

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street)

9900 Bren Road East

Check if different  
than previously  
reported. (ACC)

Minnetonka

MN

55343

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00274431

3. IS THIS  
REPORTNEW  
(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  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

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

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

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

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer

Sherwood, Susan, , ,

Signature of Treasurer

Sherwood, Susan, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2010 To: M M / D D / Y Y Y Y Y 06 / 30 / 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2010		177649.83
(b) Cash on Hand at Beginning of Reporting Period.....	103114.97	
(c) Total Receipts (from Line 19) .....	157383.62	256298.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	260498.59	433948.59
7. Total Disbursements (from Line 31) .....	111075.00	284525.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	149423.59	149423.59
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	0

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).....	125051.87	202263.27
(ii) Unitemized .....	17331.75	39035.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	142383.62	241298.76
(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) .....	142383.62	241298.76
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.).....	15000.00	15000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	157383.62	256298.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	157383.62	256298.76

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	71200.00	227700.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	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 (Including Non-Federal Donations).....	39875.00	56825.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	111075.00	284525.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	111075.00	284525.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	142383.62	241298.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	142383.62	241298.76
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: PAGE 6 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. MYHRAN, LYNN, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

04 / 09 / 2010

Transaction ID : 31574194

Amount of Each Receipt this Period

2500.00

☐ Memo Item

15

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

**B. Vogel, Randall, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)  
AmeriChoice

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 20 / 2010

Transaction ID : 31657022

Amount of Each Receipt this Period

225.00

☐ Memo Item

15

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

**C. KAZLAUSKAS, ANTHONY J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C Sr Medical Director

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

Transaction ID : PR1159794624031

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

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

2865.00

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 7 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. MUGGIO, CARLA M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Network Contract Director

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1159798224031**

Amount of Each Receipt this Period

134.61

☐ Memo Item

15

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

**B. NOBLITT, KEITH W, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Strategic Client Exec-Unip

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1159805524031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**C. WATSON III, JAMES S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Govt Rel Assoc Dir

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1159806024031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

449.61

**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 8 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. WHITELY, WILLIAM P, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Senior Vice President

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1159812624031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

**B. COOK, WAYNE F, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** President Insurance Solut

Name of Employer (for Individual)

Occupation (for Individual)  
United HealthGroup

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1159812824031**

Amount of Each Receipt this Period

420.00

☐ Memo Item

15

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

**C. COLLINS, RICHARD A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Director, Underwriting

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

4999.90

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1159814024031**

Amount of Each Receipt this Period

4999.90

☐ Memo Item

15

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

6766.00

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



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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 9 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. WICHMANN, DAVID S, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** EVP & Pres UHG Operati

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1159814724031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

**B. ERLANDSON, PATRICK J, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** SVP Business Operations

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1159815924031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

**C. SAURO, PATRICIA R, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Business Segment CAO

Name of Employer (for Individual)

Occupation (for Individual)  
United HealthGroup, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1780.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1159816424031**

Amount of Each Receipt this Period

420.00

☐ Memo Item

15

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

3112.20

**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 10 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. MUNSELL, WILLIAM A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** EVP UnitedHealth Group

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1159816624031**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

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

**B. PENSHORN, JOHN S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** SVP UnitedHealth Group

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1946.10

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1159816924031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

**C. KALLMEYER, PAUL D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Deputy General Counsel (

Name of Employer (for Individual)

Occupation (for Individual)  
United HealthGroup

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1159817424031**

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

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

2396.10

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

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

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

FOR LINE NUMBER: PAGE 11 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. RYAN, TIMOTHY F, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Business Segment Gen C

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1159817924031**

Amount of Each Receipt this Period

133.00

☐ Memo Item

15

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

**B. QUIRK, THOMAS J, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Health Plan CEO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

807.68

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1159819124031**

Amount of Each Receipt this Period

576.92

☐ Memo Item

15

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

**C. TUCKSON, REED V, , M.D.**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** EVP Consumr Health & M

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1159819824031**

Amount of Each Receipt this Period

807.66

☐ Memo Item

15

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

1517.58

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

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

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

FOR LINE NUMBER: PAGE 12 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. OBERMAN, DEBRA A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Gov't Relations

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1159820724031**

Amount of Each Receipt this Period

134.61

☐ Memo Item

15

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

**B. TRACY, WILLIAM C, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Health Plan CEO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1159821524031**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

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

**C. SCHNEEWEIS, CAROL M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Medical & Clinical Ops

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1159823524031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

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

713.51

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

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

FOR LINE NUMBER: PAGE 13 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. MIGLIORI, RICHARD J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** SVP Bus Initiatives & Clin

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1159827424031**

Amount of Each Receipt this Period

538.44

☐ Memo Item

15

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

**B. RIVET, JEANNINE M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** EVP UnitedHealth Group

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1159830024031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

**C. SHUFF, JACK E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** SB RVP

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.99

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1159830524031**

Amount of Each Receipt this Period

134.61

☐ Memo Item

15

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

2019.15

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

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

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

FOR LINE NUMBER: PAGE 14 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. WINTERS, JILL, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP General Management

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1159840424031**

Amount of Each Receipt this Period

378.00

☐ Memo Item

15

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

**B. WELTERS, ANTHONY, , Mr.,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** EVP UnitedHealth Group

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1332013224031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

**C. DUGGIN, THELMA, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** SVP UnitedHealth Group

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.03

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1530799224031**

Amount of Each Receipt this Period

1346.17

☐ Memo Item

15

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

3070.27

**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 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. BOHNENKAMP, ROBERT J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Business Segment CIO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1551005624031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

**B. BRESOLIN, MICHAEL J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Care Advocacy

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1551005724031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**C. HEADY, TIMOTHY J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** SVP Pharmacy Benefit M

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

695.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1551122524031**

Amount of Each Receipt this Period

455.00

☐ Memo Item

15

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

1941.10

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

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

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

FOR LINE NUMBER: PAGE 16 OF 96  
(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)**

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

**A. KAGAN, JEFFREY W., ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1551132324031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**B. KNUTSON, GERALD JOHN, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Business Segment CFO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1551132524031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**C. MATTEO, MICHAEL C., ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** CEO National Accounts

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.99

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1551133424031**

Amount of Each Receipt this Period

134.61

☐ Memo Item

15

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

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

414.61



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

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

FOR LINE NUMBER: PAGE 17 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. OWENS, DAWN M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Business Segment CEO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1551160324031**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

