

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 01 01 2009 through 06 30 2009

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

Type or Print Name of Treasurer Eric Rangen

Signature of Treasurer Electronically Filed by Eric Rangen Date 07 28 2009

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

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

A. Form/Schedule : **F3XA**

Some employee addresses were inadvertently switched due to an upload error

Transaction ID :

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		224784.14
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	224784.14									
(c) Total Receipts (from Line 19)	202427.34	202427.34								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	427211.48	427211.48								
7. Total Disbursements (from Line 31)	223675.00	223675.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	203536.48	203536.48								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	171019.01	171019.01
(ii) Unitemized	31408.33	31408.33
(iii) TOTAL (add Lines 11(a)(i) and (ii)	202427.34	202427.34
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	202427.34	202427.34
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	202427.34	202427.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	202427.34	202427.34

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	178000.00	178000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	45675.00	45675.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	223675.00	223675.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	223675.00	223675.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	202427.34	202427.34
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	202427.34	202427.34
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

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

B.	Full Name (Last, First, Middle Initial) KEN L HOVERMAN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 16221 SIERRA DE AVILA	Transaction ID: PR1159790922232
	City State Zip Code TAMPA FL 33613	Amount of Each Receipt this Period 280.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00 Monthly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: VP Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 113
(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)
ANTHONY J KAZLAUSKAS

Mailing Address 11 CARNIVAL TERRACE

City WEST WARWICK State RI Zip Code 02893

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 ▼ 280.00

Date of Receipt 06 / 30 / 2009
Transaction ID: PR1159794622232

Amount of Each Receipt this Period 280.00

P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
CARLA M MUGGIO

Mailing Address 3533 FAIR OAKS LANE

City LONGBOAT KEY State FL Zip Code 34228

FEC ID number of contributing federal political committee. C

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt 06 / 30 / 2009
Transaction ID: PR1159798222232

Amount of Each Receipt this Period 269.22

P/R Deduction (\$0.00 Monthly)

C. Full Name (Last, First, Middle Initial)
BRIAN R BELLOWS

Mailing Address 10 SHADOWOOD LANE

City TRUMBULL State CT Zip Code 06611

FEC ID number of contributing federal political committee. C

Name of Employer UnitedHealth Group, Inc. Occupation Dir Bus Dvlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2009
Transaction ID: PR1159803822232

Amount of Each Receipt this Period 210.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) 759.22

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 113
(check only one)

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

A.

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

Mailing Address 984 FAIRVIEW CLUB CIRCLE

City DACULA State GA Zip Code 30019

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1159805522232
 Amount of Each Receipt this Period: 280.00
 P/R Deduction (\$0.00 Monthly)

B.

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

Mailing Address 6520 SHENANDOAH DR

City LINCOLN State NE Zip Code 68510

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

Name of Employer UnitedHealth Group, Inc. Occupation Govt Rel Assoc Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 309.61

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1159806022232
 Amount of Each Receipt this Period: 309.61
 P/R Deduction (\$0.00 Monthly)

C.

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

Mailing Address 4260 QUEEN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55410

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1159808922232
 Amount of Each Receipt this Period: 440.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1029.61**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 113
(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 P WHITELY

Mailing Address 2657 WOODBRIDGE RD

City State Zip Code
WAYZATA MN 55391

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

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

Transaction ID: PR1159812622232

Amount of Each Receipt this Period
2692.20

P/R Deduction (\$0.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
WAYNE F COOK

Mailing Address 1200 PEBBLE HILL ROAD

City State Zip Code
DOYLESTOWN PA 18901

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

Name of Employer Occupation
United HealthGroup President Insurance Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 646.14

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

Transaction ID: PR1159812822232

Amount of Each Receipt this Period
646.14

P/R Deduction (\$0.00 Monthly)

C.

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 Occupation
UnitedHealth Group, Inc. EVP & Pres UHG Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2691.50

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

Transaction ID: PR1159814722232

Amount of Each Receipt this Period
2691.50

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **6029.84**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 113
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) PATRICK J ERLANDSON		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2407 LAKE PLACE		Transaction ID: PR1159815922232
	City MINNEAPOLIS	State MN	Zip Code 55405
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2692.20
	Name of Employer UnitedHealth Group, Inc.	Occupation SVP Business Operations	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2692.20		

B.	Full Name (Last, First, Middle Initial) PATRICIA R SAURO		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 8943 HIDDEN MEADOW R		Transaction ID: PR1159816422232
	City WOODBURY	State MN	Zip Code 55125
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1120.00
	Name of Employer United HealthGroup, Inc.	Occupation Business Segment CAO	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1120.00		

C.	Full Name (Last, First, Middle Initial) WILLIAM A MUNSELL		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2119 WINDSONG CIRCLE		Transaction ID: PR1159816622232
	City WAYZATA	State MN	Zip Code 55391
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1400.00
	Name of Employer UnitedHealth Group, Inc.	Occupation EVP UnitedHealth Group	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 113
	(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 S PENSCHORN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 120 BLACK OAKS LANE	Transaction ID: PR1159816922232
	City State Zip Code WAYZATA MN 55391	Amount of Each Receipt this Period 1400.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00 Monthly)
	Name of Employer Occupation UnitedHealth Group, Inc. SVP UnitedHealth Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

B.	Full Name (Last, First, Middle Initial) PAUL D KALLMEYER	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 468 HERALD DR	Transaction ID: PR1159817422232
	City State Zip Code AMBLER PA 19002	Amount of Each Receipt this Period 520.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00 Monthly)
	Name of Employer Occupation United HealthGroup Deputy General Counsel (Mgr)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 113
(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)
TIMOTHY F RYAN

Mailing Address 4913 BRUCE AVE

City EDINA State MN Zip Code 55424

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

Name of Employer UnitedHealth Group Occupation Business Segment Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 266.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1159817922232
 Amount of Each Receipt this Period: 266.00
 P/R Deduction (\$0.00 Monthly)

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 ▼ 538.44

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1159819122232
 Amount of Each Receipt this Period: 538.44
 P/R Deduction (\$0.00 Monthly)

C.

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

Mailing Address 3501 ZENITH AVE SOUTH

City MINNEAPOLIS State MN Zip Code 55416

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1159819822232
 Amount of Each Receipt this Period: 1615.32
 P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **2419.76**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 113

(check only one)

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

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

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

Mailing Address 4212 ALDEN DR

City State Zip Code
EDINA MN 55416

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

Name of Employer
UnitedHealth Group, Inc. Occupation
VP Gov't Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: PR1159820722232

Amount of Each Receipt this Period
269.22

P/R Deduction (\$0.00 Monthly)

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

Mailing Address 13016 CANTERBURY

City State Zip Code
LEAWOOD KS 66209

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 ▼
807.80

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: PR1159821522232

Amount of Each Receipt this Period
807.80

P/R Deduction (\$0.00 Monthly)

C. 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
Dir Medical & Clinical Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
385.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: PR1159823522232

Amount of Each Receipt this Period
385.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional)	1462.02
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 15 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address BOX 72

City WAYZATA State MN Zip Code 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 ▼ 1076.88

Date of Receipt 06 / 30 / 2009
Transaction ID: PR1159827422232
 Amount of Each Receipt this Period 1076.88
 P/R Deduction (\$0.00 Monthly)

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

Mailing Address 4305 TRILLIUM WAY

City MINNETRISTA State MN Zip Code 55364

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 06 / 30 / 2009
Transaction ID: PR1159830022232
 Amount of Each Receipt this Period 2692.20
 P/R Deduction (\$0.00 Monthly)

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

Mailing Address 6385 SPINNAKER LANE

City ALPHARETTA State GA Zip Code 30005

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

Name of Employer UnitedHealth Group, Inc. Occupation SB RVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt 06 / 30 / 2009
Transaction ID: PR1159830522232
 Amount of Each Receipt this Period 269.22
 P/R Deduction (\$0.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 16 / 113
(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)
JILL WINTERS
Mailing Address 16 SPOEDE LN
City SAINT LOUIS State MO Zip Code 63141
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation VP General Management
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 756.00
Date of Receipt 06 / 30 / 2009
Transaction ID: PR1159840422232
Amount of Each Receipt this Period 756.00
P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. ANTHONY WELTERS
Mailing Address 919 SAIGON ROAD
City MCLEAN State VA Zip Code 22102
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation EVP UnitedHealth Group
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2499.90
Date of Receipt 06 / 30 / 2009
Transaction ID: PR1332013222232
Amount of Each Receipt this Period 2499.90
P/R Deduction (\$0.00 Monthly)

