

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Region CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 376.88

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2247628022232

Amount of Each Receipt this Period: 376.88

P/R Deduction (\$26.92 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
JOHN M PRINCE

Mailing Address 50 CHATHAM DRIVE

City State Zip Code
MANCHESTER CT 06042

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2259738422232

Amount of Each Receipt this Period: 560.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **3629.08**

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

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

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

FOR LINE NUMBER: PAGE 71 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DAWN M SIGGETT

Mailing Address 85 CENTRAL AVE

City State Zip Code
NEWTON MA 02460

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

Name of Employer UnitedHealth Group, Inc. Occupation Public Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2270335122232
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
CHRIS CRONN

Mailing Address 3801 MAURICE COURT

City State Zip Code
LAS VEGAS NV 89108

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

Name of Employer UnitedHealth Group, Inc. Occupation Public Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2270522922232
Amount of Each Receipt this Period: 538.44
P/R Deduction (\$38.46 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
WILLIAM F MYERS

Mailing Address 3533 FAIR OAKS LANE

City State Zip Code
LONGBOAT KEY FL 34228

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

Name of Employer UnitedHealth Group, Inc. Occupation Public Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2359784122232
Amount of Each Receipt this Period: 560.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1378.44**

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

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

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

FOR LINE NUMBER: PAGE 72 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
SIMON L STEVENS

Mailing Address 3840 INGLEWOOD AVE S

City SAINT LOUIS PARK State MN Zip Code 55416

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 06 / 30 / 2009

Transaction ID: PR236486322232

Amount of Each Receipt this Period 2692.20

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

B. Full Name (Last, First, Middle Initial)
JEANNE M DE SA

Mailing Address 3004 S DOGWOOD AVE

City BROKEN ARROW State OK Zip Code 74012-7331

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

Name of Employer UnitedHealth Group, Inc. Occupation Public Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR240231592232

Amount of Each Receipt this Period 350.00

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

C. Full Name (Last, First, Middle Initial)
SCOTT E HENDERSON

Mailing Address 19019 VOGEL FARM TRAIL

City EDEN PRAIRIE State MN Zip Code 55347-3242

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

Name of Employer UnitedHealth Group, Inc. Occupation Public Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR240231702232

Amount of Each Receipt this Period 245.00

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 3287.20

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 112
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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

A.

Full Name (Last, First, Middle Initial)
MICHAEL W HUBBARD

Mailing Address 185 WEST 62ND STREET

City State Zip Code
EXCELSIOR MN 55331-8806

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

Name of Employer UnitedHealth Group, Inc. Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.66

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2402317122232

Amount of Each Receipt this Period: 285.66

P/R Deduction (\$47.61 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
DIANE D SOUZA

Mailing Address 121 OLD US 220 LOOP RD

City State Zip Code
MADISON NC 27025

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.90

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2402320022232

Amount of Each Receipt this Period: 4999.90

P/R Deduction (\$0.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
LORI K SWEERE

Mailing Address 57 QUORN HUNT ROAD

City State Zip Code
WEST SIMSBURY CT 06092-2524

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2402320222232

Amount of Each Receipt this Period: 245.00

P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **5530.56**

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

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

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

FOR LINE NUMBER: PAGE 74 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MYLYNN K TUFTE

Mailing Address 11060 GOLD STAR LANE

City State Zip Code
SANTA ANA CA 92705-2518

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

Name of Employer Occupation
UnitedHealth Group, Inc. Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2402320322232
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 14021 LEANING PINE DRIVE

City State Zip Code
MIAMI LAKES FL 33014-2510

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

Name of Employer Occupation
UnitedHealth Group, Inc. Accounting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2402444422232
Amount of Each Receipt this Period: 600.00
P/R Deduction (\$100.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
GUIDO RAVELO

Mailing Address 1724 JACK RABBIT WAY

City State Zip Code
LAS VEGAS NV 89128-2631

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

Name of Employer Occupation
UnitedHealth Group, Inc. Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2402444522232
Amount of Each Receipt this Period: 1000.00
P/R Deduction (\$1000.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1880.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 / 112
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) JAMES H BECKER	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 7603 WEST STONEGATE DRIVE	Transaction ID: PR240244512232
	City State Zip Code ZIONSVILLE IN 46077-8595	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	P/R Deduction (\$500.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) JAMES D DONOVAN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2321 CARROLL PK SOUTH	Transaction ID: PR240244532232
	City State Zip Code LONG BEACH CA 90814-2230	Amount of Each Receipt this Period 325.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	P/R Deduction (\$65.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) KARA J RIOS	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 17724 93RD PL N	Transaction ID: PR240244572232
	City State Zip Code MAPLE GROVE MN 55311-4429	Amount of Each Receipt this Period 1385.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Accounting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1385.00	P/R Deduction (\$277.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	2210.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 76 / 112
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
SOHINI G JINDAL

Mailing Address 15316 COUTOLENC RD

City MAGALIA State CA Zip Code 95954-9791

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

Name of Employer UnitedHealth Group, Inc. Occupation Public Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.32