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

**B. VALERIUS, THOMAS J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Recruitment Svcs

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1551161324031**

Amount of Each Receipt this Period

538.44

☐ Memo Item

15

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

**C. WEIHRAUCH, LOIS T, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP General Management

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

702.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1551161424031**

Amount of Each Receipt this Period

378.00

☐ Memo Item

15

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

1616.44

**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 18 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. ENDERLE, JOHN O, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Regional Executive

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1554323524031**

Amount of Each Receipt this Period

385.00

☐ Memo Item

15

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

**B. JELINEK, RICK M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Business Segment CEO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1554323924031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

**C. RADU, MICHAEL, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Operations

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

702.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1554324524031**

Amount of Each Receipt this Period

378.00

☐ Memo Item

15

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

2109.10

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

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

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

FOR LINE NUMBER: PAGE 19 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

A. SPILLANE, CATHERINE E, , ,

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C Dir Business Process

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

Transaction ID : PR1554324624031

Amount of Each Receipt this Period

134.61

☐ Memo Item

15

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

B. STAPLETON, KIRK E, , ,

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C VP Network Programs

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

Transaction ID : PR1554324724031

Amount of Each Receipt this Period

400.00

☐ Memo Item

15

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

C. ERICKSON, KAREN L, , ,

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C SVP Corporate Controller

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

Transaction ID : PR1575957624031

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

SUBTOTAL of Receipts This Page (optional)..... ►

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

1880.71

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

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

FOR LINE NUMBER: PAGE 20 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. MONFILETTO, ERNEST, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Plan President

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1575958124031**

Amount of Each Receipt this Period

538.44

☐ Memo Item

15

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

**B. VALENTA, LEE D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Business Segment COO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1575958524031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

**C. PAUL, THOMAS S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Business Segment COO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

807.68

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1580864724031**

Amount of Each Receipt this Period

576.92

☐ Memo Item

15

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

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

2461.46

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

A. WEBB, ROBERT THOMAS, , ,

Mailing Address 9900 Bren Road East

City  
MinnetonkaState  
MNZip Code  
55343-9664FEC ID number of contributing  
federal political committee.

C CEO Care Solutions

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2010

Transaction ID : PR1580865324031

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

B. HUGHES, RICHARD J, , ,

Mailing Address 9900 Bren Road East

City  
MinnetonkaState  
MNZip Code  
55343-9664FEC ID number of contributing  
federal political committee.

C VP Human Capital Dvlpmnt

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2010

Transaction ID : PR1596304124031

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

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

C. JOHNSON, THAD C, , ,

Mailing Address 9900 Bren Road East

City  
MinnetonkaState  
MNZip Code  
55343-9664FEC ID number of contributing  
federal political committee.

C Sr Deputy General Couns

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2680.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2010

Transaction ID : PR1596304324031

Amount of Each Receipt this Period

2590.00

☐ Memo Item

15

SUBTOTAL of Receipts This Page (optional)..... ►

4636.10

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

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

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

FOR LINE NUMBER: PAGE 22 OF 96  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. MASSEY, GAYE ADAMS, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Sr Deputy General Couns

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1596304524031**

Amount of Each Receipt this Period

807.66

☐ Memo Item

15

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

**B. MIKAN III, GEORGE L, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** EVP CFO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1596304824031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

**C. MORNESS, CAROL B, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Underwriting

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1596304924031**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

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

2422.98

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

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

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

FOR LINE NUMBER: PAGE 23 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. THEISEN, SCOTT E, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** SVP Product Development

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1596305624031**

Amount of Each Receipt this Period

134.61

☐ Memo Item

15

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

**B. LEWIS, THOMAS D, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Health Plan CEO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1596306924031**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

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

**C. OBERRENDER, ROBERT W, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** SVP Treasurer

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

950.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1596307024031**

Amount of Each Receipt this Period

650.00

☐ Memo Item

15

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

1053.83

**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 OF 96  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. FLYNN, DIANE BEDNAR, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1596309724031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

**B. COTO, RAMON E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP General Management

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1596311524031**

Amount of Each Receipt this Period

134.61

☐ Memo Item

15

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

**C. FOUCRE, JILLIAN, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** COO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1596312724031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

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

484.61



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

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

FOR LINE NUMBER: PAGE 25 OF 96  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. GARCIA, STEVAN D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

VP General Management

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

MM / DD / YYYY  
 06 / 30 / 2010

**Transaction ID : PR1596312924031**

Amount of Each Receipt this Period

134.61

☐ Memo Item

15

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

**B. HEUMANN, KURT A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

Dir Finance

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
 06 / 30 / 2010

**Transaction ID : PR1596313724031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**C. RENNICK JR, JOHN H, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

Medical Director

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

249.99

Date of Receipt

MM / DD / YYYY  
 06 / 30 / 2010

**Transaction ID : PR1596316824031**

Amount of Each Receipt this Period

134.61

☐ Memo Item

15

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

409.22

**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 26 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. RODGERS, STEPHAN S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** SVP Healthcare Strategie

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1596317124031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

**B. ROSENTHAL, DANIEL I, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Health Plan CEO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1596317324031**

Amount of Each Receipt this Period

134.61

☐ Memo Item

15

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

**C. RUTH, KEVIN J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** SVP Enterprise Clinical AI

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

975.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1596317424031**

Amount of Each Receipt this Period

525.00

☐ Memo Item

15

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

2005.71

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

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

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

FOR LINE NUMBER: PAGE 27 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. SELVA, MANUEL A, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Medical Director

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1596317724031**

Amount of Each Receipt this Period

134.61

☐ Memo Item

15

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

**B. WASSERSTEIN, M LAURIE, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** PS National VP Account M

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1596319524031**

Amount of Each Receipt this Period

134.61

☐ Memo Item

15

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

**C. DODDY, JOHN P, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Information Technolog

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1600597324031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

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

409.22

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

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

FOR LINE NUMBER: PAGE 28 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. MICHAUX, MICHAEL D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

VP Acquisitions & Integrati

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

592.32

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1600598524031**

Amount of Each Receipt this Period

523.08

☐ Memo Item

15

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

**B. SANDY, LEWIS G, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

SVP Clinical Advancemen

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1600598724031**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