C. Full Name (Last, First, Middle Initial)
JOHN KIRCHNER
Mailing Address 1 WILLIAMSON LANE
City LAMBERTVILLE State NJ Zip Code 08530
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Executive Director
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 538.44
Date of Receipt 06 / 30 / 2009
Transaction ID: PR1530190522232
Amount of Each Receipt this Period 538.44
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 3794.34
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 17 / 113
(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)
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. SVP UnitedHealth Group
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 2692.18
 Date of Receipt: 06 / 30 / 2009
Transaction ID: PR153079922232
 Amount of Each Receipt this Period: 2692.18
 P/R Deduction (\$0.00 Monthly)

B. 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 ▼ 2692.20
 Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1551005622232
 Amount of Each Receipt this Period: 2692.20
 P/R Deduction (\$0.00 Monthly)

C. 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. Dir Care Advocacy
 Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00
 Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1551005722232
 Amount of Each Receipt this Period: 280.00
 P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **5664.38**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 18 / 113
(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)
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: UnitedHealth Group, Inc. Occupation: SVP Pharmacy Benefit Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR155112252232
Amount of Each Receipt this Period: 560.00
P/R Deduction (\$0.00 Monthly)

B. 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: VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR155113232232
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$0.00 Monthly)

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

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 ▼ 446.14

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR155113252232
Amount of Each Receipt this Period: 446.14
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1286.14

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 113
(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 C MATTEO

Mailing Address 25 JEREMIAHS WAY

City SOUTH GLASTONBURY State CT Zip Code 06073

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

Name of Employer UnitedHealth Group, Inc. Occupation CEO National Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1551133422232
Amount of Each Receipt this Period: 269.22
P/R Deduction (\$0.00 Monthly)

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

Mailing Address 2119 E LAKE OF THE ISLES PKWY

City MINNEAPOLIS State MN Zip Code 55405

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1551160322232
Amount of Each Receipt this Period: 269.22
P/R Deduction (\$0.00 Monthly)

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

Mailing Address 2820 DEER RUN TRAIL

City LONG LAKE State MN Zip Code 55356

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1076.88

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1551161322232
Amount of Each Receipt this Period: 1076.88
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **1615.32**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 113
(check only one)

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

A.

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

Mailing Address 8045 CHEYENNE AV

City State Zip Code
CHANHASSEN MN 55317

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP General Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 756.00

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

Transaction ID: PR1551161422232

Amount of Each Receipt this Period
756.00

P/R Deduction (\$0.00 Monthly)

B.

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

Mailing Address 31 ANDREIS TRAIL

City State Zip Code
SOUTH WINDSOR CT 06074

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

Name of Employer Occupation
UnitedHealth Group, Inc. Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 770.00

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

Transaction ID: PR1554323522232

Amount of Each Receipt this Period
770.00

P/R Deduction (\$0.00 Monthly)

C.

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

Mailing Address 5570 WOODSIDE LANE

City State Zip Code
SHOREWOOD MN 55331

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

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

Transaction ID: PR1554323922232

Amount of Each Receipt this Period
2692.20

P/R Deduction (\$0.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 21 / 113
(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 RADU
 Mailing Address 42820 VIOLA CT
 City State Zip Code
LEESBURG VA 20176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UnitedHealth Group, Inc. VP Operations
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22
 Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1554324522232
 Amount of Each Receipt this Period: 269.22
 P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
CATHERINE E SPILLANE
 Mailing Address 3807 PLEASANT VALLEY DRIVE
 City State Zip Code
MISSOURI CITY TX 77459
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UnitedHealth Group, Inc. Dir Business Process
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22
 Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1554324622232
 Amount of Each Receipt this Period: 269.22
 P/R Deduction (\$0.00 Monthly)

C. Full Name (Last, First, Middle Initial)
KIRK E STAPLETON
 Mailing Address 3840 INGLEWOOD AVE S
 City State Zip Code
SAINT LOUIS PARK MN 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UnitedHealth Group, Inc. VP Network Programs
 Receipt For: Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00
 Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1554324722232
 Amount of Each Receipt this Period: 700.00
 P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1238.44
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 113
(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 Occupation
UnitedHealth Group, Inc. SVP Corporate Controller

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1575957622232
Amount of Each Receipt this Period: 2692.20
P/R Deduction (\$0.00 Monthly)

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 Occupation
UnitedHealth Group, Inc. Plan President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1076.88

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1575958122232
Amount of Each Receipt this Period: 1076.88
P/R Deduction (\$0.00 Monthly)

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 Occupation
UnitedHealth Group, Inc. Business Segment COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1575958522232
Amount of Each Receipt this Period: 2692.20
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **6461.28**

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

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

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

FOR LINE NUMBER: PAGE 23 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 2006 QUEEN AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55405

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 ▼ 538.44

Date of Receipt 06 / 30 / 2009
Transaction ID: PR1580864722232
Amount of Each Receipt this Period 538.44
P/R Deduction (\$0.00 Monthly)

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 UnitedHealth Group, Inc. Occupation CEO Care Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 06 / 30 / 2009
Transaction ID: PR1580865322232
Amount of Each Receipt this Period 2692.20
P/R Deduction (\$0.00 Monthly)

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 Sr Deputy General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.32

Date of Receipt 06 / 30 / 2009
Transaction ID: PR1596304522232
Amount of Each Receipt this Period 1615.32
P/R Deduction (\$0.00 Monthly)

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 113
(check only one)

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

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

A.

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

Mailing Address 4901 ROLLING GREEN PARKWAY

City EDINA State MN Zip Code 55436

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

Name of Employer UnitedHealth Group, Inc. Occupation EVP CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 06 / 30 / 2009

Transaction ID: PR1596304822232

Amount of Each Receipt this Period 2692.20

P/R Deduction (\$0.00 Monthly)

B.

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

Mailing Address 401 N 2ND ST UNIT 512

City MINNEAPOLIS State MN Zip Code 55401

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

Name of Employer UnitedHealth Group, Inc. Occupation Dir Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 30 / 2009

Transaction ID: PR1596304922232

Amount of Each Receipt this Period 538.44

P/R Deduction (\$0.00 Monthly)

C.

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

Mailing Address 1950 MEADOWWOODS TRAIL

City LONG LAKE State MN Zip Code 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 ▼ 269.22

Date of Receipt 06 / 30 / 2009

Transaction ID: PR1596305622232

Amount of Each Receipt this Period 269.22

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **3499.86**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 / 113

(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 D LEWIS

Mailing Address 306 CHIPPEWA AVENUE

City State Zip Code
TAMPA FL 33606

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 538.44

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

Transaction ID: PR1596306922232

Amount of Each Receipt this Period
538.44

P/R Deduction (\$0.00 Monthly)

B.

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

Mailing Address 4505 MOORLAND AVENUE

City State Zip Code
EDINA MN 55424

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

Name of Employer Occupation
UnitedHealth Group, Inc. SVP Treasurer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 406.00

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

Transaction ID: PR1596307022232

Amount of Each Receipt this Period
406.00

P/R Deduction (\$0.00 Monthly)

C.

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

Mailing Address 3318 FOXRIDGE CIRCLE

City State Zip Code
TAMPA FL 33618

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00

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

Transaction ID: PR1596309722232

Amount of Each Receipt this Period
315.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1259.44

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 26 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1643 BRICKELL AVENUE #1906

City State Zip Code
MIAMI FL 33129

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

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

Mailing Address 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 VP General Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596311522232
Amount of Each Receipt this Period: 269.22
P/R Deduction (\$0.00 Monthly)

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

Mailing Address 314 GREENFIELD

City State Zip Code
GLEN ELLYN IL 60137

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

Name of Employer UnitedHealth Group, Inc. Occupation COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596312722232
Amount of Each Receipt this Period: 305.00
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1074.22

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 113
(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)
STEVAN D GARCIA

Mailing Address 4675 DELAWARE DRIVE

City State Zip Code
LARKSPUR CO 80118

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP General Management

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: PR159631292232

Amount of Each Receipt this Period
269.22

P/R Deduction (\$0.00 Monthly)

B.

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 Occupation
UnitedHealth Group, Inc. SB SVP National Sls & AM

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 538.44

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: PR159631362232

Amount of Each Receipt this Period
538.44

P/R Deduction (\$0.00 Monthly)

C.