Date of Receipt 06 / 30 / 2009

Transaction ID: PR2402446322232

Amount of Each Receipt this Period 235.32

P/R Deduction (\$58.83 Bi-Weekly)

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

Mailing Address 1128 COUNTRYSIDE DR

City DE PERE State WI Zip Code 54115-1040

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR2402446422232

Amount of Each Receipt this Period 340.00

P/R Deduction (\$85.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JOELLE OISHI THORNHILL

Mailing Address 600 SECOND STREET NUMBER 303

City ALEXANDRIA State VA Zip Code 22314-1496

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

Name of Employer UnitedHealth Group, Inc. Occupation Public Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 235.32

Date of Receipt 06 / 30 / 2009

Transaction ID: PR2402446522232

Amount of Each Receipt this Period 235.32

P/R Deduction (\$58.83 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 810.64

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 112
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CORY ALEXANDER		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 142 EVERGREEN RD		Transaction ID: PR2405428822232		
	City VERNON ROCKVILLE	State CT	Zip Code 06066-4328	Amount of Each Receipt this Period 576.90	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)		
	Name of Employer UnitedHealth Group, Inc.	Occupation Public Relations	Aggregate Year-to-Date 576.90		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) JOSEPH R STEVENS		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 37 HIDDEN TRAIL		Transaction ID: PR2405429122232		
	City IRVINE	State CA	Zip Code 92603-0212	Amount of Each Receipt this Period 200.01	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$66.67 Bi-Weekly)		
	Name of Employer UnitedHealth Group, Inc.	Occupation Public Relations	Aggregate Year-to-Date 200.01		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) PETER H WALSH		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 850 TIMBER MILL LANE		Transaction ID: PR2405431122232		
	City INDIANAPOLIS	State IN	Zip Code 46260-3587	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$500.00 Bi-Weekly)		
	Name of Employer UnitedHealth Group, Inc.	Occupation Attorney	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1276.91
TOTAL This Period (last page this line number only)	▶	171019.01

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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

A.	Full Name (Last, First, Middle Initial) Alabama House Democratic Caucus Mailing Address P.O. Box 131 City Montgomery State AL Zip Code 36101 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29165644 Date of Disbursement 01 / 06 / 2009 Amount of Each Disbursement this Period 1000.00 011 Category/Type
B.	Full Name (Last, First, Middle Initial) Alabama Senate Democratic Caucus Mailing Address P.O. Box 4194 City Montgomery State AL Zip Code 36103 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29165651 Date of Disbursement 01 / 06 / 2009 Amount of Each Disbursement this Period 1000.00 011 Category/Type
C.	Full Name (Last, First, Middle Initial) Wayne Goodwin Committee Mailing Address P.O. Box 1654 City Hamlet State NC Zip Code 28345 Purpose of Disbursement Wayne Goodwin, COMM. OF INSURANCE NC Candidate Name Wayne Goodwin Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29165656 Date of Disbursement 01 / 06 / 2009 Amount of Each Disbursement this Period 4000.00 011 Category/Type Wayne Goodwin, COMM. OF INSURANCE NC

SUBTOTAL of Disbursements This Page (optional) ▶	6000.00
TOTAL This Period (last page this line number only) ▶	[Empty Box]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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

A.	Full Name (Last, First, Middle Initial) Committee to Elect Republican Women Mailing Address 1205 Berkshire Drive City Kannapolis State NC Zip Code 28081 Purpose of Disbursement Republican Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29165662 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 9	Amount of Each Disbursement this Period 500.00 Republican
B.	Full Name (Last, First, Middle Initial) Friends of Martin O'Malley Mailing Address 2400 Boston St. Suite 203 City Baltimore State MD Zip Code 21224 Purpose of Disbursement Martin O'Malley, GOVERNOR MD Candidate Name Martin O'Malley Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29187003 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 Martin O'Malley, GOVERNOR MD
C.	Full Name (Last, First, Middle Initial) Republican House Majority Fund Mailing Address PO Box 12905 City Raleigh State NC Zip Code 27605 Purpose of Disbursement State House Republican Organization Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29237228 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 9	Amount of Each Disbursement this Period 500.00 State House Republican Organization

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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

A. Full Name (Last, First, Middle Initial) North Carolina House Democratic Committee Mailing Address 220 Hillsboro Street City Raleigh State NC Zip Code 27603 Purpose of Disbursement State House Democratic Organization Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29237245 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 State House Democratic Organization

B. Full Name (Last, First, Middle Initial) North Carolina Republican Senate Committee Mailing Address PO Box 12905 City Raleigh State NC Zip Code 27605 Purpose of Disbursement State Senate Republican Organization Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29237253 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 State Senate Republican Organization

C. Full Name (Last, First, Middle Initial) North Carolina Senate Committee Mailing Address 220 Hillsboro Street City Raleigh State NC Zip Code 27603 Purpose of Disbursement State Senate Democratic Organization Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29237270 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 State Senate Democratic Organization

SUBTOTAL of Disbursements This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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