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

**C. PETERSON, MATTHEW W, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

Market Group CAO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

580.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1602669924031**

Amount of Each Receipt this Period

340.00

☐ Memo Item

15

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

1563.08

**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 29 OF 96  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. MALONEY, JEFFREY W., , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Operations - Evercare

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.95

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1613243524031**

Amount of Each Receipt this Period

673.05

☐ Memo Item

15

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

**B. KENNEDY, WILLIAM F., , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir IT Project Mgmt

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1653443124031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**C. KOOREN, STEVE R., , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Business Segment CFO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1692.24

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1653443224031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

2159.15

**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 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. BELLAMY, THOMAS J, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** SB VP Sales and Account

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1653444324031**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

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

**B. JACQUES, ALISTAIR D, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1653445224031**

Amount of Each Receipt this Period

961.50

☐ Memo Item

15

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

**C. CORBIN, ELIZABETH DARCIE, D., ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Information Technology

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1669432224031**

Amount of Each Receipt this Period

3000.00

☐ Memo Item

15

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

4365.40

**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 31 OF 96

(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)**

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

**A. LARKIN, JOYCE A, , ,**

Mailing Address 9900 Bren Road East

City  
MinnetonkaState  
MNZip Code  
55343-9664FEC ID number of contributing  
federal political committee.**C** Govt Rel Dir

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2010**Transaction ID : PR1677771624031**

Amount of Each Receipt this Period

538.44

☐ Memo Item

15

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

**B. SNOWDEN, MILES S, , Mr.,**

Mailing Address 9900 Bren Road East

City  
MinnetonkaState  
MNZip Code  
55343-9664FEC ID number of contributing  
federal political committee.**C** SVP Health Advancement

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2010**Transaction ID : PR1746717824031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

**C. LEVINE, JEFF L, , ,**

Mailing Address 9900 Bren Road East

City  
MinnetonkaState  
MNZip Code  
55343-9664FEC ID number of contributing  
federal political committee.**C** PS Mgr Acct Mgmt (FEHB)

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2010**Transaction ID : PR1806443224031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

2024.54

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

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

FOR LINE NUMBER: PAGE 32 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. TALAMANTES, WILLIAM, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Six Sigma Consultant

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.80

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1806444724031**

Amount of Each Receipt this Period

123.20

☐ Memo Item

15

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

**B. BAYER, GREGORY A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** CEO Behavioral Solutions

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1806750224031**

Amount of Each Receipt this Period

245.00

☐ Memo Item

15

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

**C. EMERSON, PAUL M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Business Segment CFO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1806750324031**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

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

637.42

**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 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. LEDELL, MICHELLE D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Human Capital Partner

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1882850624031**

Amount of Each Receipt this Period

280.00

☐ Memo Item

15

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

**B. ANDERSON, CATHERINE K, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Marketing Bus Dev

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1903550724031**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

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

**C. BISHOP, KATHLEEN L, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Finance

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1903560824031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

823.90

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

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

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

FOR LINE NUMBER: PAGE 34 OF 96  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. DUFEK, ROBERT J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1903577124031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

**B. EDBERG, SUSAN B, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Customer Service

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1903578124031**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

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

**C. SANTELLI, JOHN C, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** SVP & CIO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

740.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR1903622024031**

Amount of Each Receipt this Period

620.00

☐ Memo Item

15

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

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

1495.00

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

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

FOR LINE NUMBER: PAGE 35 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. WEYMOUTH, PAUL D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Finance

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR1903636924031**

Amount of Each Receipt this Period

134.61

☐ Memo Item

15

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

**B. ALLEN, BRADLEY E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Sr Associate General Cou

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119466824031**

Amount of Each Receipt this Period

160.00

☐ Memo Item

15

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

**C. BENNETT, RUSSELL A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Marketing Bus Dev

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119468024031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

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

434.61

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

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

FOR LINE NUMBER: PAGE 36 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. BERKEL, SUSAN LYNN, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** SVP Operations

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2496.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119468124031**

Amount of Each Receipt this Period

1344.00

☐ Memo Item

15

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

**B. BRYAN, KATHIE L, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Assoc Dir Mrkting Comm

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119469424031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

**C. CARLSON, DAVID S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Marketing Research

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119470224031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

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

1659.00

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

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

FOR LINE NUMBER: PAGE 37 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. CARTER, LESLIE J, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Network Contracting

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119470324031**

Amount of Each Receipt this Period

672.00

☐ Memo Item

15

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

**B. CORREIA, RANDELL J, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Pharmacy Operations

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119471324031**

Amount of Each Receipt this Period

210.00

☐ Memo Item

15

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

**C. CROSS, RICHARD A, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Deputy General Counsel (

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119471824031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

1057.00

**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 38 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. DAVIS, KENNETH R, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

Medical Director

Name of Employer (for Individual)

Occupation (for Individual)

UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2119472524031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**B. DAYAN, LINDA M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

Chief of Staff

Name of Employer (for Individual)

Occupation (for Individual)

UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

247.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2119472624031**

Amount of Each Receipt this Period

152.00

☐ Memo Item

15

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

**C. DILWEG, ANDREA E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

Govt Rel Dir

Name of Employer (for Individual)

Occupation (for Individual)

UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

481.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2119472924031**

Amount of Each Receipt this Period

259.00

☐ Memo Item

15

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

551.00

**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 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. GIAMBRONE, ANGELO, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Network Contracting

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119475124031**

Amount of Each Receipt this Period

420.00

☐ Memo Item

15

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

**B. GILDERNICK, AMY J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Assoc Dir Claims

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119475224031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**C. HANSEN, DAVID M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Health Plan CEO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1890.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119476724031**

Amount of Each Receipt this Period

1080.00

☐ Memo Item

15

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

1640.00

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

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

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

FOR LINE NUMBER: PAGE 40 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. HO, SAMUEL W, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Market Grp Chief Clinical

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1353.80

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2119477924031**

Amount of Each Receipt this Period

753.80

☐ Memo Item

15

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

**B. HOST, KEVIN D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Pharmacy Operations

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2119478224031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**C. JEFFREY, BRIAN, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Network Contracting

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2119479124031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

1068.80

**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  
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FOR LINE NUMBER: PAGE 41 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. JONES, JOHN D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Govt Rel

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119479224031**

Amount of Each Receipt this Period

672.00

☐ Memo Item

15

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

**B. MACE-MEADOR, HEATHER M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Healthcare Econ

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119482524031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**C. MILBURN, CHARLEEN M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Govt Rel Dir

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

845.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119483924031**

Amount of Each Receipt this Period

455.00

☐ Memo Item

15

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

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

1267.00

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

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

FOR LINE NUMBER: PAGE 42 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. MONK, NANCY J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Govt Affairs & Compl

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2119484324031**

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

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

**B. NYGARD, KEITH E, , ,**

Mailing Address 372 1/2 NEWPORT AVE

City  
LONG BEACH

State  
CA

Zip Code  
90814

FEC ID number of contributing  
federal political committee.