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 Occupation
UnitedHealth Group, Inc. Dir Finance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: PR159631372232

Amount of Each Receipt this Period
280.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1087.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 113
(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 H RENNICK JR

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City State Zip Code
CHARLOTTE NC 28269

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596316822232
Amount of Each Receipt this Period: 269.22
P/R Deduction (\$0.00 Monthly)

B. 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: UnitedHealth Group, Inc. Occupation: SVP Healthcare Strategies

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596317122232
Amount of Each Receipt this Period: 2692.20
P/R Deduction (\$0.00 Monthly)

C. 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: UnitedHealth Group, Inc. Occupation: Health Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596317322232
Amount of Each Receipt this Period: 269.22
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **3230.64**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 113
(check only one)

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

A.

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

Mailing Address 16621 ALEXANDER MANOR DRIVE

City State Zip Code
SILVER SPRING MD 20905

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596317422232
Amount of Each Receipt this Period: 1050.00
P/R Deduction (\$0.00 Monthly)

B.

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 ▼ 269.22

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596317722232
Amount of Each Receipt this Period: 269.22
P/R Deduction (\$0.00 Monthly)

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 National VP Account Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1596319522232
Amount of Each Receipt this Period: 269.22
P/R Deduction (\$0.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 30 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOHN 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 Occupation
UnitedHealth Group, Inc. VP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

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

Transaction ID: PR1600597322232

Amount of Each Receipt this Period
280.00

P/R Deduction (\$0.00 Monthly)

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

Mailing Address 4800 SUNNYSLOPE ROAD E

City State Zip Code
EDINA MN 55424

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

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

Transaction ID: PR1600598722232

Amount of Each Receipt this Period
910.00

P/R Deduction (\$0.00 Monthly)

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

Mailing Address 8770 NOTTINGHAM POINTE WAY

City State Zip Code
FT MYERS FL 33912

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 ▼ 269.22

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

Transaction ID: PR1602667522232

Amount of Each Receipt this Period
269.22

P/R Deduction (\$0.00 Monthly)

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 113
(check only one)

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

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

A.

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

Mailing Address 20595 SPENCER LANE

City Shorewood State MN Zip Code 55331

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

Name of Employer UnitedHealth Group, Inc. Occupation Market Group CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR1602669922232

Amount of Each Receipt this Period 560.00

P/R Deduction (\$0.00 Monthly)

B.

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

Mailing Address 18076 CLEAR SPRING LANE

City Eden Prairie State MN Zip Code 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 ▼ 1346.10

Date of Receipt 06 / 30 / 2009

Transaction ID: PR1613243522232

Amount of Each Receipt this Period 1346.10

P/R Deduction (\$0.00 Monthly)

C.

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

Mailing Address 8 EAST 76TH STREET

City New York State NY Zip Code 10021

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 ▼ 538.44

Date of Receipt 06 / 30 / 2009

Transaction ID: PR1620989022232

Amount of Each Receipt this Period 538.44

P/R Deduction (\$0.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 113
	<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 F KENNEDY	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 14 MYRA LN	Transaction ID: PR1653443122232
	City State Zip Code BURLINGTON CT 06013	Amount of Each Receipt this Period 238.51
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Dir IT Project Mgmt	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.51	

B.	Full Name (Last, First, Middle Initial) STEVE R KOOREN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 4444 ELLSWORTH DRIVE	Transaction ID: PR1653443222232
	City State Zip Code EDINA MN 55435	Amount of Each Receipt this Period 807.66
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Business Segment CFO	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

C.	Full Name (Last, First, Middle Initial) THOMAS J BELLAMY	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2743 THOMAS AVENUE SOUTH	Transaction ID: PR1653444322232
	City State Zip Code MINNEAPOLIS MN 55416	Amount of Each Receipt this Period 807.80
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. SB VP Sales and Account Mgmt	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.80	

SUBTOTAL of Receipts This Page (optional)	▶	1853.97
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 33 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
JOYCE A LARKIN
 Mailing Address 511 WESTMINSTER ROAD
 City State Zip Code
 EDGEWATER MD 21037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealth Group, Inc. Govt Rel Dir
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1076.88
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 9
Transaction ID: PR1677771622232
 Amount of Each Receipt this Period
 1076.88
 P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
Mr. MILES S SNOWDEN
 Mailing Address 3568 REMBRANDT ROAD
 City State Zip Code
 ATLANTA GA 30327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealth Group, Inc. SVP Health Advancement
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2692.20
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 9
Transaction ID: PR1746717822232
 Amount of Each Receipt this Period
 2692.20
 P/R Deduction (\$0.00 Monthly)

C. Full Name (Last, First, Middle Initial)
JOHN T KOUTSOUMPAS JR
 Mailing Address 7202 CONNECTICUT AVENUE
 City State Zip Code
 CHEVY CHASE MD 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 UnitedHealth Group, Inc. VP Public Policy
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2692.20
 Date of Receipt
 M M / D D / Y Y Y Y
 0 6 / 3 0 / 2 0 0 9
Transaction ID: PR1748514522232
 Amount of Each Receipt this Period
 2692.20
 P/R Deduction (\$0.00 Monthly)

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 113
(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)
JEFF L LEVINE

Mailing Address 619 BOND AVE

City REISTERSTOWN State MD Zip Code 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 ▼ 280.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR180644322232
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$0.00 Monthly)

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

Mailing Address 11618 ROLLING MEADOW DR

City GREAT FALLS State VA Zip Code 22066

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Six Sigma Consultant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 246.40

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR180644472232
Amount of Each Receipt this Period: 246.40
P/R Deduction (\$0.00 Monthly)

C. Full Name (Last, First, Middle Initial)
GREGORY A BAYER

Mailing Address 3369 STAGE COACH DR

City LAFAYETTE State CA Zip Code 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 ▼ 665.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR180675022232
Amount of Each Receipt this Period: 665.00
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1191.40

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

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

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

FOR LINE NUMBER: PAGE 35 / 113
(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)
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 ▼ 538.44

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

Transaction ID: PR1806750322232

Amount of Each Receipt this Period
538.44

P/R Deduction (\$0.00 Monthly)

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 Dir IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 268.45

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

Transaction ID: PR1832039822232

Amount of Each Receipt this Period
268.45

P/R Deduction (\$0.00 Monthly)

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 ▼ 560.00

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

Transaction ID: PR1882850622232

Amount of Each Receipt this Period
560.00

P/R Deduction (\$0.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 36 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CATHERINE K ANDERSON
Mailing Address 7 W 200 S
City State Zip Code
DRIGGS ID 83422
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UnitedHealth Group, Inc. Dir Marketing Bus Dev
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 807.80
Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1903550722232
Amount of Each Receipt this Period: 807.80
P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
KATHLEEN L BISHOP
Mailing Address 145 COTTAGE RD
City State Zip Code
ENFIELD CT 06082
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UnitedHealth Group, Inc. Dir Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00
Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1903560822232
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$0.00 Monthly)

C. Full Name (Last, First, Middle Initial)
ROBERT J DUFEK
Mailing Address 816 PROMONTORY PLACE
City State Zip Code
EAGAN MN 55123
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
UnitedHealth Group, Inc. VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00
Date of Receipt: 06 / 30 / 2009
Transaction ID: PR1903577122232
Amount of Each Receipt this Period: 350.00
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1437.80
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 113

(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) SUSAN B EDBERG		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 9727 WELLINGTON RIDGE		Transaction ID: PR1903578122232
	City WOODBURY	State MN	Zip Code 55125
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1400.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Customer Service	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00		

B.	Full Name (Last, First, Middle Initial) PAUL D WEYMOUTH		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 128 WOODLAND RD		Transaction ID: PR1903636922232
	City COVENTRY	State CT	Zip Code 06238
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 269.22
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Finance	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22		

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 113
(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)
BRADLEY E ALLEN

Mailing Address 1046 THORNBERRY CREEK DR

City ONEIDA State WI Zip Code 54155

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2119466822232

Amount of Each Receipt this Period: 280.00

P/R Deduction (\$0.00 Monthly)

B.

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

Mailing Address 5 SILVER CREEK

City IRVINE State CA Zip Code 92603

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2119468022232

Amount of Each Receipt this Period: 280.00

P/R Deduction (\$0.00 Monthly)

C.