A.	Full Name (Last, First, Middle Initial) Friends of John O'Grady <hr/> Mailing Address PO Box 1355 <hr/> City Columbus State OH Zip Code 43216 <hr/> Purpose of Disbursement John O'Grady, County Commissioner OH Candidate Name John O'Grady <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 29275248 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 9	Amount of Each Disbursement this Period 250.00
B.	Full Name (Last, First, Middle Initial) Friends of Roger Kahn for Senate <hr/> Mailing Address P.O. Box 1627 <hr/> City Saginaw State MI Zip Code 48605 <hr/> Purpose of Disbursement Roger Kahn, STATE SENATE 32nd MI Candidate Name MI Sen. Roger Kahn <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:	Transaction ID: 29277434 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 8 / 2 0 0 9	Amount of Each Disbursement this Period 600.00
C.	Full Name (Last, First, Middle Initial) Committee to Re-Elect Andre Bauer <hr/> Mailing Address PO Box 5088 <hr/> City Columbia State SC Zip Code 29250 <hr/> Purpose of Disbursement Andre Bauer, LT. GOVERNOR SC Candidate Name SC Sen. Andre Bauer <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 29315445 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9	Amount of Each Disbursement this Period 3500.00

SUBTOTAL of Disbursements This Page (optional) ►

4350.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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

A. Full Name (Last, First, Middle Initial) Bishop Majority Fund <hr/> Mailing Address 702 North Hayford <hr/> City Lansing State MI Zip Code 48912 <hr/> Purpose of Disbursement Support for State Republicans Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29317884 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Support for State Republicans
B. Full Name (Last, First, Middle Initial) Registry of Election Finance <hr/> Mailing Address 404 James Robertson Parkway, Suite <hr/> City Nashville State TN Zip Code 37243-1360 <hr/> Purpose of Disbursement Annual PAC Registration Fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29422516 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period 100.00
	Category/ Type 001
	Annual PAC Registration Fee
C. Full Name (Last, First, Middle Initial) Registry of Election Finance <hr/> Mailing Address 404 James Robertson Parkway, Suite <hr/> City Nashville State TN Zip Code 37243-1360 <hr/> Purpose of Disbursement Void - Registry of Election Finance Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29422518 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 9
	Amount of Each Disbursement this Period -100.00
	Category/ Type 001
	Void - Registry of Election Finance

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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

<p>A. Full Name (Last, First, Middle Initial) United for Health PAC of Tennessee</p> <p>Mailing Address 9900 Bren Road East</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement Fund State PAC in TN</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29426628</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Fund State PAC in TN</p>
<p>B. Full Name (Last, First, Middle Initial) Citizens for Carey</p> <p>Mailing Address 401 S. Arkansas Avenue</p> <p>City Wellston State OH Zip Code 45692</p> <p>Purpose of Disbursement John Carey, STATE SENATE 17th OH</p> <p>Candidate Name OH Sen. John Carey, Jr.</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29428205</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="500.00"/></p> <p>John Carey, STATE SENATE 17th OH</p>
<p>C. Full Name (Last, First, Middle Initial) UnitedHealth Group Inc PAC of PA</p> <p>Mailing Address 9900 Bren Road East</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement Funding of State PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29779867</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Funding of State PAC</p>

SUBTOTAL of Disbursements This Page (optional) ▶

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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

A. Full Name (Last, First, Middle Initial) Republican Senate Campaign Committee Mailing Address 4679 Winterset Drive City Columbus State OH Zip Code 43220 Purpose of Disbursement Ohio State Republican Senate Committee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29796740 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Ohio State Republican Senate Committee

B. Full Name (Last, First, Middle Initial) Jimmy Stewart for State Senate Mailing Address 1021 Four Mile Creek Road City Collville State OH Zip Code 45723 Purpose of Disbursement Jimmy Stewart, STATE SENATE 20th OH Candidate Name OH Sen. Jimmy Stewart Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29841293 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 Jimmy Stewart, STATE SENATE 20th OH

C. Full Name (Last, First, Middle Initial) Citizens for Buehrer Mailing Address 704 Greenview Drive City Delta State OH Zip Code 43515 Purpose of Disbursement Steve Buehrer, STATE SENATE 1st OH Candidate Name OH Sen. Steve Buehrer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29841394 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 Steve Buehrer, STATE SENATE 1st OH

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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

A.	Full Name (Last, First, Middle Initial) Committee to Elect Niehaus Mailing Address 1131 Little Indian Creek Road City New Richmond State OH Zip Code 45157-9602 Purpose of Disbursement Tom Niehaus, STATE SENATE 14th OH Candidate Name OH Sen. Tom Niehaus Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29932041 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Friends for Ginther Mailing Address 405 E Town St City Columbus State OH Zip Code 43215 Purpose of Disbursement Andrew Ginther, City Council OH Candidate Name Andrew J Ginther Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29939348 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Citizens to Elect Dan Dodd Mailing Address 106 N. Main St. City New Lexington State OH Zip Code 43764 Purpose of Disbursement Dan Dodd, STATE HOUSE 91st OH Candidate Name OH Rep. Dan Dodd Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 91 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29959373 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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

