

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2008 through 09 30 2008

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

Type or Print Name of Treasurer Eric Rangen

Signature of Treasurer Electronically Filed by Eric Rangen Date 10 15 2008

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

Office Use Only									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		243715.76
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	426666.35									
(c) Total Receipts (from Line 19) .....	90748.38	514298.97								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	517414.73	758014.73								
7. Total Disbursements (from Line 31) .....	195804.50	436404.50								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	321610.23	321610.23								
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:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

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	80700.17	274349.36
(i) Itemized (use Schedule A) .....	10048.21	54912.74
(ii) Unitemized .....	90748.38	329262.10
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	90748.38	329262.10
12. Transfers From Affiliated/Other Party Committees .....	0.00	163964.67
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	13000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	8072.20
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	90748.38	514298.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	90748.38	514298.97

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	68200.00	265500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	127604.50	170904.50
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	195804.50	436404.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	195804.50	436404.50

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	90748.38	329262.10
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	90748.38	329262.10
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 / 125

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
KEN L HOVERMAN

Mailing Address 16221 SIERRA DE AVILA

City State Zip Code  
TAMPA FL 33613

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Regional Marketing Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1159790920222

Amount of Each Receipt this Period

180.00

P/R Deduction (\$30.00 Bi-Weekly)

**B.**

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

Mailing Address 5805 MAIT LN

City State Zip Code  
EDINA MN 55436

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1159794020222

Amount of Each Receipt this Period

1140.00

P/R Deduction (\$190.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
ANTHONY J KAZLAUSKAS

Mailing Address 11 CARNIVAL TERRACE

City State Zip Code  
WEST WARWICK RI 02893

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1159794620222

Amount of Each Receipt this Period

120.00

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

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

1440.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 125
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) CARLA M MUGGIO	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 3533 FAIR OAKS LANE	<b>Transaction ID:</b> PR1159798220222
	City State Zip Code LONGBOAT KEY FL 34228	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director Network Dvlpmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

<b>B.</b>	Full Name (Last, First, Middle Initial) BRIAN R BELLOWS	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 10 SHADOWOOD LANE	<b>Transaction ID:</b> PR1159803820222
	City State Zip Code TRUMBULL CT 06611	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation VP Sales - Uniprise	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) KEITH W NOBLITT	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 984 FAIRVIEW CLUB CIRCLE	<b>Transaction ID:</b> PR1159805520222
	City State Zip Code DACULA GA 30019	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Strategic Client Exec-Uniprise	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>325.38</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 125  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

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

Mailing Address 6520 SHENANDOAH DR

City State Zip Code  
LINCOLN NE 68510

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

**Transaction ID:** PR1159806020222

Amount of Each Receipt this Period  
115.38

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

**B.**

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

Mailing Address 8281 EL MARO CIR

City State Zip Code  
PARADISE VALLEY AZ 85253

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

**Transaction ID:** PR1159808920222

Amount of Each Receipt this Period  
120.00

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

**C.**

Full Name (Last, First, Middle Initial)  
NANCY C ABELMANN

Mailing Address 3120 CHELSEA COURT

City State Zip Code  
BURNSVILLE MN 55337

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

**Transaction ID:** PR1159809120222

Amount of Each Receipt this Period  
69.24

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **304.62**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 125
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) WILLIAM P WHITELY	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 2657 WOODBRIDGE RD	<b>Transaction ID:</b> PR1159812620222
	City State Zip Code WAYZATA MN 55391	Amount of Each Receipt this Period 1153.80
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Chief Marketing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00	P/R Deduction (\$192.30 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) WAYNE F COOK	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 1200 PEBBLE HILL ROAD	<b>Transaction ID:</b> PR1159812820222
	City State Zip Code DOYLESTOWN PA 18901	Amount of Each Receipt this Period 230.76
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation United HealthGroup President Insurance Solutions	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	P/R Deduction (\$38.46 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) THOMAS H LINDQUIST	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 9107 SUNNYVALE DR	<b>Transaction ID:</b> PR1159814120222
	City State Zip Code CHANHASSEN MN 55317	Amount of Each Receipt this Period 615.36
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. SVP Product Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2769.12	P/R Deduction (\$153.84 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1999.92
<b>TOTAL</b> 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 10 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
DAVID S WICHMANN

Mailing Address 7000 ANTRIM ROAD

City State Zip Code  
EDINA MN 55439

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

Name of Employer: UnitedHealth Group, Inc. Occupation: EVP & Gr Pres Ind & Empl Mkts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.10

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1159814720222  
Amount of Each Receipt this Period: 576.90  
P/R Deduction (\$192.30 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
PATRICK J ERLANDSON

Mailing Address 2407 LAKE PLACE

City State Zip Code  
MINNEAPOLIS MN 55405

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

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Business Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1159815920222  
Amount of Each Receipt this Period: 1153.80  
P/R Deduction (\$192.30 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
PATRICIA R SAURO

Mailing Address 8943 HIDDEN MEADOW R

City State Zip Code  
WOODBURY MN 55125

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

Name of Employer: United HealthGroup, Inc. Occupation: Business Segment CAO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1159816420222  
Amount of Each Receipt this Period: 600.00  
P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2330.70

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 125  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
WILLIAM A MUNSELL

Mailing Address 2119 WINDSONG CIRCLE

City WAYZATA State MN Zip Code 55391

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

Name of Employer UnitedHealth Group, Inc. Occupation EVP UHG

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR1159816620222

Amount of Each Receipt this Period 600.00

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

**B.**

Full Name (Last, First, Middle Initial)  
JOHN S PENSHORN

Mailing Address 120 BLACK OAKS LANE

City WAYZATA State MN Zip Code 55391

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR1159816920222

Amount of Each Receipt this Period 600.00

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

**C.**

Full Name (Last, First, Middle Initial)  
PAUL D KALLMEYER

Mailing Address 468 HERALD DR

City AMBLER State PA Zip Code 19002

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

Name of Employer United HealthGroup Occupation Assoc General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR1159817420222

Amount of Each Receipt this Period 210.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1410.00**

**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 12 / 125  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
SHEILA E MCMILLAN

Mailing Address 4174 LAKERIDGE RD

City State Zip Code  
EXCELSIOR MN 55331

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3846.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1159817520222

Amount of Each Receipt this Period  
1153.80

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

**B.**

Full Name (Last, First, Middle Initial)  
JOHN R MACH JR

Mailing Address 7431 SHANNON DRIVE

City State Zip Code  
EDINA MN 55439

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

Name of Employer Occupation  
UnitedHealth Group, Inc. President EverCare

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3340.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1159817620222

Amount of Each Receipt this Period  
1002.00

P/R Deduction (\$167.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
TIMOTHY F RYAN

Mailing Address 4913 BRUCE AVE

City State Zip Code  
EDINA MN 55424

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

Name of Employer Occupation  
UnitedHealth Group Business Segment Gen Counsel

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 380.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1159817920222

Amount of Each Receipt this Period  
114.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2269.80**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 125  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MARK F LINDSAY

Mailing Address 345 SPRING HILL ROAD

City WAYZATA State MN Zip Code 55391

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Bus Dvlpmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3076.80

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR1159818620222

Amount of Each Receipt this Period 384.60

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

**B.**

Full Name (Last, First, Middle Initial)  
THOMAS J QUIRK

Mailing Address 5769 CEDAR GROVE CR

City PLANO State TX Zip Code 75093

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

Name of Employer UnitedHealth Group Occupation Health Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR1159819120222

Amount of Each Receipt this Period 230.76

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

**C.**

Full Name (Last, First, Middle Initial)  
AMY K KNAPP

Mailing Address 101 WEST 79TH STREET 18B

City NEW YORK CITY State NY Zip Code 10024

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

Name of Employer UnitedHealth Group Occupation President Key Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.08

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR1159819320222

Amount of Each Receipt this Period 230.76

P/R Deduction (\$115.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 846.12

**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 / 125

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
WILLIAM E MOELLER

Mailing Address 2233 WYNDANCE WAY

City State Zip Code  
NORTHBROOK IL 60062

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

Name of Employer Occupation  
UnitedHealth Group SVP Relationship & Bus Dvlpmt

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1538.40

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1159819520222

Amount of Each Receipt this Period  
461.52

P/R Deduction (\$76.92 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
REED V TUCKSON, M.D.

Mailing Address 3501 ZENITH AVE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55416

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

Name of Employer Occupation  
UnitedHealth Group EVP Consumr Health & Med Care

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2307.60

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1159819820222

Amount of Each Receipt this Period  
692.28

P/R Deduction (\$115.38 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
DAVID J FALK

Mailing Address 323 LAWRENCE AVE

City State Zip Code  
HIGHLAND PARK NJ 08904

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Medical Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1159820220222

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$12.50 Bi-Weekly)

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

1228.80

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 125

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) DEBRA A OBERMAN		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 4212 ALDEN DR		<b>Transaction ID:</b> PR1159820720222
	City EDINA	State MN	Zip Code 55416
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 115.38
	Name of Employer UnitedHealth Group, Inc.	Occupation Director State Affairs	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60		

<b>B.</b>	Full Name (Last, First, Middle Initial) WILLIAM D YOUNG		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 3032 TEMPLE TRAIL		<b>Transaction ID:</b> PR1159821320222
	City WINTER PARK	State FL	Zip Code 32789
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 230.70
	Name of Employer UnitedHealth Group, Inc.	Occupation Medical Director	P/R Deduction (\$38.45 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) WILLIAM C TRACY		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 13016 CANTERBURY		<b>Transaction ID:</b> PR1159821520222
	City LEAWOOD	State KS	Zip Code 66209
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 346.20
	Name of Employer UnitedHealth Group, Inc.	Occupation Health Plan CEO	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1154.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>692.28</b>
<b>TOTAL</b> 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 / 125  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MICHAEL M HAWKINS

Mailing Address 11137 AMESITE TRAIL

City State Zip Code  
AUSTIN TX 78726

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

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

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1159822020222  
Amount of Each Receipt this Period: 69.24  
P/R Deduction (\$11.54 Bi-Weekly)

**B.**

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

Mailing Address 16907 49TH PLACE N

City State Zip Code  
PLYMOUTH MN 55446

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

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

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1159823520222  
Amount of Each Receipt this Period: 180.00  
P/R Deduction (\$30.00 Bi-Weekly)

**C.**

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

Mailing Address 1655 FOX STREET

City State Zip Code  
WAYZATA MN 55391

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

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

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1159827420222  
Amount of Each Receipt this Period: 461.52  
P/R Deduction (\$76.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **710.76**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) BARBARA C BUENEMANN	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 128 ROSEBROOK DR	<b>Transaction ID:</b> PR1159828720222
	City State Zip Code FLORISSANT MO 63031	Amount of Each Receipt this Period 69.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Customer Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.80	P/R Deduction (\$11.54 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) JEANNINE M RIVET	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 4305 TRILLIUM WAY	<b>Transaction ID:</b> PR1159830020222
	City State Zip Code MINNETRISTA MN 55364	Amount of Each Receipt this Period 1153.80
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: EVP UHG Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3846.00	P/R Deduction (\$192.30 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) JACK E SHUFF	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 6385 SPINNAKER LANE	<b>Transaction ID:</b> PR1159830520222
	City State Zip Code ALPHARETTA GA 30005	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: SB VP Sales and Account Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60	P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1338.42
<b>TOTAL</b> 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 / 125

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JILL WINTERS		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 16 SPOEDE LN		<b>Transaction ID:</b> PR1159840420222
	City SAINT LOUIS	State MO	Zip Code 63141
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 324.00
Name of Employer UnitedHealth Group, Inc.		Occupation Regional Executive	P/R Deduction (\$54.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) RICHARD SEGAN		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 86 WESTBOURNE TERRACE		<b>Transaction ID:</b> PR1159841220222
	City BROOKLINE	State MA	Zip Code 02446
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 108.00
Name of Employer UnitedHealth Group, Inc.		Occupation Executive Director	P/R Deduction (\$54.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 864.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. ANTHONY WELTERS		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 919 SAIGON ROAD		<b>Transaction ID:</b> PR1332013220222
	City MCLEAN	State VA	Zip Code 22102
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1153.80
Name of Employer UnitedHealth Group, Inc.		Occupation EVP UHG	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1585.80
<b>TOTAL</b> 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 / 125  
(check only one)

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

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

**A.**

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

Mailing Address 1 WILLIAMSON LANE

City State Zip Code  
LAMBERTVILLE NJ 08530

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1530190520222

Amount of Each Receipt this Period  
230.76

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

**B.**

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

Mailing Address 7214 EVANS MILL ROAD

City State Zip Code  
MCLEAN VA 22101

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.04

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1530799220222

Amount of Each Receipt this Period  
1153.86

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

**C.**

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

Mailing Address 4925 WOODS COURT

City State Zip Code  
GREENWOOD MN 55331

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1551005620222

Amount of Each Receipt this Period  
1153.80

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2538.42**

**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 20 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 121 W VIEW STREET

City State Zip Code  
LOMBARD IL 60148

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1551005720222

Amount of Each Receipt this Period  
120.00

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

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

Mailing Address 19019 VOGEL FARM TRAIL

City State Zip Code  
EDEN PRAIRIE MN 55347

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1551122520222

Amount of Each Receipt this Period  
240.00

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

**C.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER R HOCK

Mailing Address 215 WINDMILL HILL

City State Zip Code  
WETHERSFIELD CT 06109

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1551128920222

Amount of Each Receipt this Period  
69.24

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **429.24**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 125  
(check only one)