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

Mailing Address 10 SHADOW GLEN

City IRVINE State CA Zip Code 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 ▼ 2688.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2119468122232

Amount of Each Receipt this Period: 2688.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **3248.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 113
(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)
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 Assoc Dir Mrkting Comm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2119469422232

Amount of Each Receipt this Period: 350.00

P/R Deduction (\$0.00 Monthly)

B.

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

Mailing Address 5753 E SANTA ANA CYN RD
UNIT G-502

City State Zip Code
ANAHEIM CA 92807

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

Name of Employer UnitedHealth Group, Inc. Occupation Assoc Dir Clinical Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2119469922232

Amount of Each Receipt this Period: 210.00

P/R Deduction (\$0.00 Monthly)

C.

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 UnitedHealth Group, Inc. Occupation Dir Marketing Research

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2119470222232

Amount of Each Receipt this Period: 280.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ▶ **840.00**

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

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

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

FOR LINE NUMBER: PAGE 40 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 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. Dir Network Contracting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1344.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119470322232
Amount of Each Receipt this Period: 1344.00
P/R Deduction (\$0.00 Monthly)

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

Mailing Address 8112 SAPHIRE BAY CIRCLE

City State Zip Code
LAS VEGAS NV 89128

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

Name of Employer Occupation
UnitedHealth Group, Inc. Natl Medical Director/CMO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119471022232
Amount of Each Receipt this Period: 600.00
P/R Deduction (\$0.00 Monthly)

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

Mailing Address PO BOX 1025

City State Zip Code
RANCHO SANTA FE CA 92067

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119471322232
Amount of Each Receipt this Period: 420.00
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **2364.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 113
(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) RICHARD A CROSS		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 11361 DONOVAN ROAD		Transaction ID: PR2119471822232
City ROSSMOOR	State CA	Zip Code 90720
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 350.00
Name of Employer UnitedHealth Group, Inc.	Occupation Deputy General Counsel (Mgr)	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

B.

Full Name (Last, First, Middle Initial) WILLIAM JOHN CUNNINGHAM, MD		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 26321 CANNES		Transaction ID: PR2119471922232
City MISSION VIEJO	State CA	Zip Code 92692
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer UnitedHealth Group, Inc.	Occupation Medical Director	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	

C.

Full Name (Last, First, Middle Initial) KENNETH R DAVIS		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 7640 N 10TH AVE		Transaction ID: PR2119472522232
City PHOENIX	State AZ	Zip Code 85021
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 280.00
Name of Employer UnitedHealth Group, Inc.	Occupation Medical Director	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional)	870.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 113

(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)
LINDA M DAYAN

Mailing Address 5364 E ABBEYFIELD ST

City State Zip Code
LONG BEACH CA 90815

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

Name of Employer Occupation
UnitedHealth Group, Inc. Chief of Staff

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 266.00

Date of Receipt

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

Transaction ID: PR2119472622232

Amount of Each Receipt this Period

266.00

P/R Deduction (\$0.00 Monthly)

B.

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 Occupation
UnitedHealth Group, Inc. Assoc Dir Actuarial Services

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

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

Transaction ID: PR2119472822232

Amount of Each Receipt this Period

210.00

P/R Deduction (\$0.00 Monthly)

C.

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 Occupation
UnitedHealth Group, Inc. Govt Rel Dir

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 518.00

Date of Receipt

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

Transaction ID: PR2119472922232

Amount of Each Receipt this Period

518.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

994.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 43 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 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 VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119474122232
Amount of Each Receipt this Period: 380.00
P/R Deduction (\$0.00 Monthly)

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

Mailing Address 1821 PARK STREET

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Network Contracting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119475122232
Amount of Each Receipt this Period: 840.00
P/R Deduction (\$0.00 Monthly)

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

Mailing Address 2709 WILLIAMS GRANT

City State Zip Code
DE PERE WI 54115

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

Name of Employer UnitedHealth Group, Inc. Occupation Assoc Dir Claims

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119475222232
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 113
(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 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 Occupation
UnitedHealth Group, Inc. Health Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1890.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119476722232
Amount of Each Receipt this Period: 1890.00
P/R Deduction (\$0.00 Monthly)

B. 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 Occupation
UnitedHealth Group, Inc. Market Grp Chief Clinical Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119477922232
Amount of Each Receipt this Period: 1400.00
P/R Deduction (\$0.00 Monthly)

C. 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. Dir Pharmacy Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119478222232
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 3570.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 113
(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)
BRIAN JEFFREY
 Mailing Address 9 RIMROCK
 City IRVINE State CA Zip Code 92603
 Date of Receipt 06 / 30 / 2009
Transaction ID: PR2119479122232
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$0.00 Monthly)
 Name of Employer: UnitedHealth Group, Inc. Occupation: VP Network Contracting
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 350.00
 FEC ID number of contributing federal political committee: C

B. Full Name (Last, First, Middle Initial)
JOHN D JONES
 Mailing Address 3562 REDWOOD
 City IRVINE State CA Zip Code 92606
 Date of Receipt 06 / 30 / 2009
Transaction ID: PR2119479222232
 Amount of Each Receipt this Period 1344.00
 P/R Deduction (\$0.00 Monthly)
 Name of Employer: UnitedHealth Group, Inc. Occupation: VP Govt Rel
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1344.00
 FEC ID number of contributing federal political committee: C

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

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

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

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

FOR LINE NUMBER: PAGE 46 / 113
(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)
MARK C KNUTSON

Mailing Address 13102 PALOMAR WAY

City State Zip Code
NORTH TUSTIN CA 92705

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: PR211948022232

Amount of Each Receipt this Period
210.00

P/R Deduction (\$0.00 Monthly)

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

Mailing Address 3321 ALABAMA CIRCLE

City State Zip Code
COSTA MESA CA 92626

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

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

Transaction ID: PR211948072232

Amount of Each Receipt this Period
225.00

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

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

Mailing Address 1208 COPRINUS DR

City State Zip Code
GREEN BAY WI 54313

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: PR211948222232

Amount of Each Receipt this Period
210.00

P/R Deduction (\$0.00 Monthly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.

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

Mailing Address 13531 CARLTON OAKS

City SAN ANTONIO State TX Zip Code 78232

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Healthcare Econ

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR211948252232

Amount of Each Receipt this Period: 280.00

P/R Deduction (\$0.00 Monthly)

B.

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

Mailing Address 5670 SHEMIRAN ST

City LA VERNE State CA Zip Code 91750

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR211948302232

Amount of Each Receipt this Period: 210.00

P/R Deduction (\$0.00 Monthly)

C.

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

Mailing Address 3041 SAN LORENZO WAY

City CARMICHAEL State CA Zip Code 95608

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Govt Rel Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR211948392232

Amount of Each Receipt this Period: 910.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 113

(check only one)

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

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

A.

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

Mailing Address 12271 CHIANTI DRIVE

City State Zip Code
LOS ALAMITOS CA 90720

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

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

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

Date of Receipt

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

Transaction ID: PR2119484322232

Amount of Each Receipt this Period

700.00

P/R Deduction (\$0.00 Monthly)

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 Occupation
UnitedHealth Group, Inc. VP General Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 448.00

Date of Receipt

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

Transaction ID: PR2119484922232

Amount of Each Receipt this Period

448.00

P/R Deduction (\$0.00 Monthly)

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 Occupation
UnitedHealth Group, Inc. Assoc Dir Compliance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

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

Transaction ID: PR2119485022232

Amount of Each Receipt this Period

280.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1428.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 113
(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)
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 Traffic/Workforce

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR211948522232
 Amount of Each Receipt this Period: 210.00
 P/R Deduction (\$0.00 Monthly)

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 Assoc Dir Case Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR211948542232
 Amount of Each Receipt this Period: 245.00
 P/R Deduction (\$0.00 Monthly)

C.