<p>A. Full Name (Last, First, Middle Initial) Citizens for Sears</p> <p>Mailing Address 6711 Monroe Street Building 3 Suit</p> <p>City State Zip Code Sylvania OH 53560</p> <p>Purpose of Disbursement Barbara Sears, STATE HOUSE 46th OH</p> <p>Candidate Name OH Rep. Barbara Sears</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 46</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29959379 Date of Disbursement 05 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Barbara Sears, STATE HOUSE 46th OH</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Armond Budish</p> <p>Mailing Address 23240 Chargin Blvd #450</p> <p>City State Zip Code Beachwood OH 44122</p> <p>Purpose of Disbursement Armond Budish, STATE HOUSE 8th OH</p> <p>Candidate Name OH Rep. Armond Budish</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29959381 Date of Disbursement 05 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Armond Budish, STATE HOUSE 8th OH</p>
<p>C. Full Name (Last, First, Middle Initial) Ohio House Democratic Caucus Fund</p> <p>Mailing Address 271 E. State Street</p> <p>City State Zip Code Columbus OH 43215</p> <p>Purpose of Disbursement Democratic State Caucus Fund</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29959384 Date of Disbursement 05 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Democratic State Caucus Fund</p>

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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

A. Full Name (Last, First, Middle Initial)
Ohio House Republican Organizational Committee

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Ohio Republican Committee

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 29959385
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Ohio Republican Committee

B. Full Name (Last, First, Middle Initial)
UnitedHealth Group Inc PAC of PA

Mailing Address 9900 Bren Road East

City Minnetonka State MN Zip Code 55343

Purpose of Disbursement
Funding for State UHG PAC

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 30119802
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Funding for State UHG PAC

C. Full Name (Last, First, Middle Initial)
Citizens for Carey

Mailing Address 401 S. Arkansas Avenue

City Wellston State OH Zip Code 45692

Purpose of Disbursement
John Carey, STATE SENATE 17th OH

Candidate Name
OH Sen. John Carey, Jr.

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OH District:

Transaction ID: 30132215
Date of Disbursement

/ /

Amount of Each Disbursement this Period

John Carey, STATE SENATE
17th OH

SUBTOTAL of Disbursements This Page (optional)

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 88 / 112

<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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)
Republican Senate Campaign Committee

Mailing Address 4679 Winterset Drive

City State Zip Code
Columbus OH 43220

Purpose of Disbursement
State Campaign Committee

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 30132216

Date of Disbursement

06 / 26 / 2009

Amount of Each Disbursement this Period

4000.00

State Campaign Committee

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

45350.00

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

A.	Full Name (Last, First, Middle Initial) Hillary Clinton for President	Transaction ID: 29165673 Date of Disbursement
	Mailing Address PO Box 1781	<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Merrifield State VA Zip Code 22116	Amount of Each Disbursement this Period
	Purpose of Disbursement Debt Retirement	<input type="text" value="5000.00"/>
	Candidate Name Hillary Clinton	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement 2008	Debt Retirement

B.	Full Name (Last, First, Middle Initial) The Blue Dog PAC	Transaction ID: 29275256 Date of Disbursement
	Mailing Address 227 Massachusetts Ave Suite 101	<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Political Action Committee	<input type="text" value="5000.00"/>
	Candidate Name The Blue Dog PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Political Action Committee

C.	Full Name (Last, First, Middle Initial) Hoyer For Congress	Transaction ID: 29275262 Date of Disbursement
	Mailing Address 607 14th Street, Nw Suite 800	<input type="text" value="01"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name Rep. Steny H. Hoyer	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="11500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

<p>A. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln</p> <p>Mailing Address P.O. Box 77572</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Blanche Lambert Lincoln</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:</p>	<p>Transaction ID: 29275272 Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Matheson For Congress</p> <p>Mailing Address P.O. Box 521048 Suite A</p> <p>City Salt Lake City State UT Zip Code 84152</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. James D. Matheson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 02</p>	<p>Transaction ID: 29277435 Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>C. Full Name (Last, First, Middle Initial) AHIP PAC</p> <p>Mailing Address 601 Pennsylvania Ave NW Suite 500 South Building</p> <p>City Washington State DC Zip Code 20036</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 29427062 Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

<p>A. Full Name (Last, First, Middle Initial) Nathan Deal For Congress</p> <p>Mailing Address PO Box 902</p> <p>City Gainesville State GA Zip Code 30503</p> <p>Purpose of Disbursement 2010 Primary election</p> <p>Candidate Name Rep. Nathan Deal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29427520 Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>2010 Primary election</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Max Baucus</p> <p>Mailing Address P.O. Box 586</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement</p> <p>Candidate Name Max Baucus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29428206 Date of Disbursement 02 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement Re-elect to Congress</p> <p>Candidate Name Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29454570 Date of Disbursement 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to Congress</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