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

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

**A.**

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

Mailing Address 52 CRESTWOOD LANE

City State Zip Code  
FARMINGVILLE NY 11738

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1551132320222

Amount of Each Receipt this Period 120.00

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

**B.**

Full Name (Last, First, Middle Initial)  
JERRY J KNUSTON

Mailing Address 520 KIMBERLY LN N

City State Zip Code  
PLYMOUTH MN 55447

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1551132520222

Amount of Each Receipt this Period 230.76

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

**C.**

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

Mailing Address 25 JEREMIAHS WAY

City State Zip Code  
SOUTH GLASTONBURY CT 06073

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1551133420222

Amount of Each Receipt this Period 115.38

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **466.14**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 125  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) DAWN M OWENS		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 2119 E LAKE OF THE ISLES PARKWAY		<b>Transaction ID:</b> PR1551160320222
City MINNEAPOLIS	State MN	Zip Code 55405
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 115.38
Name of Employer UnitedHealth Group, Inc.	Occupation Business Segment CEO	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

**B.**

Full Name (Last, First, Middle Initial) THOMAS J VALERIUS		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 2820 DEER RUN TRAIL		<b>Transaction ID:</b> PR1551161320222
City LONG LAKE	State MN	Zip Code 55356
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 461.52
Name of Employer UnitedHealth Group, Inc.	Occupation VP Recruitment Svcs	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40	

**C.**

Full Name (Last, First, Middle Initial) LOIS T WEIHRAUCH		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 8045 CHEYENNE AV		<b>Transaction ID:</b> PR1551161420222
City CHANHASSEN	State MN	Zip Code 55317
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 324.00
Name of Employer UnitedHealth Group, Inc.	Occupation Director Operations	P/R Deduction (\$54.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>900.90</b>
<b>TOTAL</b> 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 / 125  
(check only one)

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

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

**A.**

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

Mailing Address 31 ANDREIS TRAIL

City SOUTH WINDSOR State CT Zip Code 06074

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 30 / 2008

Transaction ID: PR1554323520222

Amount of Each Receipt this Period 330.00

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

**B.**

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

Mailing Address 5570 WOODSIDE LANE

City SHOREWOOD State MN Zip Code 55331

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 30 / 2008

Transaction ID: PR1554323920222

Amount of Each Receipt this Period 1153.80

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

**C.**

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

Mailing Address 42820 VIOLA CT

City LEESBURG State VA Zip Code 20176

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 30 / 2008

Transaction ID: PR1554324520222

Amount of Each Receipt this Period 115.38

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1599.18

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 125
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) CATHERINE E SPILLANE		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 3807 PLEASANT VALLEY DRIVE		<b>Transaction ID:</b> PR1554324620222
	City MISSOURI CITY	State TX	Zip Code 77459
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 115.38
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Claims	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60		

<b>B.</b>	Full Name (Last, First, Middle Initial) KIRK E STAPLETON		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 3840 INGLEWOOD AVE S		<b>Transaction ID:</b> PR1554324720222
	City SAINT LOUIS PARK	State MN	Zip Code 55416
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Network Dvlpmt	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) KENNETH J FASOLA		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 1000 WILDHURST TRAIL		<b>Transaction ID:</b> PR1557899820222
	City MOUND	State MN	Zip Code 55364
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1153.80
	Name of Employer UnitedHealth Group, Inc.	Occupation CEO Secure Horizons	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1569.18
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 125  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
KAREN L ERICKSON

Mailing Address 12220 54TH AVENUE N

City State Zip Code  
PLYMOUTH MN 55442

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Corporate Controller

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** PR1575957620222

Amount of Each Receipt this Period: 1153.80

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

**B.**

Full Name (Last, First, Middle Initial)  
ERNEST MONFILETTO

Mailing Address 3062 COMFORT ROAD

City State Zip Code  
NEW HOPE PA 18938

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

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

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** PR1575958120222

Amount of Each Receipt this Period: 461.52

P/R Deduction (\$76.92 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
LEE D VALENTA

Mailing Address 4701 GOLF TERRACE

City State Zip Code  
EDINA MN 55424

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

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

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** PR1575958520222

Amount of Each Receipt this Period: 1153.80

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2769.12

**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 / 125

(check only one)

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

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

**A.**

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

Mailing Address 2006 QUEEN AVENUE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55405

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 769.20

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1580864720222

Amount of Each Receipt this Period  
230.76

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

**B.**

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

Mailing Address 4516 DREXEL AVENUE

City State Zip Code  
EDINA MN 55424

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3846.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1580865320222

Amount of Each Receipt this Period  
1153.80

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

**C.**

Full Name (Last, First, Middle Initial)  
CHARLES A BOWLES

Mailing Address 45 GIDEONS POINT ROAD

City State Zip Code  
TONKA BAY MN 55331

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

Name of Employer Occupation  
UnitedHealth Group, Inc. SVP Sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1596303920222

Amount of Each Receipt this Period  
115.38

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

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

1499.94

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 125  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
PAUL H GULSTRAND

Mailing Address 8729 WYNSTONE PASS

City State Zip Code  
EDEN PRAIRIE MN 55347

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

Name of Employer: UnitedHealth Group, Inc. Occupation: CEO Specialty Benefits

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1596304020222  
Amount of Each Receipt this Period: 1153.80  
P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
PAMELA N HURSH

Mailing Address 16369 MILLFORD DRIVE

City State Zip Code  
EDEN PRAIRIE MN 55347

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

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

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1596304220222  
Amount of Each Receipt this Period: 150.00  
P/R Deduction (\$25.00 Bi-Weekly)

**C.**

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

Mailing Address 11641 TANGLEWOOD DRIVE

City State Zip Code  
EDEN PRAIRIE MN 55347

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

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

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.60

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1596304520222  
Amount of Each Receipt this Period: 692.28  
P/R Deduction (\$115.38 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1996.08

**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: (check only one)	PAGE 28 / 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JAY S MATUSHAK	Date of Receipt 09 / 30 / 2008
	Mailing Address 9346 SHETLAND ROAD	<b>Transaction ID:</b> PR1596304620222
	City EDEN PRAIRIE State MN Zip Code 55347	Amount of Each Receipt this Period 69.24
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Healthcare Analytics Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 230.80	P/R Deduction (\$11.54 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL JOHN MCDONNELL	Date of Receipt 09 / 30 / 2008
	Mailing Address 109 HOLLY ROAD	<b>Transaction ID:</b> PR1596304720222
	City HOPKINS State MN Zip Code 55343	Amount of Each Receipt this Period 462.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: UnitedHealth Group, Inc. Occupation: President and CEO UHN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 2618.00	P/R Deduction (\$154.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) GEORGE L MIKAN III	Date of Receipt 09 / 30 / 2008
	Mailing Address 18266 DOVE CT	<b>Transaction ID:</b> PR1596304820222
	City EDEN PRAIRIE State MN Zip Code 55347	Amount of Each Receipt this Period 1153.80
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer: UnitedHealth Group, Inc. Occupation: EVP CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date: 3846.00	P/R Deduction (\$192.30 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1685.04</b>
<b>TOTAL</b> 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 / 125  
(check only one)

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

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

**A.**

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

Mailing Address 10480 BLUFF RD

City State Zip Code  
EDEN PRAIRIE MN 55347

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt: 09 / 30 / 2008

Transaction ID: PR1596304920222

Amount of Each Receipt this Period: 230.76

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

**B.**

Full Name (Last, First, Middle Initial)  
PAMELA J RUSSO

Mailing Address 2009 FELIZ RD

City State Zip Code  
NOVATO CA 94945

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt: 09 / 30 / 2008

Transaction ID: PR1596305020222

Amount of Each Receipt this Period: 69.24

P/R Deduction (\$11.54 Bi-Weekly)

**C.**

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

Mailing Address 1950 MEADOWWOODS TRAIL

City State Zip Code  
LONG LAKE MN 55356

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: 09 / 30 / 2008

Transaction ID: PR1596305620222

Amount of Each Receipt this Period: 115.38

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **415.38**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 125
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) THOMAS D LEWIS	Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2008
	Mailing Address 345 BAYSHORE BLVD # P05	<b>Transaction ID:</b> PR1596306920222
	City State Zip Code TAMPA FL 33606	Amount of Each Receipt this Period 230.76
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.46 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Health Plan CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20	

<b>B.</b>	Full Name (Last, First, Middle Initial) ROBERT W OBERRENDER	Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2008
	Mailing Address 4505 MOORLAND AVENUE	<b>Transaction ID:</b> PR1596307020222
	City State Zip Code EDINA MN 55424	Amount of Each Receipt this Period 174.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$29.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: VP Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 580.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DIANE BEDNAR FLYNN	Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2008
	Mailing Address 3318 FOXRIDGE CIRCLE	<b>Transaction ID:</b> PR1596309720222
	City State Zip Code TAMPA FL 33618	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Executive Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>524.76</b>
<b>TOTAL</b> 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 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1643 BRICKELL AVENUE #1906

City State Zip Code  
MIAMI FL 33129

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1596309820222  
Amount of Each Receipt this Period: 600.00  
P/R Deduction (\$100.00 Bi-Weekly)

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

Mailing Address 21311 OAK RIDGE CT

City State Zip Code  
SAN ANTONIO TX 78258

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1596311320222  
Amount of Each Receipt this Period: 69.24  
P/R Deduction (\$11.54 Bi-Weekly)

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

Mailing Address 14021 LEANING PINE DRIVE

City State Zip Code  
MIAMI LAKES FL 33014

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1596311520222  
Amount of Each Receipt this Period: 115.38  
P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **784.62**

**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 32 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
ANNE D DEFUSCO

Mailing Address 567 CORTLAND CIRCLE

City State Zip Code  
CHESHIRE CT 06410

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1596311720222  
Amount of Each Receipt this Period: 69.24  
P/R Deduction (\$11.54 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY P DOOLEY

Mailing Address 407 GRENACHE CIRCLE

City State Zip Code  
CLAYTON CA 94517

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Acq KA VP SIs and Acct Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1596312120222  
Amount of Each Receipt this Period: 69.24  
P/R Deduction (\$11.54 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
KEITH A EPPERSON

Mailing Address 3015 WALNUT GROVE LN N

City State Zip Code  
PLYMOUTH MN 55447

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Actuarial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1596312420222  
Amount of Each Receipt this Period: 90.00  
P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 228.48

**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: <span style="float: right;">PAGE 33 / 125</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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

<b>A.</b> Full Name (Last, First, Middle Initial) JILLIAN FOUCRE Mailing Address 314 GREENFIELD <hr/> City State Zip Code GLEN ELLYN IL 60137 <hr/> FEC ID number of contributing federal political committee. <b>C</b> <hr/> Name of Employer: UnitedHealth Group, Inc. Occupation: Reg Network Mgmt Lead Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8 <b>Transaction ID:</b> PR1596312720222 Amount of Each Receipt this Period 120.00 P/R Deduction (\$20.00 Bi-Weekly)
--	--

<b>B.</b> Full Name (Last, First, Middle Initial) STEVAN D GARCIA Mailing Address 4675 DELAWARE DRIVE <hr/> City State Zip Code LARKSPUR CO 80118 <hr/> FEC ID number of contributing federal political committee. <b>C</b> <hr/> Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 384.60	Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8 <b>Transaction ID:</b> PR1596312920222 Amount of Each Receipt this Period 115.38 P/R Deduction (\$19.23 Bi-Weekly)
--	--

<b>C.</b> Full Name (Last, First, Middle Initial) RANDY P GILES Mailing Address 10819 ROARING BROOK LANE <hr/> City State Zip Code HOUSTON TX 77024 <hr/> FEC ID number of contributing federal political committee. <b>C</b> <hr/> Name of Employer: UnitedHealth Group, Inc. Occupation: Health Plan CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 769.20	Date of Receipt M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 0 8 <b>Transaction ID:</b> PR1596313220222 Amount of Each Receipt this Period 230.76 P/R Deduction (\$38.46 Bi-Weekly)
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<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	466.14
<b>TOTAL</b> 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 / 125  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
EDWARD J HAWLEY

Mailing Address 1031 LAUDERDALE N

City State Zip Code  
ONALASKA WI 54650

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

Name of Employer: UnitedHealth Group, Inc. Occupation: SB SVP National SIs & AM

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** PR1596313620222

Amount of Each Receipt this Period: 230.76

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

**B.**

Full Name (Last, First, Middle Initial)  
KURT A HEUMANN

Mailing Address 9825 GERALD DR

City State Zip Code  
SAINT LOUIS MO 63128

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** PR1596313720222

Amount of Each Receipt this Period: 120.00

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

**C.**

Full Name (Last, First, Middle Initial)  
NANETTE R KARTSONIS

Mailing Address 9804 SAGAMORE

City State Zip Code  
LEAWOOD KS 66206

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** PR1596314620222

Amount of Each Receipt this Period: 210.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **560.76**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 125  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) EDWARD LAGERSTROM		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 4425 WEST 52ND STREET		<b>Transaction ID:</b> PR1596315020222
City EDINA	State Zip Code MN 55424	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.76
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Strategic Dvlpmt	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	

**B.**

Full Name (Last, First, Middle Initial) JEANNE E LUKAS		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 14202 SPRING LAKE ROAD		<b>Transaction ID:</b> PR1596315320222
City MINNETONKA	State Zip Code MN 55345	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.76
Name of Employer UnitedHealth Group, Inc.	Occupation Director Marketing	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	

**C.**

Full Name (Last, First, Middle Initial) JOHN H RENNICK JR		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 3220 LAKEWOOD EDGE DRIVE		<b>Transaction ID:</b> PR1596316820222
City CHARLOTTE	State Zip Code NC 28269	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
Name of Employer UnitedHealth Group, Inc.	Occupation Medical Director	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	576.90
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 125  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
STEPHAN S RODGERS

Mailing Address 3455 CONGRESS STREET

City State Zip Code  
FAIRFIELD CT 06824

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

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Healthcare Strategies

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

**Transaction ID:** PR1596317120222

Amount of Each Receipt this Period  
1153.80

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

**B.**

Full Name (Last, First, Middle Initial)  
DANIEL I ROSENTHAL

Mailing Address 6500 SW 131 STREET

City State Zip Code  
MIAMI FL 33156

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

**Transaction ID:** PR1596317320222

Amount of Each Receipt this Period  
115.38

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

**C.**

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

Mailing Address 16621 ALEXANDER MANOR DRIVE

City State Zip Code  
SILVER SPRING MD 20905

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

**Transaction ID:** PR1596317420222

Amount of Each Receipt this Period  
450.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1719.18**