**C** Assoc Dir Compliance

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2119485024031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**C. PAXSON, LYND A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Service Account Manager

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2119485824031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

665.00

**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  
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FOR LINE NUMBER: PAGE 43 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. PITTMAN, AUSTIN T, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Chief Growth Officer

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1755.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119486724031**

Amount of Each Receipt this Period

945.00

☐ Memo Item

15

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

**B. POLICH, CYNTHIA L, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Chief Strategy Officer

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119486824031**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

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

**C. RICCIUTI, SHARON A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Clinical Quality

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119487924031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

1785.00

**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

FOR LINE NUMBER: PAGE 44 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. STYERS, MARILYNN D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2119490724031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**B. TANIGAWA, CHERYL, , , MD**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Natl Medical Director/CMC

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2119491124031**

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

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

**C. TUCKER, STEVEN M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Regulatory Affairs

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1248.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2119492024031**

Amount of Each Receipt this Period

672.00

☐ Memo Item

15

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

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

1162.00

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

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

FOR LINE NUMBER: PAGE 45 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. VANASTEN, SUSAN, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Site Dir Medicare Inside S

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119492624031**

Amount of Each Receipt this Period

280.00

☐ Memo Item

15

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

**B. DAUGHERTY, LINDA D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Associate General Couns

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119493524031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**C. WRIGHT, GREGORY, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir General Management

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2119494124031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

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

595.00

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

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

FOR LINE NUMBER: PAGE 46 OF 96

(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)**

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

**A. BURKE, FORREST G, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** President PS Labor & Tru:

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

760.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2133132424031**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

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

**B. HANSON, CHARLES W, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Underwriting

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

671.06

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2133133124031**

Amount of Each Receipt this Period

412.96

☐ Memo Item

15

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

**C. HULTGREN, BROR O, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Regional Executive

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2133133224031**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

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

1382.18

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

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

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

FOR LINE NUMBER: PAGE 47 OF 96  
(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)**

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

**A. MAGILL, CAROLYN E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Product

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2133133524031**

Amount of Each Receipt this Period

134.61

☐ Memo Item

15

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

**B. MILLER, ALLEN D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Regional Executive

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2133133624031**

Amount of Each Receipt this Period

245.00

☐ Memo Item

15

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

**C. MORISATO, SUSAN C, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Federal Prog-UHG Alli

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1950.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2133133824031**

Amount of Each Receipt this Period

1050.00

☐ Memo Item

15

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

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

1429.61

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

Use separate schedule(s)  
for each category of the  
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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)**

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

**A. PUTNAM, T JEFFREY, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** SVP Financial Plng & Ana

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2133134224031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

**B. SCHIMMELBUSCH, DIANE M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Medical & Clinical Ops

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2133134624031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

**C. FALKENBERG, ROBERT C, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Health Plan CEO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2145728424031**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

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

1790.32

**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

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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)**

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

**A. FARAHANI, ROB, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir IT

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2145728524031**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

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

**B. KIDD, CARL T, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Client Svc Acct Mgt

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.05

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2145728824031**

Amount of Each Receipt this Period

201.95

☐ Memo Item

15

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

**C. LINDIMORE, NANCY E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** KA Dir Acct Mgmt

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2145728924031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

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

611.17

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. MILLER, WAYNE, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Client Svc Acct Mgt

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2145729224031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**B. SCHWARZ, MICHAEL P, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir IT

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2145729724031**

Amount of Each Receipt this Period

245.00

☐ Memo Item

15

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

**C. SMITH, DANNETTE L, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Sr Deputy General Couns

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2145729924031**

Amount of Each Receipt this Period

807.66

☐ Memo Item

15

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

1192.66

**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 51 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. WEAR, MARGARET W, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Actuarial Services

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2145730224031**

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

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

**B. DAVIDSON, ARLENE, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Marketing Bus Dev

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2162867024031**

Amount of Each Receipt this Period

134.61

☐ Memo Item

15

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

**C. SPIVACK, DAVID A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Business Segment CFO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2162867624031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

1830.71

**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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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. GIBSON, CHRISTINE W, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Market Grp Chief Mktg Ofi

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2225166724031**

Amount of Each Receipt this Period

807.66

☐ Memo Item

15

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

**B. SLAVITT, ANDREW M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Business Segment CEO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2225167424031**

Amount of Each Receipt this Period

1750.00

☐ Memo Item

15

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

**C. BEAULE, JEAN-FRANCOIS, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Actuarial Services

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.10

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2225813624031**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

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

2961.56

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

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. HARRIS, DANIEL M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Actuarial Services

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2225817524031**

Amount of Each Receipt this Period

134.61

☐ Memo Item

15

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

**B. MCGUIRE, MICHAEL, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Health Plan CEO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2225818824031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**C. RANGEN, ERIC S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** SVP Chief Accounting Off

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2225819324031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

1620.71

**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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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. RYAN, JOHN D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** RVP Client Mgmt & Svc

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2225819624031**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

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

**B. SAILOR, ROY T, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir General Management

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2225819724031**

Amount of Each Receipt this Period

538.44

☐ Memo Item

15

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

**C. DIPALMO, KAREN A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Network Programs

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

390.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2231347224031**

Amount of Each Receipt this Period

210.00

☐ Memo Item

15

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

1017.66

**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 55 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. DROZDA, JEFFERY A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Govt Rel Assoc Dir

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2231347424031**

Amount of Each Receipt this Period

280.00

☐ Memo Item

15

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

**B. MUDGETT, DONALD M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Assoc Dir General Manag

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2231351924031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**C. RICHEY, DARRELL S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Deputy General Counsel (

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1040.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2231352324031**