<p>A. Full Name (Last, First, Middle Initial) Tiberi For Congress</p> <p>Mailing Address 2931 E Dublin Granville Road Suite 190</p> <p>City Columbus State OH Zip Code 43231</p> <p>Purpose of Disbursement Re-elect to Congress</p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29454571 Date of Disbursement 03 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to Congress</p>
<p>B. Full Name (Last, First, Middle Initial) Searchlight Leadership Fund</p> <p>Mailing Address 422 C St. NE Lower Level</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Leadership PAC</p> <p>Candidate Name Searchlight Leadership Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29542655 Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Leadership PAC</p>
<p>C. Full Name (Last, First, Middle Initial) Bennet For Colorado</p> <p>Mailing Address 1900 Grant Street Suite 1170</p> <p>City Denver State CO Zip Code 80203</p> <p>Purpose of Disbursement</p> <p>Candidate Name Michael Bennet</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29542931 Date of Disbursement 03 / 13 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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

A.	Full Name (Last, First, Middle Initial) Cooper For Congress	Transaction ID: 29575593 Date of Disbursement 03 / 23 / 2009
	Mailing Address C/O Davidson, Golden & Lundy P.O. Box 927	Amount of Each Disbursement this Period 1000.00
	City Brentwood State TN Zip Code 37024	
	Purpose of Disbursement Re-elect to US Congress Candidate Name Rep. Jim Cooper Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to US Congress

B.	Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer	Transaction ID: 29579290 Date of Disbursement 03 / 24 / 2009
	Mailing Address PO Box 411176	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90041	
	Purpose of Disbursement Re-elect to US Senate Candidate Name Sen. Barbara Boxer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to US Senate

C.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: 29586997 Date of Disbursement 02 / 01 / 2009
	Mailing Address P.O. Box 77572	Amount of Each Disbursement this Period -1000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement Void - Friends of Blanche Lincoln Candidate Name Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Friends of Blanche Lincoln

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

A.	Full Name (Last, First, Middle Initial) Hoosiers For Hill	Transaction ID: 29587491 Date of Disbursement 03 / 27 / 2009
	Mailing Address PO Box 1071	Amount of Each Disbursement this Period 1000.00
	City Seymour State IN Zip Code 47274	
	Purpose of Disbursement Re-elect to US Congress Candidate Name Rep. Baron Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to US Congress

B.	Full Name (Last, First, Middle Initial) Evan Bayh Committee	Transaction ID: 29591767 Date of Disbursement 03 / 30 / 2009
	Mailing Address 850 Fort Wayne Avenue	Amount of Each Disbursement this Period 5000.00
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement Re-elect to the US Senate Candidate Name Sen. Evan Bayh Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to the US Senate

C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 29594997 Date of Disbursement 03 / 30 / 2009
	Mailing Address 430 S Capitol	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Yearly support to the DSCC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Yearly support to the DSCC

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

A. Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln Mailing Address P.O. Box 77572 City Washington State DC Zip Code 20013 Purpose of Disbursement re-elect to US Senate Candidate Name Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	Transaction ID: 29600570 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 re-elect to US Senate

B. Full Name (Last, First, Middle Initial) Glacier PAC Mailing Address 818 Connecticut Ave. NW Suite 1100 City Washington State DC Zip Code 20006 Purpose of Disbursement Federal Political Action Committee Candidate Name Glacier PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 29779869 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00 Federal Political Action Committee

C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee Mailing Address 430 S. Capital St. 2nd Fl City Washington State DC Zip Code 20003 Purpose of Disbursement Democratic National Committee Candidate Name Democratic Congressional Campaign Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 29779891 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00 Democratic National Committee

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of John Tanner</p> <p>Mailing Address Post Office Box 1994</p> <p>City Union City State TN Zip Code 38281</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Rep. John S. Tanner</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29787914 Date of Disbursement: 04 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> <p>Re-elect to US Congress</p>
<p>B. Full Name (Last, First, Middle Initial) Searchlight Leadership Fund</p> <p>Mailing Address 422 C St. NE Lower Level</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Leadership PAC</p> <p>Candidate Name Searchlight Leadership Fund</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29796634 Date of Disbursement: 04 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> <p>Leadership PAC</p>
<p>C. Full Name (Last, First, Middle Initial) Geoff Davis For Congress</p> <p>Mailing Address 3161 Dixie Highway Suite F</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement Re-elect to Congress</p> <p>Candidate Name Rep. Geoffrey Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29796753 Date of Disbursement: 04 / 21 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/Type</p> <p>Re-elect to Congress</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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

A. Full Name (Last, First, Middle Initial) The Grassley Committee, Inc. <hr/> Mailing Address P.O. Box 6193 <hr/> City Alexandria State VA Zip Code 22306-0193 <hr/> Purpose of Disbursement Candidate Name Charles E. Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: 29796855 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Political Action Committee
B. Full Name (Last, First, Middle Initial) Prosperity PAC <hr/> Mailing Address 429 North Saint Asaph <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Candidate Name Prosperity PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 29796913 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Political Action Committee
C. Full Name (Last, First, Middle Initial) Cantor For Congress <hr/> Mailing Address P. O. Box 17813 <hr/> City Richmond State VA Zip Code 23226 <hr/> Purpose of Disbursement Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	Transaction ID: 29796948 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Re-elect to Congress

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

A.