**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 37 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 7602 NW 127TH MANOR

City State Zip Code  
PARKLAND FL 33076

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1596317720222  
Amount of Each Receipt this Period: 115.38  
P/R Deduction (\$19.23 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ROXANNE THOMAS

Mailing Address 720 COUNTRY LAKES DR

City State Zip Code  
CIRCLE PINES MN 55014

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1596318920222  
Amount of Each Receipt this Period: 69.24  
P/R Deduction (\$11.54 Bi-Weekly)

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

Mailing Address 92 GOODWIN CIRCLE

City State Zip Code  
HARTFORD CT 06105

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1596319520222  
Amount of Each Receipt this Period: 115.38  
P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 300.00

**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 / 125  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
MYRON R WERLEY

Mailing Address 4260 FOXBERRY COURT

City State Zip Code  
MEDINA MN 55340

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1596319620222  
Amount of Each Receipt this Period: 75.00  
P/R Deduction (\$12.50 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
STEVE L BROECKERT

Mailing Address 231 COACHLITE CT SO

City State Zip Code  
ONALASKA WI 54650

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1600597220222  
Amount of Each Receipt this Period: 69.24  
P/R Deduction (\$11.54 Bi-Weekly)

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

Mailing Address 1 ROXITICUS VIEW

City State Zip Code  
CHESTER NJ 07930

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1600597320222  
Amount of Each Receipt this Period: 120.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 264.24

**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 / 125  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
MARGUERITE EDWARDS

Mailing Address 316 SUWANNEE RD

City State Zip Code  
WINTER HAVEN FL 33884

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

Name of Employer UnitedHealth Group, Inc. Occupation Mgr Nurse Practitioner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1600597420222

Amount of Each Receipt this Period  
230.76

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

**B.**

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

Mailing Address 14924 PONDVIEW CIRCLE

City State Zip Code  
WAYZATA MN 55391

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1600597620222

Amount of Each Receipt this Period  
115.38

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

**C.**

Full Name (Last, First, Middle Initial)  
STEPHEN B GREENBERG

Mailing Address 11508 DALYN TERRACE

City State Zip Code  
POTOMAC MD 20854

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

Name of Employer UnitedHealth Group, Inc. Occupation CEO Syndicated Content Group

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR1600598420222

Amount of Each Receipt this Period  
115.38

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **461.52**

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

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

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

FOR LINE NUMBER: PAGE 40 / 125  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL D MICHAUX

Mailing Address 742 GOODRICH AVE

City SAINT PAUL State MN Zip Code 55105

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Acquisitions & Integrations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR1600598520222

Amount of Each Receipt this Period 69.24

P/R Deduction (\$11.54 Bi-Weekly)

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

Mailing Address 4800 SUNNYSLOPE ROAD E

City EDINA State MN Zip Code 55424

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR1600598720222

Amount of Each Receipt this Period 390.00

P/R Deduction (\$65.00 Bi-Weekly)

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

Mailing Address 12310 SINGLETREE LANE # 2134

City EDEN PRAIRIE State MN Zip Code 55344

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR1602667520222

Amount of Each Receipt this Period 115.38

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **574.62**

**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 41 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 20595 SPENCER LANE

City State Zip Code  
SHOREWOOD MN 55331

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: PR1602669920222  
Amount of Each Receipt this Period 240.00  
P/R Deduction (\$40.00 Bi-Weekly)

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

Mailing Address 18076 CLEAR SPRING LANE

City State Zip Code  
EDEN PRAIRIE MN 55347

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: PR1613243520222  
Amount of Each Receipt this Period 576.90  
P/R Deduction (\$96.15 Bi-Weekly)

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

Mailing Address 8 EAST 76TH STREET

City State Zip Code  
NEW YORK NY 10021

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 30 / 2008  
Transaction ID: PR1620989020222  
Amount of Each Receipt this Period 230.76  
P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1047.66

**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 42 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
DANIEL S WALLER

Mailing Address 17034 BAINBRIDGE DR

City State Zip Code  
EDEN PRAIRIE MN 55347

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1154.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1632360020222  
Amount of Each Receipt this Period: 346.20  
P/R Deduction (\$57.70 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM F KENNEDY

Mailing Address 14 MYRA LN

City State Zip Code  
BURLINGTON CT 06013

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.80

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1653443120222  
Amount of Each Receipt this Period: 92.34  
P/R Deduction (\$15.39 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
STEVE R KOOREN

Mailing Address 4444 ELLSWORTH DRIVE

City State Zip Code  
EDINA MN 55435

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1653443220222  
Amount of Each Receipt this Period: 346.14  
P/R Deduction (\$57.69 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **784.68**

**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 43 / 125

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
THOMAS J BELLAMY

Mailing Address 2743 THOMAS AVENUE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55416

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1154.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1653444320222

Amount of Each Receipt this Period

346.20

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

**B.**

Full Name (Last, First, Middle Initial)  
SUE E BRAY

Mailing Address 17936 FULDA CIRCLE

City State Zip Code  
LAKEVILLE MN 55044

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

Name of Employer Occupation  
UnitedHealth Group, Inc. IT Project Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.80

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1653444420222

Amount of Each Receipt this Period

69.24

P/R Deduction (\$11.54 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
DANIEL T SULLIVAN

Mailing Address 57 QUORN HUNT ROAD

City State Zip Code  
WEST SIMSBURY CT 06092

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director IT Project Mgmt

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.80

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR1653445820222

Amount of Each Receipt this Period

69.24

P/R Deduction (\$11.54 Bi-Weekly)

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

484.68

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 125

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) JOYCE A LARKIN		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 1313 E STREET NE		<b>Transaction ID:</b> PR1677771620222
	City WASHINGTON	State DC	Zip Code 20002
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 461.52
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Communications	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. MILES S SNOWDEN		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 3568 REMBRANDT ROAD		<b>Transaction ID:</b> PR1746717820222
	City ATLANTA	State GA	Zip Code 30327
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1153.80
	Name of Employer UnitedHealth Group, Inc.	Occupation SVP Health Advancement	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) JOHN T KOUTSOUMPAS JR		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 7202 CONNECTICUT AVENUE		<b>Transaction ID:</b> PR1748514520222
	City CHEVY CHASE	State MD	Zip Code 20815
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1153.80
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Public Policy	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2769.12</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 45 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
ANN DESTWOLINSKI

Mailing Address 19117 ARTESIAN COURT

City State Zip Code  
DERWOOD MD 20855

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1806441620222  
Amount of Each Receipt this Period: 66.00  
P/R Deduction (\$11.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JEFF L LEVINE

Mailing Address 619 BOND AVE

City State Zip Code  
REISTERSTOWN MD 21136

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

Name of Employer: UnitedHealth Group, Inc. Occupation: PS Mgr Acct Mgmt (FEHBP)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1806443220222  
Amount of Each Receipt this Period: 120.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
WILLIAM TALAMANTES

Mailing Address 11618 ROLLING MEADOW DR

City State Zip Code  
GREAT FALLS VA 22066

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

Name of Employer: UnitedHealth Group, Inc. Occupation: OpX Business Black Belt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 352.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1806444720222  
Amount of Each Receipt this Period: 105.60  
P/R Deduction (\$17.60 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 291.60

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

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

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

FOR LINE NUMBER: PAGE 46 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
LORI A ARCHER  
 Mailing Address 2781 SADDLE CLUB ROAD  
 City State Zip Code  
 GREENWOOD IN 46143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation Director Sales Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.80  
 Date of Receipt 09 / 30 / 2008  
**Transaction ID:** PR1806750120222  
 Amount of Each Receipt this Period 69.24  
 P/R Deduction (\$11.54 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
GREGORY A BAYER  
 Mailing Address 3369 STAGE COACH DR  
 City State Zip Code  
 LAFAYETTE CA 94549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation CEO Behavioral Solutions  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00  
 Date of Receipt 09 / 30 / 2008  
**Transaction ID:** PR1806750220222  
 Amount of Each Receipt this Period 360.00  
 P/R Deduction (\$60.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
PAUL M EMERSON  
 Mailing Address 13904 NEVADA AVE S  
 City State Zip Code  
 SAVAGE MN 55378  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20  
 Date of Receipt 09 / 30 / 2008  
**Transaction ID:** PR1806750320222  
 Amount of Each Receipt this Period 230.76  
 P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **660.00**  
**TOTAL** This Period (last page this line number only) ..... ▶

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

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

FOR LINE NUMBER: PAGE 47 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
HOLLY A BODE

Mailing Address 3723 ALBEMARLE STREET NW

City State Zip Code  
WASHINGTON DC 20016

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1817581120222  
Amount of Each Receipt this Period: 231.00  
P/R Deduction (\$38.50 Bi-Weekly)

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

Mailing Address 416 BEAR AVE S

City State Zip Code  
VADNAIS HEIGHTS MN 55127

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 577.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1832039820222  
Amount of Each Receipt this Period: 173.10  
P/R Deduction (\$28.85 Bi-Weekly)

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

Mailing Address 5115 SARATOGA LANE

City State Zip Code  
PLYMOUTH MN 55442

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR1882850620222  
Amount of Each Receipt this Period: 240.00  
P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **644.10**

**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 48 / 125

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) CATHERINE K ANDERSON		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 8
	Mailing Address 7 W 200 S		<b>Transaction ID:</b> PR1903550720222
	City DRIGGS	State ID	Zip Code 83422
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 346.20
Name of Employer UnitedHealth Group, Inc.		Occupation Director Marketing/Bus Dev	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1154.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) KATHLEEN L BISHOP		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 8
	Mailing Address 145 COTTAGE RD		<b>Transaction ID:</b> PR1903560820222
	City ENFIELD	State CT	Zip Code 06082
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer UnitedHealth Group, Inc.		Occupation Director Finance	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) SUSAN A CASEY		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 8
	Mailing Address 524 W MINNEHAHA PKWY		<b>Transaction ID:</b> PR1903567820222
	City MINNEAPOLIS	State MN	Zip Code 55419
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 69.24
Name of Employer UnitedHealth Group, Inc.		Occupation VP Operations	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.80		

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **535.44**

**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 49 / 125  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) ROBERT J DUFEK		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 816 PROMONTORY PLACE		<b>Transaction ID:</b> PR1903577120222
City EAGAN	State MN	Zip Code 55123
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer UnitedHealth Group, Inc.	Occupation Director IT	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) SUSAN B EDBERG		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 9727 WELLINGTON RIDGE		<b>Transaction ID:</b> PR1903578120222
City WOODBURY	State MN	Zip Code 55125
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Customer Service	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

**C.**

Full Name (Last, First, Middle Initial) JOHN C SANTELLI		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 17498 GEORGE MORAN DRIVE		<b>Transaction ID:</b> PR1903622020222
City EDEN PRAIRIE	State MN	Zip Code 55347
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 69.24
Name of Employer UnitedHealth Group, Inc.	Occupation SVP & CIO	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.80	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	819.24
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 125
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) PAUL D WEYMOUTH	Date of Receipt 09 / 30 / 2008
	Mailing Address 128 WOODLAND RD	<b>Transaction ID:</b> PR1903636920222
	City State Zip Code COVENTRY CT 06238	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 384.60	

<b>B.</b>	Full Name (Last, First, Middle Initial) PAMELA JAMIAN	Date of Receipt 09 / 30 / 2008
	Mailing Address 15316 COUTOLENC RD	<b>Transaction ID:</b> PR1910417420222
	City State Zip Code MAGALIA CA 95954	Amount of Each Receipt this Period 69.24
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$11.54 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director Customer Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.80	

<b>C.</b>	Full Name (Last, First, Middle Initial) GARY J AHWAH	Date of Receipt 09 / 30 / 2008
	Mailing Address 2010 VELEZ DR	<b>Transaction ID:</b> PR2119466720222
	City State Zip Code RANCHO PALOS VERDE CA 90275	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation VP Information Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>484.62</b>
<b>TOTAL</b> 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 / 125  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

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

**A.** Full Name (Last, First, Middle Initial)  
BRADLEY E ALLEN

Mailing Address 1046 THORNBERRY CREEK DR

City State Zip Code  
ONEIDA WI 54155

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2119466820222  
Amount of Each Receipt this Period: 120.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ALTHEA BARBER-SMITH

Mailing Address 3442 ALDERLY LANE

City State Zip Code  
ORANGE CA 92867

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2119467520222  
Amount of Each Receipt this Period: 120.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
RUSSELL A BENNETT

Mailing Address 5 SILVER CREEK

City State Zip Code  
IRVINE CA 92603

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2119468020222  
Amount of Each Receipt this Period: 120.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 360.00

**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 52 / 125  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
SUSAN LYNN BERKEL

Mailing Address 10 SHADOW GLEN

City State Zip Code  
IRVINE CA 92620

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

Name of Employer UnitedHealth Group, Inc. Occupation SVP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3840.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** PR2119468120222

Amount of Each Receipt this Period: 1152.00

P/R Deduction (\$192.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
KATHIE L BRYAN

Mailing Address 912 JOSHUA PLACE

City State Zip Code  
SAN DIEGO CA 92154

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** PR2119469420222

Amount of Each Receipt this Period: 150.00

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

**C.**

Full Name (Last, First, Middle Initial)  
COLLEEN CAMPBELL

Mailing Address 1930 VILLAGE CENTER CIR  
SUITE 3-628

City State Zip Code  
LAS VEGAS NV 89134

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Quality Improvement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** PR2119469920222

Amount of Each Receipt this Period: 90.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1392.00

**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 53 / 125  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
DAVID S CARLSON

Mailing Address 13130 WESTPORT ST

City State Zip Code  
MOORPARK CA 93021

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

**Transaction ID:** PR2119470220222

Amount of Each Receipt this Period  
120.00

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

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

Mailing Address 19021 POPPY HILL CIRCLE

City State Zip Code  
HUNTINGTON BEACH CA 92648

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

**Transaction ID:** PR2119470320222

Amount of Each Receipt this Period  
576.00

P/R Deduction (\$96.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
HANS O CHRISTENSEN