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

Mailing Address 3924 E GARNET PL

City HIGHLANDS RANCH State CO Zip Code 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 ▼ 350.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR211948582232
 Amount of Each Receipt this Period: 350.00
 P/R Deduction (\$0.00 Monthly)

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 113
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) MICHELLE LYNN PETERS	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1128 COUNTRYSIDE DR	Transaction ID: PR2119486422232
	City State Zip Code DE PERE WI 54115	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00 Monthly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc Dir Actuarial Services Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 210.00	

B.	Full Name (Last, First, Middle Initial) AUSTIN T PITTMAN	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 14 LOCH RIDGE DRIVE	Transaction ID: PR2119486722232
	City State Zip Code GREENSBORO NC 27408	Amount of Each Receipt this Period 1890.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00 Monthly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Chief Growth Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 1890.00	

C.	Full Name (Last, First, Middle Initial) CYNTHIA L POLICH	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 3401 E VIA PALOMITA	Transaction ID: PR2119486822232
	City State Zip Code TUCSON AZ 85718	Amount of Each Receipt this Period 1400.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$0.00 Monthly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Chief Strategy Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date: 1400.00	

SUBTOTAL of Receipts This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 51 / 113
(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. Dir Clinical Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119487922232
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$0.00 Monthly)

B. 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. VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119490722232
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$0.00 Monthly)

C. 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 Occupation
UnitedHealth Group, Inc. Natl Medical Director/CMO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2119491122232
Amount of Each Receipt this Period: 700.00
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1260.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 113
(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)
CHERYL A THOMSON
Mailing Address 222 FOREST DR
City SOBIESKI State WI Zip Code 54171
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Assoc Dir Compliance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 06 / 30 / 2009
Transaction ID: PR2119491622232
Amount of Each Receipt this Period 210.00
P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
STEVEN M TUCKER
Mailing Address 11060 GOLD STAR LANE
City SANTA ANA State CA Zip Code 92705
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation VP Regulatory Affairs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1344.00
Date of Receipt 06 / 30 / 2009
Transaction ID: PR2119492022232
Amount of Each Receipt this Period 1344.00
P/R Deduction (\$0.00 Monthly)

C. Full Name (Last, First, Middle Initial)
SUSAN VANASTEN
Mailing Address W313 GOLDEN GLOW RD
City KAUKAUNA State WI Zip Code 54130
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Site Dir Medicare Inside Sales
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 560.00
Date of Receipt 06 / 30 / 2009
Transaction ID: PR2119492622232
Amount of Each Receipt this Period 560.00
P/R Deduction (\$0.00 Monthly)

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 113

(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)
LINDA D DAUGHERTY

Mailing Address 15442 NORTH 19TH WAY

City State Zip Code
PHOENIX AZ 85022

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

Name of Employer Occupation
UnitedHealth Group, Inc. Associate General Counsel

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt

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

Transaction ID: PR2119493522232

Amount of Each Receipt this Period

280.00

P/R Deduction (\$0.00 Monthly)

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 Occupation
UnitedHealth Group, Inc. Dir General Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: PR2119494122232

Amount of Each Receipt this Period

350.00

P/R Deduction (\$0.00 Monthly)

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 Occupation
UnitedHealth Group, Inc. Executive Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

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

Transaction ID: PR2119494422232

Amount of Each Receipt this Period

210.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 113

(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)
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 Occupation
UnitedHealth Group, Inc. Dir Finance

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

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

Transaction ID: PR2133132622232

Amount of Each Receipt this Period
210.00

P/R Deduction (\$0.00 Monthly)

B.

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 Occupation
UnitedHealth Group, Inc. Director Marketing

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.76

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

Transaction ID: PR2133132722232

Amount of Each Receipt this Period
230.76

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

C.

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 Occupation
UnitedHealth Group, Inc. Director Operations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 486.00

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

Transaction ID: PR2133132822232

Amount of Each Receipt this Period
486.00

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

SUBTOTAL of Receipts This Page (optional)

926.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 113
(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)
PATRICIA A FORD

Mailing Address 21640 E BRIARWOOD DRIVE

City State Zip Code
AURORA CO 80016

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 259.65

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2133132922232

Amount of Each Receipt this Period: 259.65

P/R Deduction (\$28.85 Bi-Weekly)

B.

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

Mailing Address 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 ▼ 722.68

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2133133122232

Amount of Each Receipt this Period: 722.68

P/R Deduction (\$0.00 Monthly)

C.

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

Mailing Address 408 22ND ST

City State Zip Code
GOLDEN CO 80401

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 ▼ 538.44

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2133133222232

Amount of Each Receipt this Period: 538.44

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **1520.77**

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

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

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

FOR LINE NUMBER: PAGE 56 / 113
(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)
CAROLYN E MAGILL

Mailing Address 100 THIRD AVE S # 1608

City State Zip Code
MINNEAPOLIS MN 55401

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Product

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2009

Transaction ID: PR2133133522232

Amount of Each Receipt this Period
269.22

P/R Deduction (\$0.00 Monthly)

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

Mailing Address 6209 CRESCENT DRIVE

City State Zip Code
EDINA MN 55436

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

Name of Employer Occupation
UnitedHealth Group, Inc. Regional Executive

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2009

Transaction ID: PR2133133622232

Amount of Each Receipt this Period
490.00

P/R Deduction (\$0.00 Monthly)

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

Mailing Address 238 ARDMORE ROAD

City State Zip Code
DES PLAINES IL 60016

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP Federal Prog-UHG Alliances

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

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 30 / 2009

Transaction ID: PR2133133822232

Amount of Each Receipt this Period
2100.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 2859.22

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 113
(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)
KIM A NETTLETON

Mailing Address 5003 DARNELL

City HOUSTON State TX Zip Code 77096

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

Name of Employer UnitedHealth Group, Inc. Occupation Dir General Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR2133133922232

Amount of Each Receipt this Period 245.00

P/R Deduction (\$0.00 Monthly)

B.

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

Mailing Address 303 ELMWOOD PLACE WEST

City MINNEAPOLIS State MN Zip Code 55419

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

Name of Employer UnitedHealth Group, Inc. Occupation SVP Financial Png & Analysis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt 06 / 30 / 2009

Transaction ID: PR2133134222232

Amount of Each Receipt this Period 2692.20

P/R Deduction (\$0.00 Monthly)

C.

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

Mailing Address 3304 COBBS DRIVE

City PALM HARBOR State FL Zip Code 34684

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 648.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR2133134522232

Amount of Each Receipt this Period 648.00

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

SUBTOTAL of Receipts This Page (optional) ► 3585.20

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 113
(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)
DIANE M SCHIMMELBUSCH

Mailing Address 2203 RIVER FALLS DRIVE

City KINGWOOD State TX Zip Code 77339

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

Name of Employer UnitedHealth Group, Inc. Occupation Dir Medical & Clinical Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2133134622232
Amount of Each Receipt this Period: 350.00
P/R Deduction (\$0.00 Monthly)

B.

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 Dir Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2133134822232
Amount of Each Receipt this Period: 269.22
P/R Deduction (\$0.00 Monthly)

C.

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 VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 341.95

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2145728122232
Amount of Each Receipt this Period: 341.95
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 961.17

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

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

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

FOR LINE NUMBER: PAGE 59 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 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 ▼ 538.44

Date of Receipt 06 / 30 / 2009

Transaction ID: PR2145728422232

Amount of Each Receipt this Period 538.44

P/R Deduction (\$0.00 Monthly)

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 Dir IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 30 / 2009

Transaction ID: PR2145728522232

Amount of Each Receipt this Period 538.44

P/R Deduction (\$0.00 Monthly)

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

Mailing Address 1 SNOWBERRY LANE

City ORINDA State CA Zip Code 94563

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 ▼ 269.22

Date of Receipt 06 / 30 / 2009

Transaction ID: PR2145728722232

Amount of Each Receipt this Period 269.22

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

SUBTOTAL of Receipts This Page (optional) ► **1346.10**

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

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

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

FOR LINE NUMBER: PAGE 60 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CARL T KIDD
 Mailing Address 12210 OYSTER COVE COURT
 City State Zip Code
STAFFORD TX 77477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UnitedHealth Group, Inc. Dir Client Svc Acct Mgt
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 403.90
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9
Transaction ID: PR2145728822232
 Amount of Each Receipt this Period
 403.90
 P/R Deduction (\$0.00 Monthly)

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 Occupation
UnitedHealth Group, Inc. KA Dir Acct Mgmt
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 280.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9
Transaction ID: PR2145728922232
 Amount of Each Receipt this Period
 280.00
 P/R Deduction (\$0.00 Monthly)

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 Occupation
UnitedHealth Group, Inc. VP General Management
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 213.84
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9
Transaction ID: PR2145729122232
 Amount of Each Receipt this Period
 213.84
 P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **897.74**
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 113
(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 IRVINE State CA Zip Code 92603

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Client Svc Acct Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 385.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR214572922232

Amount of Each Receipt this Period 385.00

P/R Deduction (\$0.00 Monthly)

B.

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

Mailing Address 12100 TRAUTWEIN ROAD

City AUSTIN State TX Zip Code 78737

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

Name of Employer UnitedHealth Group, Inc. Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR214572952232

Amount of Each Receipt this Period 210.00

P/R Deduction (\$0.00 Monthly)

C.