Full Name (Last, First, Middle Initial)
Ryan For Congress

Mailing Address P. O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Re-elect to Congress

Candidate Name
Rep. Paul Ryan

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WI District: 01

Transaction ID: 29810801
Date of Disbursement

04 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

Re-elect to Congress

B.

Full Name (Last, First, Middle Initial)
Friends Of Schumer

Mailing Address 509 Madison Ave Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement
Re-elect to US Senate

Candidate Name
Sen. Charles E. Schumer

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District:

Transaction ID: 29816427
Date of Disbursement

04 / 28 / 2009

Amount of Each Disbursement this Period

1500.00

Re-elect to US Senate

C.

Full Name (Last, First, Middle Initial)
Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

City Portland State OR Zip Code 97232

Purpose of Disbursement
Re-elect to US Congress

Candidate Name
Rep. Earl Blumenauer

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OR District: 03

Transaction ID: 29847351
Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

Re-elect to US Congress

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

A.	Full Name (Last, First, Middle Initial) Michael Burgess For Congress Mailing Address PO Box 2334 City Denton State TX Zip Code 76202 Purpose of Disbursement Re-elect to Congress Candidate Name Michael C. Burgess Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29865315 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 8 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Re-elect to Congress
B.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd Mailing Address 901-15th St. N.W. City Washington State DC Zip Code 20005 Purpose of Disbursement Re-elect to US Senate Candidate Name Christopher J. Dodd Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29868565 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 9	Amount of Each Disbursement this Period 2500.00 Re-elect to US Senate
C.	Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign Mailing Address PO Box 3662 City Seattle State WA Zip Code 98124 Purpose of Disbursement Re-elect to US Senate Candidate Name Sen. Patty Murray Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29932043 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Re-elect to US Senate

SUBTOTAL of Disbursements This Page (optional)	4500.00
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)

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<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

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

A.	Full Name (Last, First, Middle Initial) Sires For Congress	Transaction ID: 29932052 Date of Disbursement 05 / 18 / 2009
	Mailing Address 6050 Blvd. East Apt. 6b City West New York State NJ Zip Code 07093 Purpose of Disbursement Re-elect to US Congress Candidate Name Albio Sires Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 13	Amount of Each Disbursement this Period 1000.00 Category/Type 011 Re-elect to US Congress

B.	Full Name (Last, First, Middle Initial) Butterfield For Congress Committee	Transaction ID: 29939285 Date of Disbursement 05 / 20 / 2009
	Mailing Address PO Box 2571 City Wilson State NC Zip Code 27894 Purpose of Disbursement Re-elect to US Congress Candidate Name Rep. George K. Butterfield Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 01	Amount of Each Disbursement this Period 1000.00 Category/Type 011 Re-elect to US Congress

C.	Full Name (Last, First, Middle Initial) Hoyer For Congress	Transaction ID: 29939340 Date of Disbursement 05 / 20 / 2009
	Mailing Address 607 14th Street, Nw Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement Re-elect to US Congress Candidate Name Rep. Steny H. Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 05	Amount of Each Disbursement this Period 2500.00 Category/Type 011 Re-elect to US Congress

SUBTOTAL of Disbursements This Page (optional)	4500.00
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)

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<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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Roskam for Congress Committee</p> <p>Mailing Address 5006 Washington Ave.</p> <p>City Downers Grove State IL Zip Code 60515</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Peter Roskam</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29959364 Date of Disbursement 05 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Congress</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) People For Ben</p> <p>Mailing Address PO Box 31129</p> <p>City Santa Fe State NM Zip Code 87594</p> <p>Purpose of Disbursement Re-elect to Congress</p> <p>Candidate Name Ben Lujan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29959365 Date of Disbursement 05 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to Congress</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress</p> <p>Mailing Address 200 North Main St. P.O. Box 712</p> <p>City Monticello State IN Zip Code 47960</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Rep. Steve Buyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29964935 Date of Disbursement 06 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Congress</p>

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)

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<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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn	Transaction ID: 30032373 Date of Disbursement 06 / 08 / 2009
	Mailing Address PO Box 12567	Amount of Each Disbursement this Period 5000.00
	City Columbia State SC Zip Code 29211	
	Purpose of Disbursement Re-elect to Congress Candidate Name Rep. James E. Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to Congress

B.	Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign	Transaction ID: 30032374 Date of Disbursement 06 / 08 / 2009
	Mailing Address PO Box 3662	Amount of Each Disbursement this Period 2500.00
	City Seattle State WA Zip Code 98124	
	Purpose of Disbursement Re-elect to US Senate Candidate Name Sen. Patty Murray Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to US Senate