Mailing Address 1825 WOODHAVEN CT

City State Zip Code  
LUXEMBURG WI 54217

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

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Provider Call

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

**Transaction ID:** PR2119470620222

Amount of Each Receipt this Period  
50.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **746.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 125
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) HAROLD COATS	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 8112 SAPPHIRE BAY CIRCLE	<b>Transaction ID:</b> PR2119471020222
	City State Zip Code LAS VEGAS NV 89128	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Sr Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) RANDELL J CORREIA	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address PO BOX 1025	<b>Transaction ID:</b> PR2119471320222
	City State Zip Code RANCHO SANTA FE CA 92067	Amount of Each Receipt this Period 180.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director Pharm Mail Svcs Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) RICHARD A CROSS	Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 11361 DONOVAN ROAD	<b>Transaction ID:</b> PR2119471820222
	City State Zip Code ROSSMOOR CA 90720	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Assoc General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>630.00</b>
<b>TOTAL</b> 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 / 125  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

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

Mailing Address 26321 CANNES

City MISSION VIEJO State CA Zip Code 92692

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2119471920222

Amount of Each Receipt this Period 120.00

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

**B.**

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

Mailing Address 7640 N 10TH AVE

City PHOENIX State AZ Zip Code 85021

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2119472520222

Amount of Each Receipt this Period 120.00

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

**C.**

Full Name (Last, First, Middle Initial)  
LINDA M DAYAN

Mailing Address 5364 E ABBEYFIELD ST

City LONG BEACH State CA Zip Code 90815

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2119472620222

Amount of Each Receipt this Period 114.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 354.00

**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 56 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
TODD J DEMBROSKI

Mailing Address 1390 FINCH LN

City State Zip Code  
GREEN BAY WI 54313

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Pricing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: PR2119472820222  
Amount of Each Receipt this Period 90.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ANDREA E DILWEG

Mailing Address 2321 CARROLL PK SOUTH

City State Zip Code  
LONG BEACH CA 90814

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 740.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: PR2119472920222  
Amount of Each Receipt this Period 222.00  
P/R Deduction (\$37.00 Bi-Weekly)

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

Mailing Address 108 NORTH ROLLING OAKS

City State Zip Code  
SAN ANTONIO TX 78253

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

Name of Employer UnitedHealth Group, Inc. Occupation Director IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: PR2119474120222  
Amount of Each Receipt this Period 180.00  
P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 492.00

**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 57 / 125  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) ROBERT A FRIEDMAN		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 8
Mailing Address 24336 LA MASINA CT		<b>Transaction ID:</b> PR2119474520222
City CALABASAS	State CA	Zip Code 91302
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer UnitedHealth Group, Inc.	Occupation Acq KA Sales Executive	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

**B.**

Full Name (Last, First, Middle Initial) ANGELO GIAMBRONE		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 8
Mailing Address 1821 PARK STREET		<b>Transaction ID:</b> PR2119475120222
City HUNTINGTON BEACH	State CA	Zip Code 92648
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 360.00
Name of Employer UnitedHealth Group, Inc.	Occupation Director Industry Relations	P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

**C.**

Full Name (Last, First, Middle Initial) AMY J GILDERNICK		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 8
Mailing Address 2709 WILLIAMS GRANT		<b>Transaction ID:</b> PR2119475220222
City DEPERE	State WI	Zip Code 54115
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
Name of Employer UnitedHealth Group, Inc.	Occupation Director Claims	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	600.00
<b>TOTAL</b> 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 58 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
DAVID M HANSEN

Mailing Address 33 VIA CONOCIDO

City State Zip Code  
SAN CLEMENTE CA 92673

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

Name of Employer UnitedHealth Group, Inc. Occupation Region CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: PR2119476720222  
Amount of Each Receipt this Period 810.00  
P/R Deduction (\$135.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MADELINE L HARLAN

Mailing Address 5642 E PEABODY STREET

City State Zip Code  
LONG BEACH CA 90808

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: PR2119476920222  
Amount of Each Receipt this Period 114.00  
P/R Deduction (\$19.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
SAMUEL W HO

Mailing Address 4220 OCEAN DR

City State Zip Code  
MANHATTAN BEACH CA 90266

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

Name of Employer UnitedHealth Group, Inc. Occupation Chief Clinical Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: PR2119477920222  
Amount of Each Receipt this Period 600.00  
P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1524.00

**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 59 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
KEVIN D HOST

Mailing Address 9090 ROTHERHAM AVE

City State Zip Code  
SAN DIEGO CA 92129

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2119478220222  
Amount of Each Receipt this Period: 120.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
BRIAN JEFFREY

Mailing Address 9 RIMROCK

City State Zip Code  
IRVINE CA 92603

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2119479120222  
Amount of Each Receipt this Period: 150.00  
P/R Deduction (\$25.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JOHN D JONES

Mailing Address 3562 REDWOOD

City State Zip Code  
IRVINE CA 92606

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

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Public/Gov't Affairs-Corp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2119479220222  
Amount of Each Receipt this Period: 576.00  
P/R Deduction (\$96.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **846.00**

**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 60 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
RONALD W JORDAN  
Mailing Address 1626 NW 38TH ST  
City OKLAHOMA CITY State OK Zip Code 73118  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Customer Service  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: PR2119479320222  
Amount of Each Receipt this Period 90.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
KATHLEEN M KANNE  
Mailing Address 43 BARBADOS  
City ALISO VIEJO State CA Zip Code 92656  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Regional Marketing  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: PR2119479620222  
Amount of Each Receipt this Period 180.00  
P/R Deduction (\$30.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MARK C KNUTSON  
Mailing Address 13102 PALOMAR WAY  
City NORTH TUSTIN State CA Zip Code 92705  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Customer Service  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: PR2119480220222  
Amount of Each Receipt this Period 90.00  
P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 360.00  
**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 61 / 125  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

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

Mailing Address 3321 ALABAMA CIRCLE

City State Zip Code  
COSTA MESA CA 92626

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2119480720222

Amount of Each Receipt this Period 150.00

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

**B.**

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

Mailing Address 1208 COPRINUS DR

City State Zip Code  
GREEN BAY WI 54313

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2119482220222

Amount of Each Receipt this Period 90.00

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

**C.**

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

Mailing Address 13531 CARLTON OAKS

City State Zip Code  
SAN ANTONIO TX 78232

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2119482520222

Amount of Each Receipt this Period 120.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **360.00**

**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 62 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL S MALLORY  
 Mailing Address 1195 LORAIN ROAD  
 City State Zip Code  
 SAN MARINO CA 91108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UnitedHealth Group, Inc. RVP Sales Pacific Region  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1440.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8  
**Transaction ID:** PR2119482620222  
 Amount of Each Receipt this Period  
 96.00  
 P/R Deduction (\$96.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY S MASON  
 Mailing Address 5670 SHEMIRAN ST  
 City State Zip Code  
 LA VERNE CA 91750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UnitedHealth Group, Inc. Medical Director  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8  
**Transaction ID:** PR2119483020222  
 Amount of Each Receipt this Period  
 90.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
ELIZABETH M MCDONNELL  
 Mailing Address 13173 PACIF PROMENADE #115  
 City State Zip Code  
 PLAYA VISTA CA 90094  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UnitedHealth Group, Inc. Director Mktg Brand Mgmt  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 342.00  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8  
**Transaction ID:** PR2119483520222  
 Amount of Each Receipt this Period  
 76.00  
 P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 262.00  
**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 63 / 125  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
PETER W MCKINLEY

Mailing Address 6212 OAKBROOK CIRCLE

City State Zip Code  
HUNTINGTON BEACH CA 92648

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 09 / 30 / 2008

Transaction ID: PR2119483720222

Amount of Each Receipt this Period: 450.00

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

**B.**

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

Mailing Address 3041 SAN LORENZO WAY

City State Zip Code  
CARMICHAEL CA 95608

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 09 / 30 / 2008

Transaction ID: PR2119483920222

Amount of Each Receipt this Period: 390.00

P/R Deduction (\$65.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
BENITO M MIRANDA

Mailing Address PO BOX 1522

City State Zip Code  
LOMITA CA 90717

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Territory Developer-Secure Hor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 09 / 30 / 2008

Transaction ID: PR2119484220222

Amount of Each Receipt this Period: 72.00

P/R Deduction (\$12.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 912.00

**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 64 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 12271 CHIANTI DRIVE

City State Zip Code  
LOS ALAMITOS CA 90720

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: PR2119484320222  
Amount of Each Receipt this Period 300.00  
P/R Deduction (\$50.00 Bi-Weekly)

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

Mailing Address 9852 SILVRETTA DRIVE

City State Zip Code  
CYPRESS CA 90630

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: PR2119484920222  
Amount of Each Receipt this Period 324.00  
P/R Deduction (\$54.00 Bi-Weekly)

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

Mailing Address 372 1/2 NEWPORT AVE

City State Zip Code  
LONG BEACH CA 90814

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2008  
Transaction ID: PR2119485020222  
Amount of Each Receipt this Period 120.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **744.00**

**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 / 125  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

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

Mailing Address 2839 TIMBER LANE

City GREEN BAY State WI Zip Code 54313

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

Name of Employer UnitedHealth Group, Inc. Occupation Mgr Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2119485220222

Amount of Each Receipt this Period 90.00

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

**B.**

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

Mailing Address 1855 O LEARY ROAD

City NEENAH State WI Zip Code 54956

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2119485420222

Amount of Each Receipt this Period 120.00

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

**C.**

Full Name (Last, First, Middle Initial)  
PAMELA J PAQUE

Mailing Address 1298 WASHINGTON ST

City WRIGHTSTOWN State WI Zip Code 54180

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2119485520222

Amount of Each Receipt this Period 32.00

P/R Deduction (\$32.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 242.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
ARNOLD C PAULSON

Mailing Address 1010 SANDCASTLE DRIVE

City State Zip Code  
CORONA DEL MAR CA 92625

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2119485720222  
Amount of Each Receipt this Period: 114.00  
P/R Deduction (\$19.00 Bi-Weekly)

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

Mailing Address 3924 E GARNET PL

City State Zip Code  
HIGHLANDS RANCH CO 80126

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2119485820222  
Amount of Each Receipt this Period: 150.00  
P/R Deduction (\$25.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
DIANA S PETE

Mailing Address 9010 MORNINGSTAR DRIVE

City State Zip Code  
SUGAR LAND TX 77479

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2119486320222  
Amount of Each Receipt this Period: 72.00  
P/R Deduction (\$12.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **336.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 125
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHELLE LYNN PETERS		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 1128 COUNTRYSIDE DR		<b>Transaction ID:</b> PR2119486420222
	City DEPERE	State WI	Zip Code 54115
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Pricing	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) AUSTIN T PITTMAN		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 14 LOCH RIDGE DRIVE		<b>Transaction ID:</b> PR2119486720222
	City GREENSBORO	State NC	Zip Code 27408
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 810.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Health Plan CEO	P/R Deduction (\$135.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) CYNTHIA L POLICH		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 3401 E VIA PALOMITA		<b>Transaction ID:</b> PR2119486820222
	City TUCSON	State AZ	Zip Code 85718
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 600.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Public Policy	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 68 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
SHARON A RICCIUTI

Mailing Address 1122-C BUCKINGHAM DRIVE

City State Zip Code  
COSTA MESA CA 92626

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Quality Assurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR2119487920222

Amount of Each Receipt this Period  
120.00

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

**B.** Full Name (Last, First, Middle Initial)  
CAROLYN M SEABOLT

Mailing Address 4335 SHAVANO WOODS

City State Zip Code  
SAN ANTONIO TX 78249

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Quality Improvement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR2119489820222

Amount of Each Receipt this Period  
96.00

P/R Deduction (\$16.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MARILYNN D STYERS

Mailing Address 6485 WAYFINDERS CT

City State Zip Code  
CARLSBAD CA 92009

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR2119490720222

Amount of Each Receipt this Period  
120.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **336.00**

**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 69 / 125  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
CHERYL TANIGAWA, MD

Mailing Address 5598 NAPLES CANAL

City State Zip Code  
LONG BEACH CA 90803

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2008

Transaction ID: PR2119491120222

Amount of Each Receipt this Period: 300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
CHERYL A THOMSON

Mailing Address 222 FOREST DR

City State Zip Code  
SOBIESKI WI 54171

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 30 / 2008

Transaction ID: PR2119491620222

Amount of Each Receipt this Period: 90.00

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

**C.**

Full Name (Last, First, Middle Initial)  
PATTI TUCKER

Mailing Address 1365 PREVOST STREET

City State Zip Code  
SAN JOSE CA 95125

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt: 09 / 30 / 2008

Transaction ID: PR2119491920222

Amount of Each Receipt this Period: 576.00

P/R Deduction (\$96.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **966.00**

**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 70 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
STEVEN M TUCKER

Mailing Address 11062 GOLD STAR LANE

City State Zip Code  
SANTA ANA CA 92705

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Govt Affairs & Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1920.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2119492020222  
Amount of Each Receipt this Period: 576.00  
P/R Deduction (\$96.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
SUSAN VANASTEN

Mailing Address W313 GOLDEN GLOW RD

City State Zip Code  
KAUKAUNA WI 54130

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2119492620222  
Amount of Each Receipt this Period: 240.00  
P/R Deduction (\$40.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
SCOTT B WESTPHAL

Mailing Address 4536 ROCKY RUN LN

City State Zip Code  
OCOONTO WI 54153

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2119493220222  
Amount of Each Receipt this Period: 69.24  
P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 885.24

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 71 / 125  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial)  
LINDA D WHETSON

Mailing Address 17212 NORTH SCOTTSDALE ROAD  
#2258

City State Zip Code  
SCOTTSDALE AZ 85255

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Business Risk Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2119493520222