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 Dir IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR214572972232

Amount of Each Receipt this Period 490.00

P/R Deduction (\$0.00 Monthly)

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

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

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

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

FOR LINE NUMBER: PAGE 62 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DANNETTE L SMITH
 Mailing Address 5414 BYSCANE LANE
 City State Zip Code
MINNETONKA MN 55345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UnitedHealth Group, Inc. Sr Deputy General Counsel
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1615.32
 Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2145729922232
 Amount of Each Receipt this Period: 1615.32
 P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
MARGARET W WEAR
 Mailing Address 44 TOPANGA
 City State Zip Code
IRVINE CA 92602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UnitedHealth Group, Inc. VP Actuarial Services
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 700.00
 Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2145730222232
 Amount of Each Receipt this Period: 700.00
 P/R Deduction (\$0.00 Monthly)

C. Full Name (Last, First, Middle Initial)
DAVID A SPIVACK
 Mailing Address 37 HIDDEN TRAIL
 City State Zip Code
IRVINE CA 92603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UnitedHealth Group, Inc. Business Segment CFO
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 769.20
 Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2162867622232
 Amount of Each Receipt this Period: 769.20
 P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **3084.52**
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 / 113
	<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) CHRISTINE W GIBSON	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 8516 29TH AVE N	Transaction ID: PR2225166722232
	City State Zip Code NEW HOPE MN 55427	Amount of Each Receipt this Period 1615.32
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Market Grp Chief Mktg Off	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.32	

B.	Full Name (Last, First, Middle Initial) ANDREW M SLAVITT	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 5125 MIRROR LAKES DRIVE	Transaction ID: PR2225167422232
	City State Zip Code EDINA MN 55436	Amount of Each Receipt this Period 1385.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Business Segment CEO	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1385.00	

C.	Full Name (Last, First, Middle Initial) JEAN-FRANCOIS BEAULE	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 7 STRATFORD RD	Transaction ID: PR2225813622232
	City State Zip Code FARMINGTON CT 06032	Amount of Each Receipt this Period 807.80
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. VP Actuarial Services	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.80	

SUBTOTAL of Receipts This Page (optional)	▶	3808.12
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 113

(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)
DANIEL M HARRIS

Mailing Address 51 REALITY ROAD

City State Zip Code
OXFORD CT 06478

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Actuarial Services

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

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: PR2225817522232

Amount of Each Receipt this Period
269.22

P/R Deduction (\$0.00 Monthly)

B.

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

Mailing Address 437 DRURY LANE

City State Zip Code
WYCKOFF NJ 07481

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 657.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: PR2225818822232

Amount of Each Receipt this Period
657.00

P/R Deduction (\$0.00 Monthly)

C.

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

Mailing Address 15348 RED OAKS ROAD SE

City State Zip Code
PRIOR LAKE MN 55372

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

Name of Employer Occupation
UnitedHealth Group, Inc. SVP Chief Accounting Officer

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2692.20

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: PR2225819322232

Amount of Each Receipt this Period
2692.20

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

3618.42

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 / 113
(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 D RYAN		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 45 WESTMORELAND LN		Transaction ID: PR2225819622232
City NAPERVILLE	State Zip Code IL 60540	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation RVP Client Mgmt & Svc	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	

B.

Full Name (Last, First, Middle Initial) ROY T SAILOR		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 276 COYOTE WILLOW DRIVE		Transaction ID: PR2225819722232
City COLORADO SPRINGS	State Zip Code CO 80921	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1076.88
Name of Employer UnitedHealth Group, Inc.	Occupation Dir General Management	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1076.88	

C.

Full Name (Last, First, Middle Initial) KAREN A DIPALMO		Date of Receipt MM / DD / YYYY 06 / 30 / 2009
Mailing Address 7533 PRAIRIE VIEW DR		Transaction ID: PR2231347222232
City INDIANAPOLIS	State Zip Code IN 46256	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 420.00
Name of Employer UnitedHealth Group, Inc.	Occupation Dir Network Programs	P/R Deduction (\$0.00 Monthly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 113

(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)
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. Govt Rel Assoc Dir

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 630.00

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

Transaction ID: PR2231347422232

Amount of Each Receipt this Period
630.00

P/R Deduction (\$0.00 Monthly)

B.

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

Mailing Address 4396 CREEKSIDE PASS

City State Zip Code
ZIONSVILLE IN 46077

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 ▼ 210.00

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

Transaction ID: PR2231349722232

Amount of Each Receipt this Period
210.00

P/R Deduction (\$0.00 Monthly)

C.

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

Mailing Address 8131 LAKE POINT WAY

City State Zip Code
INDIANAPOLIS IN 46256

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

Name of Employer Occupation
UnitedHealth Group, Inc. Assoc Dir General Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

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

Transaction ID: PR2231351922232

Amount of Each Receipt this Period
280.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional)

1120.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 113
(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 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 (Mgr)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1120.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2231352322232

Amount of Each Receipt this Period: 1120.00

P/R Deduction (\$0.00 Monthly)

B.

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

Mailing Address 3202 BABSON CT

City INDIANAPOLIS State IN Zip Code 46268

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2231352422232

Amount of Each Receipt this Period: 210.00

P/R Deduction (\$0.00 Monthly)

C.

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: Chief Technology Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2247625822232

Amount of Each Receipt this Period: 560.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1890.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 113
(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)
ANDREA M GREENE
Mailing Address 2720 FLORIDA AVE S
City SAINT LOUIS PARK State MN Zip Code 55426
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Dir General Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 06 / 30 / 2009
Transaction ID: PR2247626022232
Amount of Each Receipt this Period 210.00
P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
CAROLYN B KERR
Mailing Address 3456 ROSENDALE ROAD
City NISKAYUNA State NY Zip Code 12309
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Govt Rel Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 295.61
Date of Receipt 06 / 30 / 2009
Transaction ID: PR2247626222232
Amount of Each Receipt this Period 295.61
P/R Deduction (\$0.00 Monthly)

C. Full Name (Last, First, Middle Initial)
JOYCE M RUDDOCK
Mailing Address 4 SPLIT ROCK ROAD
City NEWTOWN State CT Zip Code 06470
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation VP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00
Date of Receipt 06 / 30 / 2009
Transaction ID: PR2247626422232
Amount of Each Receipt this Period 700.00
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1205.61
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 113
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
JOSEPH R CARCIONE JR

Mailing Address 11 CARRIAGE WAY

City State Zip Code
WHITE PLAINS NY 10605

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 ▼ 807.80

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

Transaction ID: PR2247626822232

Amount of Each Receipt this Period
807.80

P/R Deduction (\$0.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
KEVIN DAVID KANTOLA

Mailing Address 7031 HALSTEAD DRIVE

City State Zip Code
MINNETRISTA MN 55364

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: PR2247627022232

Amount of Each Receipt this Period
350.00

P/R Deduction (\$0.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
DENNIS P O'BRIEN

Mailing Address 61 LOUGHLIN AVE

City State Zip Code
COS COB CT 06807

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

Name of Employer Occupation
UnitedHealth Group, Inc. RVP Network Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

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

Transaction ID: PR2247627322232

Amount of Each Receipt this Period
807.80

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **1965.60**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 113
(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)
JEFFERY RICHARD VERNEY

Mailing Address 266 WESTLEDGE ROAD

City WEST SIMSBURY State CT Zip Code 06092

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

Name of Employer UnitedHealth Group, Inc. Occupation VP General Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt 06 / 30 / 2009

Transaction ID: PR2247627422232

Amount of Each Receipt this Period 807.80

P/R Deduction (\$0.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
DARRELL BROOKS

Mailing Address 425 QUEENSLAND LANE NORTH

City PLYMOUTH State MN Zip Code 55447

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 807.80

Date of Receipt 06 / 30 / 2009

Transaction ID: PR2247627622232

Amount of Each Receipt this Period 807.80

P/R Deduction (\$0.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
SANJAY GARODIA

Mailing Address 282 MIDDAUGH

City CLARENDON HILLS State IL Zip Code 60514

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

Name of Employer UnitedHealth Group, Inc. Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt 06 / 30 / 2009

Transaction ID: PR2247627822232

Amount of Each Receipt this Period 538.44

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **2154.04**

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

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

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

FOR LINE NUMBER: PAGE 71 / 113
(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)
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. Business Segment CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: PR2247627922232