C.	Full Name (Last, First, Middle Initial) Friends of Sam Johnson	Transaction ID: 30032375 Date of Disbursement 06 / 08 / 2009
	Mailing Address PO Box 860096	Amount of Each Disbursement this Period 1000.00
	City PLANO State TX Zip Code 75086	
	Purpose of Disbursement Re-elect to Congress Candidate Name Sam Johnson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to Congress

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)

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<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

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

A.	Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010	Transaction ID: 30032376 Date of Disbursement 06 / 08 / 2009
	Mailing Address 5915 Eastman Avenue Suite 100	Amount of Each Disbursement this Period 1000.00
	City Midland State MI Zip Code 48640	
	Purpose of Disbursement Re-elect to Congress Candidate Name Rep. David Lee Camp Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to Congress

B.	Full Name (Last, First, Middle Initial) Patrick Murphy For Congress	Transaction ID: 30070878 Date of Disbursement 06 / 12 / 2009
	Mailing Address P.O. Box 868	Amount of Each Disbursement this Period 1000.00
	City Levittown State PA Zip Code 19058	
	Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Patrick Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to Congress

C.	Full Name (Last, First, Middle Initial) SNOW PAC	Transaction ID: 30071057 Date of Disbursement 06 / 12 / 2009
	Mailing Address 175 South West Temple suite 650	Amount of Each Disbursement this Period 1000.00
	City Salt Lake City State UT Zip Code 84101	
	Purpose of Disbursement Leadership PAC Candidate Name SNOW PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Leadership PAC

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)

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<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

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

A.	Full Name (Last, First, Middle Initial) National Republican Senatorial Committee	Transaction ID: 30071060 Date of Disbursement 06 / 12 / 2009
	Mailing Address 425 Second Street NE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement National Committee Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		National Committee

B.	Full Name (Last, First, Middle Initial) National Republican Congressional Committee	Transaction ID: 30071179 Date of Disbursement 06 / 12 / 2009
	Mailing Address 320 First Street, SE	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement National Committee Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		National Committee

C.	Full Name (Last, First, Middle Initial) Friends Of Dennis Cardoza	Transaction ID: 30071181 Date of Disbursement 06 / 12 / 2009
	Mailing Address PO Box 2749	Amount of Each Disbursement this Period 1000.00
	City Merced State CA Zip Code 95340	
	Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Dennis A. Cardoza	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Re-elect to Congress

SUBTOTAL of Disbursements This Page (optional)	31000.00
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)

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<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

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

A.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee <hr/> Mailing Address 430 South Capitol St. SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement National Party Candidate Name Democratic Congressional Campaign Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30071194 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 9	Amount of Each Disbursement this Period 10000.00
B.	Full Name (Last, First, Middle Initial) Searchlight Leadership Fund <hr/> Mailing Address 422 C St. NE Lower Level <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Leadership PAC Candidate Name Searchlight Leadership Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30071198 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 9	Amount of Each Disbursement this Period 3000.00
C.	Full Name (Last, First, Middle Initial) Mary Bono Mack Campaign <hr/> Mailing Address 1555 South Palm Cannon Ste. D-105 <hr/> City Palm Springs State CA Zip Code 92264 <hr/> Purpose of Disbursement Candidate Name Mary Bono Mack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 44	Transaction ID: 30071201 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 2 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)	14000.00
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)

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<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

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

A. Full Name (Last, First, Middle Initial)
Majority Initiative to Keep Electing Republicans Fund
A.K.A. Mike R Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Leadership PAC

Candidate Name
Majority Initiative to Keep Electing Republicans
Fund A.K.A. Mike R Fund

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 30071207
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Leadership PAC

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

Mailing Address PO Box 177

City Booneville State MS Zip Code 38829

Purpose of Disbursement
Re-elect to US Congress

Candidate Name
Rep. Travis Wayne Childers

Office Sought:
 House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MS District: 01

Transaction ID: 30090905
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Re-elect to US Congress

C. Full Name (Last, First, Middle Initial)
Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Re-elect to US Congress

Candidate Name
Rep. Christopher S. Murphy

Office Sought:
 House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CT District: 05

Transaction ID: 30090949
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Re-elect to US Congress

SUBTOTAL of Disbursements This Page (optional)

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)

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<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

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

<p>A. Full Name (Last, First, Middle Initial) Richard Burr Committee</p> <p>Mailing Address P.O. Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Richard M. Burr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30111412</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> <p>Category/Type: 011</p> <p>Re-elect to US Senate</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	8	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	1	8	/	2	0	0	9													
1000.00																						
<p>B. Full Name (Last, First, Middle Initial) McCotter Congressional Committee</p> <p>Mailing Address PO Box 530788</p> <p>City Livonia State MI Zip Code 48153</p> <p>Purpose of Disbursement Re-elect to Congress</p> <p>Candidate Name Rep. Thaddeus G. McCotter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30111420</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> <p>Category/Type: 011</p> <p>Re-elect to Congress</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	8	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	1	8	/	2	0	0	9													
1000.00																						
<p>C. Full Name (Last, First, Middle Initial) McCotter Congressional Committee</p> <p>Mailing Address PO Box 530788</p> <p>City Livonia State MI Zip Code 48153</p> <p>Purpose of Disbursement Re-elect to Congress</p> <p>Candidate Name Rep. Thaddeus G. McCotter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30111430</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> <p>Category/Type: 011</p> <p>Re-elect to Congress</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	8	/	2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	1	8	/	2	0	0	9													
1000.00																						