Amount of Each Receipt this Period 120.00

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

**B.**

Full Name (Last, First, Middle Initial)  
GREGORY WRIGHT

Mailing Address 13901 MAUVE DRIVE

City State Zip Code  
SANTA ANA CA 92705

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Market Leadership

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2119494120222

Amount of Each Receipt this Period 150.00

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

**C.**

Full Name (Last, First, Middle Initial)  
GEORGE M YOUNG

Mailing Address 8131 S COOLIDGE WAY

City State Zip Code  
AURORA CO 80016

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2119494420222

Amount of Each Receipt this Period 90.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 360.00

**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 72 / 125  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
FORREST G BURKE

Mailing Address 380 LEAF STREET

City State Zip Code  
ORONO MN 55356

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2133132420222  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
DANIEL M CUMMINGS

Mailing Address 1929 FAIRMOUNT AVE

City State Zip Code  
SAINT PAUL MN 55105

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2133132620222  
Amount of Each Receipt this Period: 90.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
CINDY K DONOHOE

Mailing Address 2109 MEETING STREET

City State Zip Code  
WAYZATA MN 55391

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2133132720222  
Amount of Each Receipt this Period: 230.76  
P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.76**

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

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

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

FOR LINE NUMBER: PAGE 73 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
ELLEN M DUFFIELD

Mailing Address 514 WARING ROAD

City State Zip Code  
ELKINS PARK PA 19027

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2133132820222  
Amount of Each Receipt this Period: 324.00  
P/R Deduction (\$54.00 Bi-Weekly)

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

Mailing Address 21640 E BRIARWOOD DRIVE

City State Zip Code  
AURORA CO 80016

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

Name of Employer UnitedHealth Group, Inc. Occupation Regional Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 577.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2133132920222  
Amount of Each Receipt this Period: 173.10  
P/R Deduction (\$28.85 Bi-Weekly)

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

Mailing Address 4133 WHITE OAK LN

City State Zip Code  
EXCELSIOR MN 55331

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1032.40

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2133133120222  
Amount of Each Receipt this Period: 309.72  
P/R Deduction (\$51.62 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **806.82**

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

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

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

FOR LINE NUMBER: PAGE 74 / 125  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
BROR O HULTGREN  
Mailing Address 408 22ND ST  
City GOLDEN State CO Zip Code 80401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Executive Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 769.20  
Date of Receipt 09 / 30 / 2008  
Transaction ID: PR2133133220222  
Amount of Each Receipt this Period 230.76  
P/R Deduction (\$38.46 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
NANCY W LITTLEFIELD  
Mailing Address 13520 PLEASANT COLONY DR  
City MANASSAS State VA Zip Code 20112  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Hospice  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00  
Date of Receipt 09 / 30 / 2008  
Transaction ID: PR2133133420222  
Amount of Each Receipt this Period 240.00  
P/R Deduction (\$40.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
CAROLYN E MAGILL  
Mailing Address 100 THIRD AVENUE SOUTH # 1608  
City MINNEAPOLIS State MN Zip Code 55401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Product Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.60  
Date of Receipt 09 / 30 / 2008  
Transaction ID: PR2133133520222  
Amount of Each Receipt this Period 115.38  
P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 586.14  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 125  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) ALLEN D MILLER		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 6209 CRESCENT DRIVE		<b>Transaction ID:</b> PR2133133620222
City EDINA	State Zip Code MN 55436	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer UnitedHealth Group, Inc.	Occupation Executive Director	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

**B.**

Full Name (Last, First, Middle Initial) SUSAN C MORISATO		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 238 ARDMORE ROAD		<b>Transaction ID:</b> PR2133133820222
City DES PLAINES	State Zip Code IL 60016	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 900.00
Name of Employer UnitedHealth Group, Inc.	Occupation COO Secure Horizons	P/R Deduction (\$150.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

**C.**

Full Name (Last, First, Middle Initial) KIM A NETTLETON		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
Mailing Address 5003 DARNELL		<b>Transaction ID:</b> PR2133133920222
City HOUSTON	State Zip Code TX 77096	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer UnitedHealth Group, Inc.	Occupation Director Operations	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1230.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 125  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

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

Mailing Address 303 ELMWOOD PLACE WEST

City State Zip Code  
MINNEAPOLIS MN 55419

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

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

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** PR2133134220222

Amount of Each Receipt this Period: 1153.80

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

**B.**

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

Mailing Address 3304 COBBS DRIVE

City State Zip Code  
PALM HARBOR FL 34684

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

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

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** PR2133134520222

Amount of Each Receipt this Period: 324.00

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

**C.**

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

Mailing Address 2203 RIVER FALLS DRIVE

City State Zip Code  
KINGWOOD TX 77339

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

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

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 30 / 2008  
**Transaction ID:** PR2133134620222

Amount of Each Receipt this Period: 150.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1627.80**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 125  
(check only one)

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

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

**A.**

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

Mailing Address 21 BREEZES

City IRVINE State CA Zip Code 92620

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Underwriting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2133134820222

Amount of Each Receipt this Period 115.38

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

**B.**

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

Mailing Address 2380 LAKE LUCY ROAD

City CHANHASSEN State MN Zip Code 55317

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 577.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2145728120222

Amount of Each Receipt this Period 173.10

P/R Deduction (\$28.85 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MARK F BJORNSON

Mailing Address 2009 NW NORFOLK COURT

City PORTLAND State OR Zip Code 97229

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

Name of Employer UnitedHealth Group, Inc. Occupation Regional Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 972.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2145728220222

Amount of Each Receipt this Period 216.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **504.48**

**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 78 / 125

(check only one)

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

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

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

Mailing Address 6069 WEATHERED OAK CT

City WESTERVILLE State OH Zip Code 43082

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

Transaction ID: PR2145728420222

Amount of Each Receipt this Period  
 230.76

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

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

Mailing Address PO BOX 704

City HUNTINGTON State NY Zip Code 11743

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

Name of Employer UnitedHealth Group, Inc. Occupation Director IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

Transaction ID: PR2145728520222

Amount of Each Receipt this Period  
 230.76

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

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

Mailing Address 2606 80TH AVE NE

City MEDINA State WA Zip Code 98039

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 9 / 3 0 / 2 0 0 8

Transaction ID: PR2145728720222

Amount of Each Receipt this Period  
 230.76

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	692.28
<b>TOTAL</b> 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 79 / 125  
(check only one)

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

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

**A.**

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

Mailing Address 12210 OYSTER COVE COURT

City State Zip Code  
STAFFORD TX 77477

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 577.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2145728820222

Amount of Each Receipt this Period 173.10

P/R Deduction (\$28.85 Bi-Weekly)

**B.**

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

Mailing Address 8256 SNEAD WAY

City State Zip Code  
WESTERVILLE OH 43082

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2145728920222

Amount of Each Receipt this Period 120.00

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

**C.**

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

Mailing Address 8 DURANGO COURT

City State Zip Code  
ALISO VIEJO CA 92656

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2145729120222

Amount of Each Receipt this Period 115.38

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **408.48**

**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 80 / 125

(check only one)

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

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

**A.**

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

Mailing Address 19521 SIERRA SOTO RD

City State Zip Code  
IRVINE CA 92603

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

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

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: PR2145729220222

Amount of Each Receipt this Period

210.00

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

**B.**

Full Name (Last, First, Middle Initial)  
ROBERT P PFOTENHAUER

Mailing Address 4160 TRILLIUM LANE EAST

City State Zip Code  
MINNETRISTA MN 55364

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

Name of Employer Occupation  
UnitedHealth Group, Inc. President Ovations Part D

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: PR2145729420222

Amount of Each Receipt this Period

600.00

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

**C.**

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

Mailing Address 12100 TRAUTWEIN ROAD

City State Zip Code  
AUSTIN TX 78737

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: PR2145729520222

Amount of Each Receipt this Period

90.00

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

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

900.00

**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 81 / 125  
(check only one)

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

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

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

**A.**

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

Mailing Address 13935 WOODRIDGE PATH

City SAVAGE State MN Zip Code 55378

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

Name of Employer UnitedHealth Group, Inc. Occupation Director IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** PR2145729720222  
 Amount of Each Receipt this Period 210.00  
 P/R Deduction (\$35.00 Bi-Weekly)

**B.**

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

Mailing Address 5414 BYSCANE LANE

City MINNETONKA State MN Zip Code 55345

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** PR2145729920222  
 Amount of Each Receipt this Period 692.28  
 P/R Deduction (\$115.38 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
RANDALL SMITH

Mailing Address 20607 BROADWATER DRIVE

City LAND O'LAKES State FL Zip Code 34638

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 30 / 2008  
**Transaction ID:** PR2145730020222  
 Amount of Each Receipt this Period 69.24  
 P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **971.52**

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

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

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

FOR LINE NUMBER: PAGE 82 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 21 CRESCENT CITY

City State Zip Code  
IRVINE CA 92602

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2145730220222  
Amount of Each Receipt this Period: 300.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
GARY E BACHER

Mailing Address 4302 THORNAPPLE ST

City State Zip Code  
CHEVY CHASE MD 20815

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Govt Affairs & Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2162866820222  
Amount of Each Receipt this Period: 50.00  
P/R Deduction (\$50.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
SCOTT J FRIES

Mailing Address 16393 MAYFIELD DRIVE

City State Zip Code  
EDEN PRAIRIE MN 55347

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1307.64

Date of Receipt: 09 / 30 / 2008  
Transaction ID: PR2162867120222  
Amount of Each Receipt this Period: 230.76  
P/R Deduction (\$76.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **580.76**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 125

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
PATRICIA A KAPPAS-LARSON

Mailing Address 157 SUMMIT POINT DRIVE

City State Zip Code  
HASTINGS MN 55033

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR2162867220222

Amount of Each Receipt this Period

300.00

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

**B.**

Full Name (Last, First, Middle Initial)  
KURT C LEWIS

Mailing Address 961 RIVER FOREST DRIVE

City State Zip Code  
MAINEVILLE OH 45039-7720

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.80

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR2203967520222

Amount of Each Receipt this Period

69.24

P/R Deduction (\$11.54 Bi-Weekly)

**C.**

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

Mailing Address 8516 29TH AVE N

City State Zip Code  
NEW HOPE MN 55427

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2307.60

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR2225166720222

Amount of Each Receipt this Period

692.28

P/R Deduction (\$115.38 Bi-Weekly)

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

1061.52

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 125

(check only one)

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

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

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

**A.**

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

Mailing Address 7 STRATFORD RD

City State Zip Code  
FARMINGTON CT 06032

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Chief Actuary

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1154.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: PR2225813620222

Amount of Each Receipt this Period

346.20

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

**B.**

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

Mailing Address 51 REALITY ROAD

City State Zip Code  
OXFORD CT 06478-1562

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.60

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: PR2225817520222

Amount of Each Receipt this Period

115.38

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

**C.**

Full Name (Last, First, Middle Initial)  
NANCY S MACK

Mailing Address 10140 26TH AVENUE NORTH

City State Zip Code  
PLYMOUTH MN 55441-3226

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

Name of Employer Occupation  
UnitedHealth Group, Inc. IT Project Manager

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2008

Transaction ID: PR2225818420222

Amount of Each Receipt this Period

81.00

P/R Deduction (\$13.50 Bi-Weekly)

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

542.58

**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 85 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL MCGUIRE  
 Mailing Address 437 DRURY LANE  
 City State Zip Code  
WYCKOFF NJ 07481  
 Date of Receipt  
09 / 30 / 2008  
 Transaction ID: PR2225818820222  
 Amount of Each Receipt this Period  
346.20  
 P/R Deduction (\$57.70 Bi-Weekly)  
 FEC ID number of contributing federal political committee. C  
 Name of Employer UnitedHealth Group, Inc. Occupation Health Plan CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1154.00

**B.** Full Name (Last, First, Middle Initial)  
ERIC S RANGEN  
 Mailing Address 1376 MICHELLE DRIVE  
 City State Zip Code  
EAGAN MN 55123  
 Date of Receipt  
09 / 30 / 2008  
 Transaction ID: PR2225819320222  
 Amount of Each Receipt this Period  
1153.80  
 P/R Deduction (\$192.30 Bi-Weekly)  
 FEC ID number of contributing federal political committee. C  
 Name of Employer UnitedHealth Group, Inc. Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3846.00

**C.** Full Name (Last, First, Middle Initial)  
JOHN D RYAN  
 Mailing Address 45 WESTMORELAND LN  
 City State Zip Code  
NAPERVILLE IL 60540  
 Date of Receipt  
09 / 30 / 2008  
 Transaction ID: PR2225819620222  
 Amount of Each Receipt this Period  
230.76  
 P/R Deduction (\$38.46 Bi-Weekly)  
 FEC ID number of contributing federal political committee. C  
 Name of Employer UnitedHealth Group, Inc. Occupation VP Client Mgmt & Svc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.20

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1730.76  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 125  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
ROY T SAILOR

Mailing Address PO BOX 64259

City COLORADO SPRINGS State CO Zip Code 80962

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 09 / 30 / 2008

Transaction ID: PR2225819720222

Amount of Each Receipt this Period 461.52

P/R Deduction (\$76.92 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ROBERT S WATSON

Mailing Address 43696 BERMUDA DUNES TERRACE

City LEESBURG State VA Zip Code 20176-3976

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

Name of Employer UnitedHealth Group, Inc. Occupation Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 203.87

Date of Receipt 09 / 30 / 2008

Transaction ID: PR2225820520222

Amount of Each Receipt this Period 11.55

P/R Deduction (\$3.85 Bi-W-ekly)

**C.** Full Name (Last, First, Middle Initial)  
A R WEILER

Mailing Address 4512 EDINA BOULEVARD

City EDINA State MN Zip Code 55424

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Sales - Ingenix

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2008

Transaction ID: PR2225820620222

Amount of Each Receipt this Period 240.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 713.07

**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 87 / 125  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
KAREN A DIPALMO