Amount of Each Receipt this Period
2692.20

P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
DANIEL L OHMAN

Mailing Address 8970 MOOR PARK RUN

City State Zip Code
DULUTH GA 30097

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

Name of Employer Occupation
UnitedHealth Group, Inc. Region CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 376.88

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: PR2247628022232

Amount of Each Receipt this Period
376.88

P/R Deduction (\$0.00 Monthly)

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

Mailing Address 546 HARRINGTON ROAD

City State Zip Code
WAYZATA MN 55391

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 30 / 2009

Transaction ID: PR2259738422232

Amount of Each Receipt this Period
560.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **3629.08**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
DAWN M SIGGETT

Mailing Address 5500 NICHOLSON RD

City State Zip Code
FOWLERVILLE MI 48836

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Govt Rel Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2270335122232
Amount of Each Receipt this Period: 280.00
P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
CHRIS CRONN

Mailing Address 2122 HANCOCK DRIVE APT 104

City State Zip Code
AUSTIN TX 78756

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Govt Rel Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 538.44

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2270522922232
Amount of Each Receipt this Period: 538.44
P/R Deduction (\$0.00 Monthly)

C. Full Name (Last, First, Middle Initial)
WILLIAM F MYERS

Mailing Address 2702 SOUTH FILLMORE STREET

City State Zip Code
DENVER CO 80210

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Govt Rel Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2359784122232
Amount of Each Receipt this Period: 560.00
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► 1378.44

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

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

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

FOR LINE NUMBER: PAGE 73 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
SIMON L STEVENS

Mailing Address 1716 EMERSON AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55403

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

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

Transaction ID: PR236486322232

Amount of Each Receipt this Period
2692.20

P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
JEANNE M DE SA

Mailing Address 3000 TILDEN STREET NW #204-1

City State Zip Code
WASHINGTON DC 20008

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

Name of Employer Occupation
UnitedHealth Group, Inc. Govt Rel Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

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

Transaction ID: PR240231592232

Amount of Each Receipt this Period
350.00

P/R Deduction (\$0.00 Monthly)

C. Full Name (Last, First, Middle Initial)
SCOTT E HENDERSON

Mailing Address 749 PEARSON POINT PLACE

City State Zip Code
ANNAPOLIS MD 21401

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

Name of Employer Occupation
UnitedHealth Group, Inc. Govt Rel Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

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

Transaction ID: PR240231702232

Amount of Each Receipt this Period
245.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **3287.20**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 113
(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 W HUBBARD

Mailing Address 185 WEST 62ND STREET

City State Zip Code
EXCELSIOR MN 55331-8806

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

Name of Employer UnitedHealth Group, Inc. Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.66

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2402317122232

Amount of Each Receipt this Period: 285.66

P/R Deduction (\$47.61 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
DIANE D SOUZA

Mailing Address 360 STANLEY DRIVE

City State Zip Code
GLASTONBURY CT 06033

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 ▼ 4999.90

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2402320022232

Amount of Each Receipt this Period: 4999.90

P/R Deduction (\$0.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
LORI K SWEERE

Mailing Address 11826 GERMAINE TERRACE

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer UnitedHealth Group, Inc. Occupation EVP Human Capital

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt: 06 / 30 / 2009

Transaction ID: PR2402320222232

Amount of Each Receipt this Period: 245.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **5530.56**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MYLYNN K TUFTE

Mailing Address 3630 26TH ST SE

City DAWSON State ND Zip Code 58428

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

Name of Employer UnitedHealth Group, Inc. Occupation Dir Medical & Clinical Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR2402320322232

Amount of Each Receipt this Period 280.00

P/R Deduction (\$0.00 Monthly)

B. Full Name (Last, First, Middle Initial)
SHELLEY WIKE CRANLEY

Mailing Address 3801 MAURICE COURT

City LAS VEGAS State NV Zip Code 89108

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 ▼ 600.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR2402444422232

Amount of Each Receipt this Period 600.00

P/R Deduction (\$0.00 Monthly)

C. Full Name (Last, First, Middle Initial)
GUIDO RAVELO

Mailing Address 1724 JACK RABBIT WAY

City LAS VEGAS State NV Zip Code 89128-2631

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

Name of Employer UnitedHealth Group, Inc. Occupation Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2009

Transaction ID: PR2402444522232

Amount of Each Receipt this Period 1000.00

P/R Deduction (\$1000.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1880.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 113
(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)
JAMES H BECKER

Mailing Address 7603 WEST STONEGATE DRIVE

City State Zip Code
ZIONSVILLE IN 46077-8595

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

Name of Employer Occupation
UnitedHealth Group, Inc. Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

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

Transaction ID: PR2402445122232

Amount of Each Receipt this Period
500.00

P/R Deduction (\$500.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
JAMES D DONOVAN

Mailing Address 2816 MONTREAUX DRIVE

City State Zip Code
FRISCO TX 75034

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

Name of Employer Occupation
UnitedHealth Group, Inc. SVP Bus Dev and Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

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

Transaction ID: PR2402445322232

Amount of Each Receipt this Period
325.00

P/R Deduction (\$0.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
KARA J RIOS

Mailing Address 5116 DUGGAN PLAZA

City State Zip Code
EDINA MN 55439

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1385.00

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

Transaction ID: PR2402445722232

Amount of Each Receipt this Period
1385.00

P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **2210.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 113
(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)
SOHINI G JINDAL

Mailing Address 19513 MILL DAM PLACE

City LANSLOWNE State VA Zip Code 20176

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

Name of Employer UnitedHealth Group, Inc. Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.32

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2402446322232
Amount of Each Receipt this Period: 235.32
P/R Deduction (\$0.00 Monthly)

B.

Full Name (Last, First, Middle Initial)
RUSSELL C PETRELLA

Mailing Address 59 WEST HILL DRIVE

City WEST HARTFORD State CT Zip Code 06119

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

Name of Employer UnitedHealth Group, Inc. Occupation President Americhoice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2402446422232
Amount of Each Receipt this Period: 340.00
P/R Deduction (\$0.00 Monthly)

C.

Full Name (Last, First, Middle Initial)
JOELLE OISHI THORNHILL

Mailing Address 1251 EAST ABINGDON #1122

City ALEXANDRIA State VA Zip Code 22314

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

Name of Employer UnitedHealth Group, Inc. Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 235.32

Date of Receipt: 06 / 30 / 2009
Transaction ID: PR2402446522232
Amount of Each Receipt this Period: 235.32
P/R Deduction (\$0.00 Monthly)

SUBTOTAL of Receipts This Page (optional) ► **810.64**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 113
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

<p>A. Full Name (Last, First, Middle Initial) CORY ALEXANDER</p> <p>Mailing Address 4203 BRADLEY LANE</p> <p>City State Zip Code CHEVY CHASE MD 20815</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: VP Gov't Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 576.90</p>	<p>Date of Receipt 06 / 30 / 2009</p> <p>Transaction ID: PR2405428822232</p> <p>Amount of Each Receipt this Period 576.90</p> <p>P/R Deduction (\$0.00 Monthly)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) JOSEPH R STEVENS</p> <p>Mailing Address 1621 BERKSHIRE RD</p> <p>City State Zip Code COLUMBUS OH 43221</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Govt Rel Dir</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 200.01</p>	<p>Date of Receipt 06 / 30 / 2009</p> <p>Transaction ID: PR2405429122232</p> <p>Amount of Each Receipt this Period 200.01</p> <p>P/R Deduction (\$0.00 Monthly)</p>
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<p>C. Full Name (Last, First, Middle Initial) PETER H WALSH</p> <p>Mailing Address 850 TIMBER MILL LANE</p> <p>City State Zip Code INDIANAPOLIS IN 46260-3587</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Attorney</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 06 / 30 / 2009</p> <p>Transaction ID: PR2405431122232</p> <p>Amount of Each Receipt this Period 500.00</p> <p>P/R Deduction (\$500.00 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	1276.91
TOTAL This Period (last page this line number only)	171019.01

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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) Alabama House Democratic Caucus	Transaction ID: 29165644 Date of Disbursement
	Mailing Address P.O. Box 131	<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Montgomery State AL Zip Code 36101	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	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) Alabama Senate Democratic Caucus	Transaction ID: 29165651 Date of Disbursement
	Mailing Address P.O. Box 4194	<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Montgomery State AL Zip Code 36103	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	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) ▼