Amount of Each Receipt this Period

560.00

☐ Memo Item

15

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

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

980.00

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

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

FOR LINE NUMBER: PAGE 56 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. CONNLY, MICHAEL R, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Chief Technology Officer

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2247625824031**

Amount of Each Receipt this Period

580.00

☐ Memo Item

15

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

**B. KERR, CAROLYN B, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Govt Rel Dir

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2247626224031**

Amount of Each Receipt this Period

161.00

☐ Memo Item

15

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

**C. CARCIONE JR, JOSEPH R, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Medical Director

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.10

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2247626824031**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

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

1144.90

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



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

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

FOR LINE NUMBER: PAGE 57 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. KANTOLA, KEVIN DAVID, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir IT Project Mgmt

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2247627024031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

**B. O'BRIEN, DENNIS P, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** RVP Network Mgmt

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2247627324031**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

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

**C. VERNEY, JEFFERY RICHARD, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP General Management

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

750.10

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2247627424031**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

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

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

982.80

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. BROOKS, DARRELL, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Information Technolog

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.10

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2247627624031**

Amount of Each Receipt this Period

403.90

☐ Memo Item

15

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

**B. GARODIA, SANJAY, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** COO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2247627824031**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

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

**C. KOSECOFF, JACQUELINE B, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Business Segment CEO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2247627924031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

2019.22

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 59 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. OHMAN, DANIEL L, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Region CEO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.96

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2247628024031**

Amount of Each Receipt this Period

188.44

☐ Memo Item

15

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

**B. PRINCE, JOHN M, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Business Segment COO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

805.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2259738424031**

Amount of Each Receipt this Period

565.00

☐ Memo Item

15

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

**C. SIGGETT, DAWN M, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Govt Rel Dir

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2270335124031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

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

893.44

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. CRONN, CHRIS, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Govt Rel Dir

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2270522924031**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

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

**B. DANIEL, JANI H, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Assoc Dir General Manag

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2402315824031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

**C. DE SA, JEANNE M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Govt Rel Dir

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2402315924031**

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

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

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

794.22

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. HARRELL, LISA M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2402316924031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

**B. HENDERSON, SCOTT E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Govt Rel Dir

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2402317024031**

Amount of Each Receipt this Period

245.00

☐ Memo Item

15

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

**C. HUMPHREY, INGRID K, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Marketing

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2402317224031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

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

595.00

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

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. KEPLEY CARRIER, ANGELA DAWN, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Assoc Dir Case Mgmt

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2402317724031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**B. LEVI-BAUMGARTEN, MARILYN, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Dir Network Programs

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2402317924031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**C. LOGAN, JAKE, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Govt Rel Dir

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2402318224031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

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

455.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

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

A. MCCAULEY, MARIA, , ,

Mailing Address 9900 Bren Road East

City  
MinnetonkaState  
MNZip Code  
55343-9664FEC ID number of contributing  
federal political committee.

C Sr Project Manager II

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2010

Transaction ID : PR2402318424031

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

B. RIVERS, JILL, , ,

Mailing Address 9900 Bren Road East

City  
MinnetonkaState  
MNZip Code  
55343-9664FEC ID number of contributing  
federal political committee.

C Managing Dir HHS Consu

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2010

Transaction ID : PR2402319524031

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

C. SWEERE, LORI K, , ,

Mailing Address 9900 Bren Road East

City  
MinnetonkaState  
MNZip Code  
55343-9664FEC ID number of contributing  
federal political committee.

C EVP Human Capital

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

910.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2010

Transaction ID : PR2402320224031

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

SUBTOTAL of Receipts This Page (optional)..... ►

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

1015.00

# **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)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. WARREN, KELLY, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

Dir Bus Dvlp

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2402320524031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

**B. ANLIKER, JAY M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

CEO TPA

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2402445024031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**C. COLEMAN, JAMES C, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

VP Employee Relations

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2402445224031**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

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

1015.00

**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 65 OF 96

(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)**

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

**A. DONOVAN, JAMES D, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** SVP Bus Dev and Marketi

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

845.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2402445324031**

Amount of Each Receipt this Period

455.00

☐ Memo Item

15

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

**B. LARSEN, JOHN L, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** President Evercare

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2402445624031**

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

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

**C. RIOS, KARA J, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Business Segment CFO

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2402445724031**

Amount of Each Receipt this Period

1750.00

☐ Memo Item

15

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

2555.00

**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  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. HIGA, JOY O, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Govt Rel Dir

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2402446224031**

Amount of Each Receipt this Period

210.00

☐ Memo Item

15

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

**B. JINDAL, SOHINI G, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Govt Rel Dir

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

820.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2402446324031**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

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

**C. PETRELLA, RUSSELL C, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** President Americhoice

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1210.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2402446424031**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

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

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

1610.00

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

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

FOR LINE NUMBER: PAGE 67 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. THORNHILL, JOELLE OISHI, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Govt Rel Dir

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2402446524031**

Amount of Each Receipt this Period

420.00

☐ Memo Item

15

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

**B. ALEXANDER, CORY, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Gov't Relations

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2499.90

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2405428824031**

Amount of Each Receipt this Period

1346.10

☐ Memo Item

15

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

**C. STEVENS, JOSEPH R, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Govt Rel Dir

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

380.80

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2405429124031**

Amount of Each Receipt this Period

333.20

☐ Memo Item

15

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

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

2099.30

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

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

FOR LINE NUMBER: PAGE 68 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. ARMSTEAD, RODNEY CHARLES, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** VP Operations

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2405430224031**

Amount of Each Receipt this Period

280.00

☐ Memo Item

15

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

**B. WALSH, PETER H, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C** Attorney

Name of Employer (for Individual)

Occupation (for Individual)  
UnitedHealth Group, Inc.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2405431124031**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

15

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

**C. SAELENS, KAREN ANN, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2408544824031**

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

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

2920.00

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

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

FOR LINE NUMBER: PAGE 69 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. WEE, KATHLYN G, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

Transaction ID : PR2408545024031

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**B. KOZIARA BOUDREAUX, GAIL, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.90

Date of Receipt

06 / 30 / 2010

Transaction ID : PR2437119524031

Amount of Each Receipt this Period

0.00

☐ Memo Item

15

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

**C. CORZINE, JEFFREY SEAN, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

Transaction ID : PR2437119724031

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

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

280.00

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

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

FOR LINE NUMBER: PAGE 70 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. LIVINGSTON, DAVID K, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2437120224031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