Mailing Address 7533 PRAIRIE VIEW DR

City State Zip Code  
INDIANAPOLIS IN 46256

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR2231347220222

Amount of Each Receipt this Period  
180.00

P/R Deduction (\$30.00 Bi-Weekly)

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

Mailing Address 321 HERITAGE POINT DRIVE

City State Zip Code  
SIMPSONVILLE SC 29681

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR2231347420222

Amount of Each Receipt this Period  
300.00

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

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

Mailing Address 4396 CREEKSIDE PASS

City State Zip Code  
ZIONSVILLE IN 46077-9291

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2008

**Transaction ID:** PR2231349720222

Amount of Each Receipt this Period  
90.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **570.00**

**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 88 / 125  
(check only one)

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

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

**A.**

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

Mailing Address 1387 RED DUNES RUN

City AVON State IN Zip Code 46123-9550

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2231350520222

Amount of Each Receipt this Period 120.00

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

**B.**

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

Mailing Address 8131 LAKE POINT WAY

City INDIANAPOLIS State IN Zip Code 46256-1610

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2231351920222

Amount of Each Receipt this Period 120.00

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

**C.**

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

Mailing Address 7244 TULIPTREE TRAIL

City INDIANAPOLIS State IN Zip Code 46256

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 09 / 30 / 2008

**Transaction ID:** PR2231352320222

Amount of Each Receipt this Period 480.00

P/R Deduction (\$80.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 720.00

**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 89 / 125  
(check only one)

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

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

**A.**

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

Mailing Address 3202 BABSON CT

City INDIANAPOLIS State IN Zip Code 46268-1326

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Actuarial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 30 / 2008

Transaction ID: PR2231352420222

Amount of Each Receipt this Period: 90.00

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

**B.**

Full Name (Last, First, Middle Initial)  
MICHAEL R CONNLY

Mailing Address 570 MONTCALM PL

City SAINT PAUL State MN Zip Code 55116

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 09 / 30 / 2008

Transaction ID: PR2247625820222

Amount of Each Receipt this Period: 240.00

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

**C.**

Full Name (Last, First, Middle Initial)  
ANDREA M GREENE

Mailing Address 2720 FLORIDA AVE S

City SAINT LOUIS PARK State MN Zip Code 55426-3330

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 30 / 2008

Transaction ID: PR2247626020222

Amount of Each Receipt this Period: 90.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **420.00**

**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 90 / 125

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
CYNTHIA L IACARELLA

Mailing Address 2061 THORNDALE AVENUE

City State Zip Code  
NEW BRIGHTON MN 55112-5114

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Human Capital Partner (Mgr)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR2247626120222

Amount of Each Receipt this Period  
90.00

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

**B.**

Full Name (Last, First, Middle Initial)  
CAROLYN B KERR

Mailing Address 3456 ROSENDALE ROAD

City State Zip Code  
NISKAYUNA NY 12309-1509

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR2247626220222

Amount of Each Receipt this Period  
115.38

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

**C.**

Full Name (Last, First, Middle Initial)  
JOYCE M RUDDOCK

Mailing Address 4 SPLIT ROCK ROAD

City State Zip Code  
NEWTOWN CT 06470

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Executive Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR2247626420222

Amount of Each Receipt this Period  
300.00

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

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

505.38

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 125

(check only one)

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

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

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

**A.** Full Name (Last, First, Middle Initial)  
JOSEPH R CARCIONE JR

Mailing Address 11 CARRIAGE WAY

City State Zip Code  
WHITE PLAINS NY 10605

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1154.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

Transaction ID: PR2247626820222

Amount of Each Receipt this Period  
346.20

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

**B.** Full Name (Last, First, Middle Initial)  
DONALD R GINTZIG

Mailing Address 1730 TWELVE OAKS

City State Zip Code  
MURFREESBORO TN 37127

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 865.50

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

Transaction ID: PR2247626920222

Amount of Each Receipt this Period  
57.70

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

**C.** Full Name (Last, First, Middle Initial)  
KEVIN DAVID KANTOLA

Mailing Address 7031 HALSTEAD DRIVE

City State Zip Code  
MINNETRISTA MN 55364-3201

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	8

Transaction ID: PR2247627020222

Amount of Each Receipt this Period  
150.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	553.90
<b>TOTAL</b> 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 92 / 125

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) ANGELA R LAWHORN		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 8
	Mailing Address 225 HARDWICKE LANE		<b>Transaction ID:</b> PR2247627120222
	City LITTLE ELM	State TX	Zip Code 75068-5231
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 161.52
Name of Employer UnitedHealth Group, Inc.		Occupation Director Operations	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.40		

<b>B.</b>	Full Name (Last, First, Middle Initial) DENNIS P O'BRIEN		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 8
	Mailing Address 61 LOUGHLIN AVE		<b>Transaction ID:</b> PR2247627320222
	City COS COB	State CT	Zip Code 06807
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 346.20
Name of Employer UnitedHealth Group, Inc.		Occupation Regional Network Mgmt Lead	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1154.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) JEFFERY RICHARD VERNEY		Date of Receipt M M / D D / Y Y Y Y Y 0 9 / 3 0 / 2 0 0 8
	Mailing Address 266 WESTLEDGE ROAD		<b>Transaction ID:</b> PR2247627420222
	City WEST SIMSBURY	State CT	Zip Code 06092
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 346.20
Name of Employer UnitedHealth Group, Inc.		Occupation CEO United Retiree Solutions	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1154.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>853.92</b>
<b>TOTAL</b> 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 93 / 125

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
DARRELL BROOKS

Mailing Address 425 QUEENSLAND LANE NORTH

City State Zip Code  
PLYMOUTH MN 55447

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1154.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR2247627620222

Amount of Each Receipt this Period

346.20

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

**B.**

Full Name (Last, First, Middle Initial)  
SANJAY GARODIA

Mailing Address 282 MIDDAUGH

City State Zip Code  
CLARENDON HILLS IL 60514

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

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 730.74

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR2247627820222

Amount of Each Receipt this Period

192.30

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

**C.**

Full Name (Last, First, Middle Initial)  
JACQUELINE B KOSECOFF

Mailing Address 1474 BIENVENEDA AVE

City State Zip Code  
PACIFIC PALISADES CA 90272

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

Name of Employer Occupation  
UnitedHealth Group, Inc. CEO Ovations Pharmacy Sltns

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3846.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 8

Transaction ID: PR2247627920222

Amount of Each Receipt this Period

1153.80

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

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

1692.30

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 125

(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)

<b>A.</b>	Full Name (Last, First, Middle Initial) DANIEL L OHMAN		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 8970 MOOR PARK RUN		<b>Transaction ID:</b> PR2247628020222
	City DULUTH	State GA	Zip Code 30097-6621
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 161.52
	Name of Employer UnitedHealth Group, Inc.	Occupation Region CEO	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.40		

<b>B.</b>	Full Name (Last, First, Middle Initial) JOHN M PRINCE		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 546 HARRINGTON ROAD		<b>Transaction ID:</b> PR2259738420222
	City WAYZATA	State MN	Zip Code 55391
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) DAWN M KOEHLER		Date of Receipt MM / DD / YYYY 09 / 30 / 2008
	Mailing Address 5500 NICHOLSON RD		<b>Transaction ID:</b> PR2270335120222
	City FOWLerville	State MI	Zip Code 48836-9605
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Public Relations	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00		

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

521.52

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 / 125
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

**A.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER CRONN

Mailing Address 1326 BAYTHORNE DR

City State Zip Code  
LEWISVILLE TX 75077-7691

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

Name of Employer UnitedHealth Group, Inc. Occupation Public Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** PR2270522920222

Amount of Each Receipt this Period  
230.76

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

**B.**

Full Name (Last, First, Middle Initial)  
SIMON L STEVENS

Mailing Address 1716 EMERSON AVENUE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55403-2906

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2008

**Transaction ID:** PR2364863220222

Amount of Each Receipt this Period  
384.60

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

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>615.36</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>80700.17</b>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Demint For Senate Committee Inc</p> <p>Mailing Address PO Box 12425</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement</p> <p>Candidate Name Sen. James DeMint</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SC District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28131238</p> <p>Date of Disbursement 07 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Jon Kyl For U S Senate</p> <p>Mailing Address Post Office Box 10246</p> <p>City Phoenix State AZ Zip Code 85064</p> <p>Purpose of Disbursement</p> <p>Candidate Name Sen. Jon Kyl</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28166591</p> <p>Date of Disbursement 07 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mccaul For Congress Inc</p> <p>Mailing Address 815-A Brazos Street Pmb 230</p> <p>City Austin State TX Zip Code 78701</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Rep. Michael McCaul</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 10</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28197077</p> <p>Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Congress</p>

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

2500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Davis for Congress</p> <p>Mailing Address P.O. Box 84049</p> <p>City San Diego State CA Zip Code 92138</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Susan Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 53</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28197809</p> <p>Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Congress</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mcmahon For Congress</p> <p>Mailing Address 66 Arnold Street</p> <p>City Staten Island State NY Zip Code 10301</p> <p>Purpose of Disbursement Elect to the US Congress</p> <p>Candidate Name Mr. Michael McMahon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28198619</p> <p>Date of Disbursement 07 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Elect to the US Congress</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Nancy Pelosi For Congress</p> <p>Mailing Address 235 Montgomery Street Suite 610</p> <p>City San Francisco State CA Zip Code 94104</p> <p>Purpose of Disbursement Re-elect to Congress</p> <p>Candidate Name Rep. Nancy Pelosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28246498</p> <p>Date of Disbursement 07 / 18 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Re-elect to Congress</p>

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

5000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Mcmahon For Congress	Transaction ID: 28246506 Date of Disbursement 07 / 18 / 2008
	Mailing Address 66 Arnold Street	Amount of Each Disbursement this Period 1000.00
	City Staten Island State NY Zip Code 10301	
	Purpose of Disbursement Elect to Congress Candidate Name Mr. Michael McMahon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Elect to Congress

B.	Full Name (Last, First, Middle Initial) Follow the North Star Fund	Transaction ID: 28246510 Date of Disbursement 07 / 18 / 2008
	Mailing Address 316 E Hennepin Ave	Amount of Each Disbursement this Period 2500.00
	City Minneapolis State MN Zip Code 55414	
	Purpose of Disbursement Candidate Name Follow the North Star Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Secure Americas Majority PAC (SAM-PAC)	Transaction ID: 28246516 Date of Disbursement 07 / 18 / 2008
	Mailing Address P.O. Box 860159	Amount of Each Disbursement this Period 1000.00
	City Plano State TX Zip Code 75086	
	Purpose of Disbursement Candidate Name Secure Americas Majority PAC (SAM-PAC) Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)  
Tim Johnson For South Dakota

Transaction ID: 28264780

Mailing Address PO Box 1859

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	8

City State Zip Code  
Sioux Falls SD 57101

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Tim Johnson

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: SD District:

B.

Full Name (Last, First, Middle Initial)  
Pete Sessions For Congress

Transaction ID: 28264784

Mailing Address PO Box 38585

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	8

City State Zip Code  
Dallas TX 75238

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Re-elect to Congress

011  
Category/  
Type

Candidate Name  
Pete Sessions

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: TX District: 32

Re-elect to Congress

C.

Full Name (Last, First, Middle Initial)  
Udall For Colorado

Transaction ID: 28264787

Mailing Address PO Box 40158

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	0	8

City State Zip Code  
Denver CO 80204

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Elect to US Senate

011  
Category/  
Type

Candidate Name  
Mr. Mark Udall

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼  
State: CO District:

Elect to US Senate

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

3000.00
---------

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

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 100 / 125

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

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

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

A.	Full Name (Last, First, Middle Initial) Chet Edwards For Congress  Mailing Address PO Box 23273  City Waco State TX Zip Code 76702  Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Chet Edwards Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28451196 Date of Disbursement 08 / 19 / 2008  Amount of Each Disbursement this Period 1000.00  Re-elect to Congress
B.	Full Name (Last, First, Middle Initial) Citizens for Arlen Specter  Mailing Address 300 I Street N.E. Suite 100B  City Washington State DC Zip Code 20002  Purpose of Disbursement Re-elect to US Senate Candidate Name Arlen Specter Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28451200 Date of Disbursement 08 / 19 / 2008  Amount of Each Disbursement this Period 1000.00  Re-elect to US Senate
C.	Full Name (Last, First, Middle Initial) Richard E Neal For Congress Committee  Mailing Address P.O. Box 15906  City Chevy Chase State MD Zip Code 20825  Purpose of Disbursement re-elect to Congress Candidate Name Rep. Richard Neal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 02 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28525489 Date of Disbursement 09 / 11 / 2008  Amount of Each Disbursement this Period 1000.00  re-elect to Congress

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 101 / 125

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Alexander For Senate 2008 Inc</p> <p>Mailing Address 228 S Washington Street Suite 115</p> <p>City Alexandria State VA Zip Code 22314</p> <p>Purpose of Disbursement Re-Elect to US Senate</p> <p>Candidate Name Sen. Lamar Alexander</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28525503</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-Elect to US Senate</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Mcmahon For Congress</p> <p>Mailing Address 66 Arnold Street</p> <p>City Staten Island State NY Zip Code 10301</p> <p>Purpose of Disbursement Re-Elect to Congress</p> <p>Candidate Name Mr. Michael McMahon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 13</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28525504</p> <p>Date of Disbursement 09 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-Elect to Congress</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Glacier PAC</p> <p>Mailing Address 818 Connecticut Ave. NW Suite 1100</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement Political Action Committee</p> <p>Candidate Name Glacier PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28530830</p> <p>Date of Disbursement 09 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Political Action Committee</p>