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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<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

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

A.	Full Name (Last, First, Middle Initial) Friends Of John Boehner	Transaction ID: 30111433 Date of Disbursement
	Mailing Address 7908-I Cincinnati Dayton Road	<input type="text" value="06"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period
	Purpose of Disbursement Re-elect to Congress	<input type="text" value="1500.00"/>
	Candidate Name John A. Boehner	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Re-elect to Congress

B.	Full Name (Last, First, Middle Initial) A New Direction PAC	Transaction ID: 30111436 Date of Disbursement
	Mailing Address PO Box 4234	<input type="text" value="06"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Concord State NH Zip Code 03302	Amount of Each Disbursement this Period
	Purpose of Disbursement Leadership PAC	<input type="text" value="1000.00"/>
	Candidate Name A New Direction PAC	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Leadership PAC

C.	Full Name (Last, First, Middle Initial) Pat Roberts For U S Senate Inc	Transaction ID: 30111473 Date of Disbursement
	Mailing Address PO Box 433	<input type="text" value="06"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Great Bend State KS Zip Code 67530	Amount of Each Disbursement this Period
	Purpose of Disbursement Re-elect to US Senate	<input type="text" value="1000.00"/>
	Candidate Name Sen. Pat Roberts	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Re-elect to US Senate

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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

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

A. Full Name (Last, First, Middle Initial) Hoyer For Congress Mailing Address 607 14th Street, Nw Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Steny H. Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30111477 Date of Disbursement 06 / 18 / 2009
	Amount of Each Disbursement this Period 1000.00 Re-elect to Congress

B. Full Name (Last, First, Middle Initial) Hoyer For Congress Mailing Address 607 14th Street, Nw Suite 800 City Washington State DC Zip Code 20005 Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Steny H. Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30111479 Date of Disbursement 06 / 18 / 2009
	Amount of Each Disbursement this Period 1500.00 Re-elect to Congress

C. Full Name (Last, First, Middle Initial) Coburn For Senate 2010 Mailing Address Post Office Box 977 City Muskogee State OK Zip Code 74402 Purpose of Disbursement Re-elect to US Senate Candidate Name Sen. Thomas Allen Coburn, M.D. Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30111483 Date of Disbursement 06 / 18 / 2009
	Amount of Each Disbursement this Period 1000.00 Re-elect to US Senate

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Hatch Election Committee</p> <p>Mailing Address 555 13th Street NW Suite 600 East</p> <p>City Washington State DC Zip Code 20004-1109</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Orrin G. Hatch</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: UT District:</p>	<p>Transaction ID: 30119805</p> <p>Date of Disbursement 06 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Re-elect to US Senate</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Friends Of John Thune</p> <p>Mailing Address 200 North Phillips Avenue Ste L101</p> <p>City Sioux Falls State SD Zip Code 57104</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Sen. John R. Thune</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: SD District:</p>	<p>Transaction ID: 30119811</p> <p>Date of Disbursement 06 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Re-elect to US Senate</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate</p> <p>Mailing Address 500 Red Sail Way</p> <p>City Satellite Beach State FL Zip Code 32937</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Bill Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: FL District:</p>	<p>Transaction ID: 30119820</p> <p>Date of Disbursement 06 / 22 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Re-elect to US Senate</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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

A.	Full Name (Last, First, Middle Initial) Rangel For Congress	Transaction ID: 30122215 Date of Disbursement 06 / 24 / 2009
	Mailing Address PO Box 5577 Manhattanville Sta	Amount of Each Disbursement this Period 2500.00
	City New York State NY Zip Code 10027	
	Purpose of Disbursement Re-Elect to Congress Candidate Name Rep. Charles B. Rangel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-Elect to Congress

B.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd	Transaction ID: 30125909 Date of Disbursement 06 / 25 / 2009
	Mailing Address 901-15th St. N.W.	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Re-elect to US Senate Candidate Name Christopher J. Dodd Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to US Senate

C.	Full Name (Last, First, Middle Initial) Crowley For Congress	Transaction ID: 30127681 Date of Disbursement 06 / 25 / 2009
	Mailing Address 84-56 Grand Avenue	Amount of Each Disbursement this Period 5000.00
	City Elmhurst State NY Zip Code 11373	
	Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Joseph Crowley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to Congress

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)

<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

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

<p>A. Full Name (Last, First, Middle Initial) Mike Crapo For Us Senate</p> <p>Mailing Address P.O. Box 1948</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Sen. Mike Crapo</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ID District:</p>	<p>Transaction ID: 30127682</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>Re-elect to US Senate</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Sen. Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: 30132211</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3500.00"/></p> <p>Re-elect to US Senate</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Sen. Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: 30132214</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>Re-elect to US Senate</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="17800.00"/>