**B. WEISS, JACK S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2437120524031**

Amount of Each Receipt this Period

175.00

☐ Memo Item

15

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

**C. YALE, KENNETH, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

320.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2437120624031**

Amount of Each Receipt this Period

160.00

☐ Memo Item

15

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

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

510.00

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

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

FOR LINE NUMBER: PAGE 71 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. BALTHAZOR, PAUL JOSEPH, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2437120724031**

Amount of Each Receipt this Period

300.00

☐ Memo Item

15

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

**B. ZAMOFF, MITCHELL, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2437121124031**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

15

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

**C. CLARK, KELLY L, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

499.98

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2437121324031**

Amount of Each Receipt this Period

269.22

☐ Memo Item

15

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

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

3069.22

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

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

FOR LINE NUMBER: PAGE 72 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. PRESTON, ROBERT S, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 30 / 2010

Transaction ID : PR2437121424031

Amount of Each Receipt this Period

500.00

☐ Memo Item

15

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

**B. NESS, LAURA L, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 30 / 2010

Transaction ID : PR2437121524031

Amount of Each Receipt this Period

140.00

☐ Memo Item

15

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

**C. LIPPERT, ROBIN E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

650.00

Date of Receipt

06 / 30 / 2010

Transaction ID : PR2439928024031

Amount of Each Receipt this Period

350.00

☐ Memo Item

15

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

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

990.00



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

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

FOR LINE NUMBER: PAGE 73 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. HEYMAN, STEPHEN M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2444265724031**

Amount of Each Receipt this Period

700.00

☐ Memo Item

15

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

**B. ULLSPERGER, DEWAYNE E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2444561324031**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

15

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

**C. MURPHY, JAMES E, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2444561424031**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

15

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

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

5700.00

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

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

FOR LINE NUMBER: PAGE 74 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. MEZIN, DANNA L, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2444561524031**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

15

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

**B. MCDUGAL, LORI C, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.80

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2445015324031**

Amount of Each Receipt this Period

1153.80

☐ Memo Item

15

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

**C. ADLINGTON, AMY R, ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2445016424031**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

15

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

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

6153.80

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

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

FOR LINE NUMBER: PAGE 75 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. RADKE, JACK W, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

789.48

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

Transaction ID : PR2445016524031

Amount of Each Receipt this Period

789.48

☐ Memo Item

15

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

**B. WILKINS, CHARLES L, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

Transaction ID : PR2445016624031

Amount of Each Receipt this Period

600.00

☐ Memo Item

15

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

**C. KEITEL, KARIN, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

Transaction ID : PR2460167624031

Amount of Each Receipt this Period

250.00

☐ Memo Item

15

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

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

1639.48

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

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

FOR LINE NUMBER: PAGE 76 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. SOLOMON, SHELBY P, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2460167924031**

Amount of Each Receipt this Period

575.00

☐ Memo Item

15

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

**B. RENFRO, LARRY C, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

961.50

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2460168124031**

Amount of Each Receipt this Period

961.50

☐ Memo Item

15

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

**C. GILL, PETER M, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID : PR2463724624031**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

15

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

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

2536.50

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

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

FOR LINE NUMBER: PAGE 77 OF 96

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

**A. WILLIAMS, ROBERT C, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2463724924031**

Amount of Each Receipt this Period

300.00

☐ Memo Item

15

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

**B. SCHICK, SUE, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2480620524031**

Amount of Each Receipt this Period

250.00

☐ Memo Item

15

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

**C. PHILLIPS, MARK A, , ,**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

06 / 30 / 2010

**Transaction ID : PR2484542624031**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

15

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

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

1550.00

125051.87

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

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

FOR LINE NUMBER: PAGE 78 OF 96  
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

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

## **A. UnitedHealth Group Incorporated**

Mailing Address 9900 Bren Road East

City  
Minnetonka

State  
MN

Zip Code  
55343-9664

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2010

**Transaction ID : 31773030**

Amount of Each Receipt this Period

15000.00

☐ Memo Item

18U

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

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

15000.00

15000.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 79 OF 96

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. Continuing A Majority Political Action Committee**

Mailing Address 5915 Eastman Avenue  
Suite 100

City  
Midland

State  
MI

Zip Code  
48640

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 13 / 2010

FEC Identification Number

C 011

**Transaction ID : 31580610**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Friends Of Mark Warner**

Mailing Address 201 North Union Street Suite 300

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement

Candidate Name

S6VA00093, Warner, Mark, , Mr.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☒ Primary ☐ General  
☐ Other (specify)

State: S

District: VA

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2010

FEC Identification Number

C 011

**Transaction ID : 31666838**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Citizens For Altmire**

Mailing Address P.O. Box 1776

City  
Freedom

State  
PA

Zip Code  
15042

Purpose of Disbursement

Candidate Name

H6PA04110, Altmire, Jason, , Mr.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: PA

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2010

FEC Identification Number

C 011

**Transaction ID : 31666839**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

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

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

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 80 OF 96

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. Moderate Democrats Political Action Committee**

Mailing Address 426 C Street, N.E.

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

Candidate Name

C00436022

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2010

FEC Identification Number

C 011

**Transaction ID : 31666840**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Senate Majority Fund**

Mailing Address P.O. Box 32025

City  
Phoenix

State  
AZ

Zip Code  
85064

Purpose of Disbursement

Candidate Name

C00368431

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2010

FEC Identification Number

C 011

**Transaction ID : 31666841**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Melissa Bean For Congress**

Mailing Address PO Box 3068

City  
Barrington

State  
IL

Zip Code  
60010

Purpose of Disbursement

Candidate Name

H2IL08088, Bean, Melissa, , Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: IL

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 26 / 2010

FEC Identification Number

C 011

**Transaction ID : 31666842**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

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

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

11000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 81 OF 96

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Haley's PAC**

Mailing Address P.O. Box 1186

City  
JacksonState  
MSZip Code  
39215

Purpose of Disbursement

Candidate Name

C00406314

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C 011

**Transaction ID : 31666843**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Majority Committee**

Mailing Address 104 Hume Avenue

City  
AlexandriaState  
VAZip Code  
22301

Purpose of Disbursement

Candidate Name

C00428052

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	8			2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31669629**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John D. Dingel for Congress Committee**