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

4500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 102 / 125

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee <hr/> Mailing Address 101 West Grand Ave #200 <hr/> City Chicago State IL Zip Code 60610 <hr/> Purpose of Disbursement Re-elect to US Senate Candidate Name Sen. Richard Durbin Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District:	Transaction ID: 28530848 Date of Disbursement 09 / 12 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Re-elect to US Senate
B.	Full Name (Last, First, Middle Initial) Congressman Bart Gordon Committee <hr/> Mailing Address P.O. Box 2008 <hr/> City Murfreesboro State TN Zip Code 37133 <hr/> Purpose of Disbursement Re-elect to US Congress Candidate Name Rep. Bart Gordon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 06	Transaction ID: 28530850 Date of Disbursement 09 / 12 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Re-elect to US Congress
C.	Full Name (Last, First, Middle Initial) Cooper For Congress Committee <hr/> Mailing Address Co Davidson & Golden P.O. Box 927 <hr/> City Brentwood State TN Zip Code 37024 <hr/> Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Jim Cooper Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: TN District: 05	Transaction ID: 28530853 Date of Disbursement 09 / 12 / 2008 <hr/> Amount of Each Disbursement this Period 1500.00 <hr/> Re-elect to Congress

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 103 / 125

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

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

A.	Full Name (Last, First, Middle Initial) Tiberi For Congress	Transaction ID: 28623077 Date of Disbursement
	Mailing Address 2021 East Dublin Granville Road Suite 2000	<input type="text" value="09"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Columbus State OH Zip Code 43229	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Patrick Tiberi	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) New Yorkers for Yvette D Clarke	Transaction ID: 28623195 Date of Disbursement
	Mailing Address 504 Flatbush Avenue	<input type="text" value="09"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Brooklyn State NY Zip Code 11225	Amount of Each Disbursement this Period
	Purpose of Disbursement Re-elect to US Congress	<input type="text" value="700.00"/>
	Candidate Name Yvette Clarke	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 11	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Elizabeth Dole Committee Inc	Transaction ID: 28623569 Date of Disbursement
	Mailing Address PO Box 2918	<input type="text" value="09"/> <input type="text" value="19"/> / <input type="text" value="20"/> <input type="text" value="08"/>
	City Raleigh State NC Zip Code 27602	Amount of Each Disbursement this Period
	Purpose of Disbursement Re-elect to the US Senate	<input type="text" value="2500.00"/>
	Candidate Name Sen. Elizabeth Dole	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4200.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pierluisi 2008 Inc.</p> <p>Mailing Address 801 Pennsylvania Avenue NW Suite 600</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement elect to Resident Commissioner PR</p> <p>Candidate Name Mr. Pedro Pierluisi</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28623624 <b>Date of Disbursement</b> 09 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>elect to Resident Commiss- ioner PR</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign</p> <p>Mailing Address PO Box 3662</p> <p>City Seattle State WA Zip Code 98124</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Sen. Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28636701 <b>Date of Disbursement</b> 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Senate</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Michaud For Congress</p> <p>Mailing Address 499 South Capitol Street, SW Suite</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Rep. Michael Michaud</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28636717 <b>Date of Disbursement</b> 09 / 23 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Congress</p>

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 105 / 125

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

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

A.	Full Name (Last, First, Middle Initial) Patrick Murphy For Congress	Transaction ID: 28636724 Date of Disbursement 09 / 23 / 2008
	Mailing Address P.O. Box 868	
	City Levittown State PA Zip Code 19058	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Re-Elect to US Congress Candidate Name Rep. Patrick Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-Elect to US Congress

B.	Full Name (Last, First, Middle Initial) Friends Of Dan Maffei	Transaction ID: 28636742 Date of Disbursement 09 / 23 / 2008
	Mailing Address 10 G Street NE Suite 470	
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement elect to the US Congress Candidate Name Mr. Daniel Maffei Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 25	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	elect to the US Congress

C.	Full Name (Last, First, Middle Initial) Udall For Colorado	Transaction ID: 28649120 Date of Disbursement 09 / 26 / 2008
	Mailing Address PO Box 40158	
	City Denver State CO Zip Code 80204	Amount of Each Disbursement this Period 4000.00
	Purpose of Disbursement Re-elect to US Senate Candidate Name Mr. Mark Udall Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	011 Category/ Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to US Senate

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 106 / 125

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Chris Lee For Congress</p> <p>Mailing Address PO Box 15395</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement Elect to US Congress</p> <p>Candidate Name Mr. Christopher Lee</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28649121</p> <p>Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Elect to US Congress</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Clay Jr. For Congress</p> <p>Mailing Address P.O. Box 4544 Suite 300</p> <p>City St. Louis State MO Zip Code 63108</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Rep. William Clay, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28649122</p> <p>Date of Disbursement 09 / 26 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Congress</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Jay Rockefeller</p> <p>Mailing Address PO Box 1909</p> <p>City Charleston State WV Zip Code 25327</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Sen. John Rockefeller, IV</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28650027</p> <p>Date of Disbursement 09 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Senate</p>

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

4500.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of Mark Warner	Transaction ID: 28650028 Date of Disbursement 09 / 29 / 2008
	Mailing Address 1029 North Royal Street 2nd Fl	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Mark Warner	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Mary Landrieu	Transaction ID: 28650039 Date of Disbursement 09 / 29 / 2008
	Mailing Address 58156 Court Street	Amount of Each Disbursement this Period 5000.00
	City Plaquemine State LA Zip Code 70764	
	Purpose of Disbursement Re-electto US Senate	011 Category/ Type
	Candidate Name Mary L. Landrieu	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Musgrove For U S Senate	Transaction ID: 28650046 Date of Disbursement 09 / 29 / 2008
	Mailing Address PO Box 24477 1076 Highland Colony Parkway	Amount of Each Disbursement this Period 5000.00
	City Jackson State MS Zip Code 39225	
	Purpose of Disbursement Elect to US Senate	011 Category/ Type
	Candidate Name David Musgrove	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	15000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 108 / 125

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Alaskans For Begich <hr/> Mailing Address PO Box 240287 <hr/> City Anchorage State AK Zip Code 99524 <hr/> Purpose of Disbursement Elect to US Senate Candidate Name Mr. Mark Begich <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AK District: <hr/> Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28650047 Date of Disbursement 09 / 29 / 2008
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Elect to US Senate
<b>B.</b> Full Name (Last, First, Middle Initial) Wyden for Senate <hr/> Mailing Address P. O. Box 3498 <hr/> City Portland State OR Zip Code 97208 <hr/> Purpose of Disbursement Void - Wyden for Senate - Returned Candidate Name Ron Wyden <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: <hr/> Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28699749 Date of Disbursement 09 / 18 / 2008
	Amount of Each Disbursement this Period -2500.00
	Category/ Type 011
	Void - Wyden for Senate - Returned

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

2500.00

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

68200.00

# 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 109 / 125

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Mitch for Governor Campaign Committee <hr/> Mailing Address 47 S. Meridian Street Suite 200 <hr/> City Indianapolis State IN Zip Code 46204 <hr/> Purpose of Disbursement Mitch Daniels, GOVERNOR IN Candidate Name Mitch Daniels Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28173692 Date of Disbursement 07 / 10 / 2008
	Amount of Each Disbursement this Period 3000.00  Mitch Daniels, GOVERNOR IN

<b>B.</b> Full Name (Last, First, Middle Initial) Coleman for Columbus <hr/> Mailing Address PO Box 1596 <hr/> City Columbus State OH Zip Code 43216 <hr/> Purpose of Disbursement Michael Coleman, MAYOR OH Candidate Name Michael Coleman Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28197530 Date of Disbursement 07 / 15 / 2008
	Amount of Each Disbursement this Period 2500.00  Michael Coleman, MAYOR OH

<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Faber <hr/> Mailing Address 7706 St. Rt 703 <hr/> City Celina State OH Zip Code 45822 <hr/> Purpose of Disbursement Keith Faber, STATE SENATE 12th OH Candidate Name OH Sen. Keith Faber Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28198096 Date of Disbursement 07 / 15 / 2008
	Amount of Each Disbursement this Period 500.00  Keith Faber, STATE SENATE 12th OH

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
UnitedHealth Group Inc PAC of PA

Mailing Address 9900 Bren Road East

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement  
Contributions to State PAC

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** 28264797  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Contributions to State PAC

**B.** Full Name (Last, First, Middle Initial)  
United for Health of Texas (UnitedHealth Group Inc, PAC of Texas)

Mailing Address 9900 Bren Road East

City State Zip Code  
Minnetonka MN 55343

Purpose of Disbursement  
Contributions to State PAC

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

**Transaction ID:** 28264801  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Contributions to State PAC

**C.** Full Name (Last, First, Middle Initial)  
Friends of Matt Szollosi

Mailing Address 3166 North Republic Road

City State Zip Code  
Toledo OH 43615

Purpose of Disbursement  
Matt Szollosi, STATE HOUSE 49th OH

Candidate Name  
OH Rep. Matt Szollosi

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: OH District: 49

**Transaction ID:** 28314487  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Matt Szollosi, STATE HOUSE  
49th OH

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

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Armond Budish</p> <p>Mailing Address 23240 Chargrin Blvd #450</p> <p>City Beachwood State OH Zip Code 44122</p> <p>Purpose of Disbursement Armond Budish, STATE HOUSE 8th OH</p> <p>Candidate Name OH Rep. Armond Budish</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28314495 <b>Date of Disbursement</b> MM / DD / YYYY 07 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Armond Budish, STATE HOUSE 8th OH</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Husted for Ohio</p> <p>Mailing Address 148 Sherbrooke Drive</p> <p>City Kettering State OH Zip Code 45429</p> <p>Purpose of Disbursement Jon Husted, STATE HOUSE 37th OH</p> <p>Candidate Name Representa Jon Husted</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 37</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28331545 <b>Date of Disbursement</b> MM / DD / YYYY 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Jon Husted, STATE HOUSE 37th OH</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Mike Kopp for Colorado</p> <p>Mailing Address 10589 Raspberry Mountain Road</p> <p>City Littleton State CO Zip Code 80127</p> <p>Purpose of Disbursement Mike Kopp, STATE SENATE 22nd CO</p> <p>Candidate Name CO Sen. Mike Kopp</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28331758 <b>Date of Disbursement</b> MM / DD / YYYY 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>Mike Kopp, STATE SENATE 22nd CO</p>

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

1900.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Shawn Mitchell</p> <p>Mailing Address 12530 Newton Street</p> <p>City Broomfield State CO Zip Code 80020</p> <p>Purpose of Disbursement Shawn Mitchell, STATE SENATE 23rd CO</p> <p>Candidate Name CO Sen. Shawn Mitchell</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District:</p>	<p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28331800 Date of Disbursement 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>Shawn Mitchell, STATE SENATE 23rd CO</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Josh Penry</p> <p>Mailing Address 225 N. 5th Street</p> <p>City Grand Junction State CO Zip Code 81501</p> <p>Purpose of Disbursement Joshua Penry, STATE SENATE 7th CO</p> <p>Candidate Name CO Sen. Joshua Penry</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District:</p>	<p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28332028 Date of Disbursement 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>Joshua Penry, STATE SENATE 7th CO</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Rollie Heath</p> <p>Mailing Address P.O. Box 7480</p> <p>City Boulder State CO Zip Code 80306</p> <p>Purpose of Disbursement Rollie Heath, STATE SENATE 18th CO</p> <p>Candidate Name Rollie Heath</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District:</p>	<p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 28332030 Date of Disbursement 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>Rollie Heath, STATE SENATE 18th CO</p>

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

1200.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Bernie Buescher</p> <p>Mailing Address 730 Golfmore</p> <p>City Grand Junction State CO Zip Code 81506</p> <p>Purpose of Disbursement Bernie Buescher, STATE HOUSE 55th CO</p> <p>Candidate Name CO Rep. Bernie Buescher</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 55</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28332073 <b>Date of Disbursement</b> 08 / 06 / 2008</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>Bernie Buescher, STATE HO- USE 55th CO</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ohio Association of Health Plans</p> <p>Mailing Address 230 East Town Street</p> <p>City Columbus State OH Zip Code 43215-3842</p> <p>Purpose of Disbursement State PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28478186 <b>Date of Disbursement</b> 08 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>State PAC</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Matt Szollosi</p> <p>Mailing Address 3166 North Republic Road</p> <p>City Toledo State OH Zip Code 43615</p> <p>Purpose of Disbursement Matt Szollosi, STATE HOUSE 49th OH</p> <p>Candidate Name OH Rep. Matt Szollosi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 49</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28478188 <b>Date of Disbursement</b> 08 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 250.00</p> <p>Matt Szollosi, STATE HOUSE 49th OH</p>

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

2650.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 114 / 125

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Armond Budish	Transaction ID: 28478190 Date of Disbursement 08 / 25 / 2008
	Mailing Address 23240 Chargrin Blvd #450	Amount of Each Disbursement this Period 250.00
	City Beachwood State OH Zip Code 44122	
	Purpose of Disbursement Armond Budish, STATE HOUSE 8th OH	011 Category/ Type
	Candidate Name OH Rep. Armond Budish	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Armond Budish, STATE HOUSE 8th OH

B.	Full Name (Last, First, Middle Initial) Citizens for Wagoner	Transaction ID: 28478196 Date of Disbursement 08 / 25 / 2008
	Mailing Address 7445 Airport Highway	Amount of Each Disbursement this Period 1500.00
	City Holland State OH Zip Code 43528	
	Purpose of Disbursement Mark Wagoner, STATE SENATE 2nd OH	011 Category/ Type
	Candidate Name OH Sen. Mark Wagoner, Jr.	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Mark Wagoner, STATE SENATE 2nd OH

C.	Full Name (Last, First, Middle Initial) Republican Senate Campaign Committee	Transaction ID: 28478198 Date of Disbursement 08 / 25 / 2008
	Mailing Address 4679 Winterset Drive	Amount of Each Disbursement this Period 1500.00
	City Columbus State OH Zip Code 43220	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3250.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Faber  Mailing Address 7706 St. Rt 703  City Celina State OH Zip Code 45822  Purpose of Disbursement Keith Faber, STATE SENATE 12th OH Candidate Name OH Sen. Keith Faber Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Transaction ID: 28478199 Date of Disbursement 08 / 25 / 2008	Amount of Each Disbursement this Period 1000.00  Keith Faber, STATE SENATE 12th OH
B.	Full Name (Last, First, Middle Initial) Committee to Elect Chris Widener  Mailing Address 23 South Center Street  City Springfield State OH Zip Code 45502  Purpose of Disbursement Chris Widener, STATE SENATE 10th OH Candidate Name Chris Widener Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Transaction ID: 28478200 Date of Disbursement 08 / 25 / 2008	Amount of Each Disbursement this Period 500.00  Chris Widener, STATE SENA-TE 10th OH
C.	Full Name (Last, First, Middle Initial) Citizens for Gibbs  Mailing Address 6992 TR 466  City Lakeville State OH Zip Code 44638  Purpose of Disbursement Bob Gibbs, STATE HOUSE 97th OH Candidate Name OH Rep. Bob Gibbs Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 97	Transaction ID: 28478212 Date of Disbursement 08 / 25 / 2008	Amount of Each Disbursement this Period 500.00  Bob Gibbs, STATE HOUSE 97-th OH

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

**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 116 / 125

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Seitz for State Senate</p> <p>Mailing Address 4401 Abby Court</p> <p>City Cincinnati State OH Zip Code 45248</p> <p>Purpose of Disbursement William Seitz, STATE SENATE 8th OH</p> <p>Candidate Name OH Sen. William Seitz</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28478219 <b>Date of Disbursement</b> 08 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>William Seitz, STATE SENA- TE 8th OH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Committee to Elect Niehaus</p> <p>Mailing Address 1131 Little Indian Creek Road</p> <p>City New Richmond State OH Zip Code 45157-9602</p> <p>Purpose of Disbursement Tom Niehaus, STATE SENATE 14th OH</p> <p>Candidate Name OH Sen. Tom Niehaus</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28478220 <b>Date of Disbursement</b> 08 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Tom Niehaus, STATE SENATE 14th OH</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Georgia Republican Party</p> <p>Mailing Address P.O. Box 550008</p> <p>City Atlanta State GA Zip Code 30355</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28510762 <b>Date of Disbursement</b> 09 / 03 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

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

6500.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) McCarthy for House <hr/> Mailing Address 5220 South East 31st Court <hr/> City Des Moines State IA Zip Code 50320 Purpose of Disbursement Kevin McCarthy, STATE HOUSE 67th IA Candidate Name IA Rep. Kevin McCarthy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 67 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28520025 Date of Disbursement MM / DD / YYYY 09 / 08 / 2008
	Amount of Each Disbursement this Period 2500.00  Kevin McCarthy, STATE HOU-SE 67th IA

<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Mike Jacobs <hr/> Mailing Address P.O. Box 95 <hr/> City Hampton State IL Zip Code 61256-0095 Purpose of Disbursement Michael Jacobs, STATE SENATE 36th IL Candidate Name IL Sen. Michael Jacobs Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28520040 Date of Disbursement MM / DD / YYYY 09 / 08 / 2008
	Amount of Each Disbursement this Period 500.00  Michael Jacobs, STATE SEN-ATE 36th IL

<b>C.</b> Full Name (Last, First, Middle Initial) Ohio House Democratic Caucus Fund <hr/> Mailing Address 271 E. State Street <hr/> City Columbus State OH Zip Code 43215 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28520043 Date of Disbursement MM / DD / YYYY 09 / 08 / 2008
	Amount of Each Disbursement this Period 2000.00  Category/Type: 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Jay Goyal</p> <p>Mailing Address 2584 Wahl Drive</p> <p>City Lexington State OH Zip Code 44901</p> <p>Purpose of Disbursement Jay Goyal, STATE HOUSE 73rd OH</p> <p>Candidate Name OH Rep. Jay Goyal</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 73</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28520045</p> <p>Date of Disbursement 09 / 08 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Jay Goyal, STATE HOUSE 73rd OH</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Committee to Elect Bill Harris</p> <p>Mailing Address 1238 TWP Road 1506</p> <p>City Ashland State OH Zip Code 44805</p> <p>Purpose of Disbursement Bill Harris, STATE SENATE 19th OH</p> <p>Candidate Name Senator Bill Harris</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28520512</p> <p>Date of Disbursement 09 / 09 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>Bill Harris, STATE SENATE 19th OH</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Dan Stewart for State Representative</p> <p>Mailing Address 363 Demorest Road</p> <p>City Columbus State OH Zip Code 43204</p> <p>Purpose of Disbursement Daniel Stewart, STATE HOUSE 25th OH</p> <p>Candidate Name OH Rep. Daniel Stewart</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 25</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28622195</p> <p>Date of Disbursement 09 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Daniel Stewart, STATE HOUSE 25th OH</p>

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

3000.00

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 119 / 125

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

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

A.	Full Name (Last, First, Middle Initial) House Republican Campaign Committee	Transaction ID: 28622198 Date of Disbursement
	Mailing Address 211 South Fifth Street	<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City Columbus State OH Zip Code 43215	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends of Joe Koziura	Transaction ID: 28622206 Date of Disbursement
	Mailing Address 5308 Gargas Drive	<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City Lorain State OH Zip Code 44053	Amount of Each Disbursement this Period
	Purpose of Disbursement Joseph Koziura, STATE HOUSE 56th OH	<input type="text" value="500.00"/>
	Candidate Name OH Rep. Joseph Koziura	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 56	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Joseph Koziura, STATE HOUSE 56th OH

C.	Full Name (Last, First, Middle Initial) Book Election Committee	Transaction ID: 28622210 Date of Disbursement
	Mailing Address 32 State Rt 239	<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City Portsmouth State OH Zip Code 45663	Amount of Each Disbursement this Period
	Purpose of Disbursement Todd Book, STATE HOUSE 89th OH	<input type="text" value="500.00"/>
	Candidate Name OH Rep. Todd Book	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 89	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Todd Book, STATE HOUSE 89th OH

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="3000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

PAGE 120 / 125

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Armond Budish</p> <p>Mailing Address 23240 Chargrin Blvd #450</p> <p>City Beachwood State OH Zip Code 44122</p> <p>Purpose of Disbursement Armond Budish, STATE HOUSE 8th OH</p> <p>Candidate Name OH Rep. Armond Budish</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28622227 <b>Date of Disbursement</b> 09 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Armond Budish, STATE HOUSE 8th OH</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Zehringer</p> <p>Mailing Address 2191 Oak Street</p> <p>City Maria Stein State OH Zip Code 45860</p> <p>Purpose of Disbursement James Zehringer, STATE HOUSE 77th OH</p> <p>Candidate Name OH Rep. James Zehringer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 77</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28622241 <b>Date of Disbursement</b> 09 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>James Zehringer, STATE HO- USE 77th OH</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens for Sears</p> <p>Mailing Address 6711 Monroe Street Building 3 Suit</p> <p>City Sylvania State OH Zip Code 53560</p> <p>Purpose of Disbursement Barbara Sears, STATE HOUSE 46th OH</p> <p>Candidate Name OH Rep. Barbara Sears</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 46</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 28622248 <b>Date of Disbursement</b> 09 / 19 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Barbara Sears, STATE HOUSE 46th OH</p>

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

1500.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 121 / 125

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Shannon Jones <hr/> Mailing Address 800 Valley View Point <hr/> City Springboro State OH Zip Code 45066 Purpose of Disbursement Shannon Jones, STATE HOUSE 67th OH Candidate Name OH Rep. Shannon Jones Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 67 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28622274 Date of Disbursement 09 / 19 / 2008	Amount of Each Disbursement this Period 500.00 Shannon Jones, STATE HOUSE 67th OH
B.	Full Name (Last, First, Middle Initial) Friends of Bill Coley <hr/> Mailing Address 8265 Cherry Laurel Dr. <hr/> City Middletown State OH Zip Code 45044 Purpose of Disbursement William Coley, STATE HOUSE 55th OH Candidate Name OH Rep. William Coley, II Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 55 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28622282 Date of Disbursement 09 / 19 / 2008	Amount of Each Disbursement this Period 500.00 William Coley, STATE HOUSE 55th OH
C.	Full Name (Last, First, Middle Initial) Citizens for Hottinger <hr/> Mailing Address 386 Sabrecutte Dr. <hr/> City Newark State OH Zip Code 43055 Purpose of Disbursement Jay Hottinger, STATE HOUSE 71st OH Candidate Name OH Rep. Jay Hottinger Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 71 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28622285 Date of Disbursement 09 / 19 / 2008	Amount of Each Disbursement this Period 750.00 Jay Hottinger, STATE HOUSE 71st OH

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

1750.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 122 / 125

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

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

A.	Full Name (Last, First, Middle Initial) Committee to Elect Lynn Wachtmann  Mailing Address 550 Euclid Ave.  City Napoleon State OH Zip Code 43545  Purpose of Disbursement Lynn Wachtmann, STATE HOUSE 75th OH Candidate Name OH Rep. Lynn Wachtmann Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 75	Transaction ID: 28622292 Date of Disbursement 09 / 19 / 2008	Amount of Each Disbursement this Period 750.00  Lynn Wachtmann, STATE HOUSE 75th OH
B.	Full Name (Last, First, Middle Initial) Batchelder for Representative Committee  Mailing Address 105 West Liberty St.  City Medina State OH Zip Code 44256  Purpose of Disbursement William Batchelder, STATE HOUSE 69th OH Candidate Name OH Rep. William Batchelder Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 69	Transaction ID: 28622385 Date of Disbursement 09 / 19 / 2008	Amount of Each Disbursement this Period 1000.00  William Batchelder, STATE HOUSE 69th OH
C.	Full Name (Last, First, Middle Initial) Friends of Matthew J. Dolan  Mailing Address 100 7th Ave., Box 12  City Chardon State OH Zip Code 44024  Purpose of Disbursement Matthew Dolan, STATE HOUSE 98th OH Candidate Name OH Rep. Matthew Dolan Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 98	Transaction ID: 28622395 Date of Disbursement 09 / 19 / 2008	Amount of Each Disbursement this Period 1500.00  Matthew Dolan, STATE HOUSE 98th OH

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3250.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 123 / 125

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Dale Miller <hr/> Mailing Address 4300 W. 143rd Street <hr/> City Cleveland State OH Zip Code 44135 <hr/> Purpose of Disbursement Dale Miller, STATE SENATE 23rd OH Candidate Name OH Sen. Dale Miller <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28622403 Date of Disbursement 09 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 300.00 <hr/> Dale Miller, STATE SENATE 23rd OH
B.	Full Name (Last, First, Middle Initial) Friends of Senator Cafaro <hr/> Mailing Address 600 Warner Road <hr/> City Hubbard State OH Zip Code 44425 <hr/> Purpose of Disbursement Capri Cafaro, STATE SENATE 32nd OH Candidate Name OH Sen. Capri Cafaro <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28622407 Date of Disbursement 09 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 300.00 <hr/> Capri Cafaro, STATE SENATE 32nd OH
C.	Full Name (Last, First, Middle Initial) Citizens for Carey <hr/> Mailing Address 401 S. Arkansas Avenue <hr/> City Wellston State OH Zip Code 45692 <hr/> Purpose of Disbursement John Carey, STATE SENATE 17th OH Candidate Name OH Sen. John Carey, Jr. <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 28622725 Date of Disbursement 09 / 19 / 2008 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> John Carey, STATE SENATE 17th OH

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

1600.00

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

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

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

FOR LINE NUMBER: (check only one)

PAGE 124 / 125

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Tim Schaffer for Ohio Senate  Mailing Address 1173 Stone Run Circle  City Lancaster State OH Zip Code 43130  Purpose of Disbursement Tim Schaffer, STATE SENATE 31st OH Candidate Name OH Sen. Tim Schaffer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	<b>Transaction ID:</b> 28622730 <b>Date of Disbursement</b> 09 / 19 / 2008  Amount of Each Disbursement this Period 500.00  Tim Schaffer, STATE SENATE 31st OH	
<b>B.</b>	Full Name (Last, First, Middle Initial) Citizens for Buehrer  Mailing Address 704 Greenview Drive  City Delta State OH Zip Code 43515  Purpose of Disbursement Steve Buehrer, STATE SENATE 1st OH Candidate Name OH Sen. Steve Buehrer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	<b>Transaction ID:</b> 28622738 <b>Date of Disbursement</b> 09 / 19 / 2008  Amount of Each Disbursement this Period 500.00  Steve Buehrer, STATE SENATE 1st OH	
<b>C.</b>	Full Name (Last, First, Middle Initial) Karen Gillmor for State Senate  Mailing Address 514 Hedgegate North Court  City Tiffin State OH Zip Code 44883  Purpose of Disbursement Karen Gillmor, STATE SENATE OH Candidate Name Karen Gillmor Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	<b>Transaction ID:</b> 28637132 <b>Date of Disbursement</b> 09 / 23 / 2008  Amount of Each Disbursement this Period 500.00  Karen Gillmor, STATE SENATE OH	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 125 / 125

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)  
Markell for Delaware

Mailing Address P.O. Box 7208

City Wilmington State DE Zip Code 19803

Purpose of Disbursement  
Jack Markell, GOVERNOR DE

Candidate Name  
Jack Markell

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 28649128  
Date of Disbursement

09 / 26 / 2008

Amount of Each Disbursement this Period

1200.00

Jack Markell, GOVERNOR  
DE

B.

Full Name (Last, First, Middle Initial)  
UnitedHealth Group Inc., Political Action Committee of  
New Mexico

Mailing Address 9900 Bren Road East

City Minnetonka State MN Zip Code 55343

Purpose of Disbursement  
New Mexico PAC for UnitedHealth Group

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 28649183  
Date of Disbursement

09 / 29 / 2008

Amount of Each Disbursement this Period

19000.00

New Mexico PAC for United-  
Health Group

SUBTOTAL of Disbursements This Page (optional) ..... ►

20200.00

TOTAL This Period (last page this line number only) ..... ►

123350.00