Mailing Address 9216 Pelham, Suite 101

City  
TaylorState  
MIZip Code  
48180

Purpose of Disbursement

Candidate Name

, Dingell, John D., ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: MI

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	1			2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31703577**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 82 OF 96

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Price For Congress**

Mailing Address P.O. Box 425

City  
RoswellState  
GAZip Code  
30077

Purpose of Disbursement

Candidate Name

H4GA06087, Price, Thomas, Edmunds, Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H District: GA

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	1		2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31703631**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Issa for Congress**

Mailing Address P. O. Box 760

City  
VistaState  
CAZip Code  
92085-0760

Purpose of Disbursement

Candidate Name

, Issa, Darrell, ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H District: CA

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	1		2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31703641**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Arcuri For Congress**

Mailing Address P.O. Box 8508

City  
UticaState  
NYZip Code  
13505

Purpose of Disbursement

Candidate Name

H6NY24128, Arcuri, Michael, A., Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H District: NY

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	1		2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31703651**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 96

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Frank Kratovil For Congress**Mailing Address 222 Main Sail Drive  
PO Box 518City  
StevensvilleState  
MDZip Code  
21666

Purpose of Disbursement

Candidate Name

H8MD01086, Kratovil, Frank, M., Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H District: MD

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	1			2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31703653**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Snowe For Senate**

Mailing Address PO Box 2012

City  
PortlandState  
MEZip Code  
04104

Purpose of Disbursement

Candidate Name

S4ME00055, Snowe, Olympia, J., Sen.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: S District: ME

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	1			2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31703662**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Childers For Congress**

Mailing Address PO Box 177

City  
BoonevilleState  
MSZip Code  
38829

Purpose of Disbursement

Candidate Name

H8MS01061, Childers, Travis, Wayne, Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H District: MS

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	7			2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31810987**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 84 OF 96

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Harvest PAC**Mailing Address 236 Massachusetts Avenue, NE  
Number 508City  
WashingtonState  
DCZip Code  
20002

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	3			2	0	1	0		

FEC Identification Number

**C** 011**Transaction ID : 31827374**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee To Elect Chris Murphy**

Mailing Address P.O. Box 127

City  
CheshireState  
CTZip Code  
06410

Purpose of Disbursement

Candidate Name

H6CT05124, Murphy, Christopher, Scott, Rep.

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify)

State: H District: CT

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	3			2	0	1	0		

FEC Identification Number

**C** 011**Transaction ID : 31827375**

Amount of Each Disbursement this Period

200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. John Sullivan For Congress Inc**

Mailing Address Post Office Box 470840

City  
TulsaState  
OKZip Code  
74147

Purpose of Disbursement

Candidate Name

H2OK01093, Sullivan, John, , Rep.

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: H District: OK

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	1	0		

FEC Identification Number

**C** 011**Transaction ID : 31852033**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3700.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 85 OF 96

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Walden for Congress**

Mailing Address PO Box 1091

City  
Hood RiverState  
ORZip Code  
97031

Purpose of Disbursement

Candidate Name

, Walden, Greg, ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: H

District: OR

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31852034**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Dave Camp For Congress 2010**Mailing Address 5915 Eastman Avenue  
Suite 100City  
MidlandState  
MIZip Code  
48640

Purpose of Disbursement

Candidate Name

H0M110071, Camp, David, Lee, Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: MI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31852035**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Dave Camp For Congress 2010**Mailing Address 5915 Eastman Avenue  
Suite 100City  
MidlandState  
MIZip Code  
48640

Purpose of Disbursement

Candidate Name

H0M110071, Camp, David, Lee, Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: H

District: MI

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31852036**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Tiberi For Congress**Mailing Address 2931 E Dublin Granville Road  
Suite 190City  
ColumbusState  
OHZip Code  
43231

Purpose of Disbursement

Candidate Name

H0OH12062, Tiberi, Patrick, J., Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: OH

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			0	9			2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31852037**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ike Skelton For Congress Committee**

Mailing Address P.O. Box A

City  
HarrisonvilleState  
MOZip Code  
64701

Purpose of Disbursement

Candidate Name

H6MO04141, Skelton, Ike, , Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: MO

Date of Disbursement

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

FEC Identification Number

C 011

**Transaction ID : 31885489**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Prosperity PAC**

Mailing Address 429 North Saint Asaph

City  
AlexandriaState  
VAZip Code  
22314

Purpose of Disbursement

Candidate Name

C00377689

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C 011

**Transaction ID : 31885539**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. The Grassley Committee, Inc.**

Mailing Address P.O. Box 6193

City  
AlexandriaState  
VAZip Code  
22306-0193

Purpose of Disbursement

Candidate Name

, Grassley, Charles E., ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: S

District: IA

Date of Disbursement

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

FEC Identification Number

C 011

**Transaction ID : 31885588**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Haley's PAC**

Mailing Address P.O. Box 1186

City  
JacksonState  
MSZip Code  
39215

Purpose of Disbursement

Candidate Name

C00406314

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

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

FEC Identification Number

C 011

**Transaction ID : 31885832**

Amount of Each Disbursement this Period

- 5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Haley's PAC**

Mailing Address P.O. Box 1186

City  
JacksonState  
MSZip Code  
39215

Purpose of Disbursement

Candidate Name

C00406314

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C 011

**Transaction ID : 31885841**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 1500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Democratic Party of Wisconsin**

Mailing Address 222 W. Washington Avenue, Suite 15

City  
MadisonState  
WIZip Code  
53703

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C 011

**Transaction ID : 31886020**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Freedom Project**

Mailing Address 111 E Street SE

City  
WashingtonState  
DCZip Code  
20003

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C 011

**Transaction ID : 31911206**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Matheson For Congress**Mailing Address P O Box 521048  
Suite ACity  
Salt Lake CityState  
UTZip Code  
84152

Purpose of Disbursement

Candidate Name

H0UT02096, Matheson, James, D., Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☐ General  
☒ Other (specify) ▼

State: H

District: UT

June 2010 Primary

Date of Disbursement

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

FEC Identification Number

C 011

**Transaction ID : 31926755**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 96

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committe To Re-Elect Ed Towns**

Mailing Address 438 Lewis Avenue

City  
BrooklynState  
NYZip Code  
11233

Purpose of Disbursement

Candidate Name

H2NY11017, Towns, Edolphus, , Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H District: NY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31935800**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Committe To Re-Elect Ed Towns**

Mailing Address 438 Lewis Avenue

City  
BrooklynState  
NYZip Code  
11233

Purpose of Disbursement

Candidate Name

H2NY11017, Towns, Edolphus, , Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: H District: NY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31935801**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Scalise For Congress**Mailing Address PO Box 23219  
Suite 301City  
JeffersonState  
LAZip Code  
70183

Purpose of Disbursement

Candidate Name

H0LA01087, Scalise, Steve, , Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H District: LA

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31935802**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 96

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Roskam for Congress Committee**

Mailing Address 5006 Washington Ave.

City  
Downers GroveState  
ILZip Code  
60515

Purpose of Disbursement

Candidate Name

, Roskam, Peter, ,

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: H

District: IL

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31935803**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Mike Pence Committee**

Mailing Address P. O. Box 408

City  
AndersonState  
INZip Code  
46015

Purpose of Disbursement

Candidate Name

H8IN02060, Pence, Michael, R., Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: H

District: IN

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31935804**

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends Of Dave Reichert**

Mailing Address P. O. Box 53322

City  
BellevueState  
WAZip Code  
98015

Purpose of Disbursement

Candidate Name

H4WA08071, Reichert, David, , Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: WA

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	3			2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31935805**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 91 OF 96

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Heller For Congress**

Mailing Address PO Box 750580

City  
Las VegasState  
NVZip Code  
89136

Purpose of Disbursement

Candidate Name

H6NV02164, Heller, Dean, , Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: H District: NV

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2010

FEC Identification Number

C 011

**Transaction ID : 31935846**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Cantor For Congress**

Mailing Address P. O. Box 17813

City  
RichmondState  
VAZip Code  
23226

Purpose of Disbursement

Candidate Name

H0VA07042, Cantor, Eric, I., Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: H District: VA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2010

FEC Identification Number

C 011

**Transaction ID : 31935847**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TENNPAC**Mailing Address 228 South Washington Street  
Suite 115City  
AlexandriaState  
VAZip Code  
22314

Purpose of Disbursement

Candidate Name

C00388421

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2010

FEC Identification Number

C 011

**Transaction ID : 31935848**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

# **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)

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☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. Forward Together PAC**

Mailing Address 10 G Street, NE  
Suite 570

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

Candidate Name

C00412791

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2010

FEC Identification Number

C 011

**Transaction ID : 31935849**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. JOE PAC**

Mailing Address 84-56 Grand Avenue  
Elmhurst

City  
New York

State  
NY

Zip Code  
11373

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 23 / 2010

FEC Identification Number

C 011

**Transaction ID : 31935850**

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Arizona Democratic Party - Federal Account**

Mailing Address 2910 North Central Avenue

City  
Phoenix

State  
AZ

Zip Code  
85012

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 25 / 2010

FEC Identification Number

C 011

**Transaction ID : 31943078**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

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

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

4500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Committe To Re-Elect Ed Towns**

Mailing Address 438 Lewis Avenue

City  
BrooklynState  
NYZip Code  
11233

Purpose of Disbursement

Candidate Name

H2NY11017, Towns, Edolphus, , Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: H

District: NY

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	8			2	0	1	0		

FEC Identification Number

**C** 011**Transaction ID : 31943687**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Ike Skelton For Congress Committee**

Mailing Address P.O. Box A

City  
HarrisonvilleState  
MOZip Code  
64701

Purpose of Disbursement

Candidate Name

H6MO04141, Skelton, Ike, , Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☒ Primary ☐ General  
☐ Other (specify) ▼

State: H

District: MO

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	0		

FEC Identification Number

**C** 011**Transaction ID : 31946988**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Heath Schuler for Congress**

Mailing Address 38 Ivy Street, SE

City  
WashingtonState  
DCZip Code  
20004

Purpose of Disbursement

Candidate Name

C00413393

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: H

District: NC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			3	0			2	0	1	0		

FEC Identification Number

**C** 011**Transaction ID : 31946989**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 94 OF 96

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

## **A. The Blue Dog PAC**

Mailing Address 227 Massachusetts Ave  
Suite 101

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement

Candidate Name

C00305318

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2010

FEC Identification Number

C 011

**Transaction ID : 31946993**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

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

5000.00

71200.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 95 OF 96

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. Friends of Jay Goyal**

Mailing Address 2584 Wahl Drive

City  
LexingtonState  
OHZip Code  
44901

Purpose of Disbursement

Jay Goy

Candidate Name

, Goyal, Jay, , OH Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: H

District: OH

Date of Disbursement

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

FEC Identification Number

C 011

**Transaction ID : 31566357**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Niehaus**

Mailing Address 1131 Little Indian Creek Road

City  
New RichmondState  
OHZip Code  
45157-9602

Purpose of Disbursement

Tom Nii

Candidate Name

, Niehaus, Tom, , OH Sen.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: S

District: OH

Date of Disbursement

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

FEC Identification Number

C 011

**Transaction ID : 31566592**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Friends of Shannon Jones**

Mailing Address 800 Valley View Point

City  
SpringboroState  
OHZip Code  
45066

Purpose of Disbursement

Shanno

Candidate Name

, Jones, Shannon, , OH Rep.

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2010

☐ Primary ☒ General  
☐ Other (specify) ▼

State: H

District: OH

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5			1	0			2	0	1	0		

FEC Identification Number

C 011

**Transaction ID : 31702764**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**UnitedHealth Group Incorporated PAC (United for Health)**

Full Name (Last, First, Middle Initial)

**A. UnitedHealth Group Inc PAC of PA**

Mailing Address 9900 Bren Road East

City  
MinnetonkaState  
MNZip Code  
55343

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	1		2	0	1	0		

FEC Identification Number

**C** 011**Transaction ID : 31703660**

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UnitedHealth Group Incorporated**

Mailing Address 9900 Bren Road East

City  
MinnetonkaState  
MNZip Code  
55343

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				1	7		2	0	1	0		

FEC Identification Number

**C** 011**Transaction ID : 31773076**

Amount of Each Disbursement this Period

15000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UnitedHealth Group Inc PAC of PA**

Mailing Address 9900 Bren Road East

City  
MinnetonkaState  
MNZip Code  
55343

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C** 011**Transaction ID : 31911207**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

38000.00

39500.00