C.	Full Name (Last, First, Middle Initial) Wayne Goodwin Committee	Transaction ID: 29165656 Date of Disbursement
	Mailing Address P.O. Box 1654	<input type="text" value="01"/> / <input type="text" value="06"/> / <input type="text" value="2009"/>
	City Hamlet State NC Zip Code 28345	Amount of Each Disbursement this Period
	Purpose of Disbursement Wayne Goodwin, COMM. OF INSURANCE NC	<input type="text" value="4000.00"/>
	Candidate Name Wayne Goodwin	<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: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Committee to Elect Republican Women Mailing Address 1205 Berkshire Drive City Kannapolis State NC Zip Code 28081 Purpose of Disbursement Republican Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 29165662 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 Category/Type 011 Republican

B. Full Name (Last, First, Middle Initial) Friends of Martin O'Malley Mailing Address 2400 Boston St. Suite 203 City Baltimore State MD Zip Code 21224 Purpose of Disbursement Martin O'Malley, GOVERNOR MD Candidate Name Martin O'Malley Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 29187003 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00 Category/Type 011 Martin O'Malley, GOVERNOR MD

C. Full Name (Last, First, Middle Initial) Republican House Majority Fund Mailing Address PO Box 12905 City Raleigh State NC Zip Code 27605 Purpose of Disbursement State House Republican Organization Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: 29237228 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00 Category/Type 011 State House Republican Organization

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) North Carolina House Democratic Committee Mailing Address 220 Hillsboro Street City Raleigh State NC Zip Code 27603 Purpose of Disbursement State House Democratic Organization Candidate Name	Transaction ID: 29237245 Date of Disbursement 01 / 26 / 2009 Amount of Each Disbursement this Period 500.00 State House Democratic Organization

B. Full Name (Last, First, Middle Initial) North Carolina Republican Senate Committee Mailing Address PO Box 12905 City Raleigh State NC Zip Code 27605 Purpose of Disbursement State Senate Republican Organization Candidate Name	Transaction ID: 29237253 Date of Disbursement 01 / 26 / 2009 Amount of Each Disbursement this Period 500.00 State Senate Republican Organization

C. Full Name (Last, First, Middle Initial) North Carolina Senate Committee Mailing Address 220 Hillsboro Street City Raleigh State NC Zip Code 27603 Purpose of Disbursement State Senate Democratic Organization Candidate Name	Transaction ID: 29237270 Date of Disbursement 01 / 26 / 2009 Amount of Each Disbursement this Period 500.00 State Senate Democratic Organization

SUBTOTAL of Disbursements This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of John O'Grady <hr/> Mailing Address PO Box 1355 <hr/> City Columbus State OH Zip Code 43216 <hr/> Purpose of Disbursement John O'Grady, County Commissioner OH Candidate Name John O'Grady <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 29275248 Date of Disbursement 01 / 28 / 2009	Amount of Each Disbursement this Period 250.00 John O'Grady, County Comm- issioner OH
B.	Full Name (Last, First, Middle Initial) Friends of Roger Kahn for Senate <hr/> Mailing Address P.O. Box 1627 <hr/> City Saginaw State MI Zip Code 48605 <hr/> Purpose of Disbursement Roger Kahn, STATE SENATE 32nd MI Candidate Name MI Sen. Roger Kahn <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District:	Transaction ID: 29277434 Date of Disbursement 01 / 28 / 2009	Amount of Each Disbursement this Period 600.00 Roger Kahn, STATE SENATE 32nd MI
C.	Full Name (Last, First, Middle Initial) Committee to Re-Elect Andre Bauer <hr/> Mailing Address PO Box 5088 <hr/> City Columbia State SC Zip Code 29250 <hr/> Purpose of Disbursement Andre Bauer, LT. GOVERNOR SC Candidate Name SC Sen. Andre Bauer <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 29315445 Date of Disbursement 02 / 04 / 2009	Amount of Each Disbursement this Period 3500.00 Andre Bauer, LT. GOVERNOR SC

SUBTOTAL of Disbursements This Page (optional) ▶	4350.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
United for Health PAC of Tennessee

Transaction ID: 29426628

Date of Disbursement

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

Mailing Address 9900 Bren Road East

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Minnetonka MN 55343

Purpose of Disbursement
Fund State PAC in TN

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Fund State PAC in TN

State: District:

B.

Full Name (Last, First, Middle Initial)
Citizens for Carey

Transaction ID: 29428205

Date of Disbursement

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

Mailing Address 401 S. Arkansas Avenue

Amount of Each Disbursement this Period

500.00

City State Zip Code
Wellston OH 45692

Purpose of Disbursement
John Carey, STATE SENATE 17th OH

011
Category/ Type

Candidate Name
OH Sen. John Carey, Jr.

Office Sought: House
 Senate
 President

Disbursement For: 2010 Primary General
 Other (specify) ▼

John Carey, STATE SENATE
17th OH

State: OH District:

C.

Full Name (Last, First, Middle Initial)
UnitedHealth Group Inc PAC of PA

Transaction ID: 29779867

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	9

Mailing Address 9900 Bren Road East

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Minnetonka MN 55343

Purpose of Disbursement
Funding of State PAC

011
Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Funding of State PAC

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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)

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

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

A.	Full Name (Last, First, Middle Initial) Republican Senate Campaign Committee	Transaction ID: 29796740 Date of Disbursement
	Mailing Address 4679 Winterset Drive	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Columbus State OH Zip Code 43220	Amount of Each Disbursement this Period
	Purpose of Disbursement Ohio State Republican Senate Committee	<input type="text" value="1000.00"/>
	Candidate Name	Ohio State Republican Senate Committee
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	Category/Type: <input type="text" value="011"/>

B.	Full Name (Last, First, Middle Initial) Jimmy Stewart for State Senate	Transaction ID: 29841293 Date of Disbursement
	Mailing Address 1021 Four Mile Creek Road	<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Collville State OH Zip Code 45723	Amount of Each Disbursement this Period
	Purpose of Disbursement Jimmy Stewart, STATE SENATE 20th OH	<input type="text" value="500.00"/>
	Candidate Name OH Sen. Jimmy Stewart	Jimmy Stewart, STATE SENATE 20th OH
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: OH District:	Category/Type: <input type="text" value="011"/>

C.	Full Name (Last, First, Middle Initial) Citizens for Buehrer	Transaction ID: 29841394 Date of Disbursement
	Mailing Address 704 Greenview Drive	<input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2009"/>
	City Delta State OH Zip Code 43515	Amount of Each Disbursement this Period
	Purpose of Disbursement Steve Buehrer, STATE SENATE 1st OH	<input type="text" value="500.00"/>
	Candidate Name OH Sen. Steve Buehrer	Steve Buehrer, STATE SENATE 1st OH
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: OH District:	Category/Type: <input type="text" value="011"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Committee to Elect Niehaus Mailing Address 1131 Little Indian Creek Road City New Richmond State OH Zip Code 45157-9602 Purpose of Disbursement Tom Niehaus, STATE SENATE 14th OH Candidate Name OH Sen. Tom Niehaus Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29932041 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Friends for Ginther Mailing Address 405 E Town St City Columbus State OH Zip Code 43215 Purpose of Disbursement Andrew Ginther, City Council OH Candidate Name Andrew J Ginther Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29939348 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 0 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Citizens to Elect Dan Dodd Mailing Address 106 N. Main St. City New Lexington State OH Zip Code 43764 Purpose of Disbursement Dan Dodd, STATE HOUSE 91st OH Candidate Name OH Rep. Dan Dodd Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 91 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29959373 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	2500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Citizens for Sears Mailing Address 6711 Monroe Street Building 3 Suit City State Zip Code Sylvania OH 53560 Purpose of Disbursement Barbara Sears, STATE HOUSE 46th OH Candidate Name OH Rep. Barbara Sears Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 46 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29959379 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9 Amount of Each Disbursement this Period 500.00 Barbara Sears, STATE HOUSE 46th OH
B.	Full Name (Last, First, Middle Initial) Friends of Armond Budish Mailing Address 23240 Chargin Blvd #450 City State Zip Code Beachwood OH 44122 Purpose of Disbursement Armond Budish, STATE HOUSE 8th OH 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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29959381 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9 Amount of Each Disbursement this Period 2500.00 Armond Budish, STATE HOUSE 8th OH
C.	Full Name (Last, First, Middle Initial) Ohio House Democratic Caucus Fund Mailing Address 271 E. State Street City State Zip Code Columbus OH 43215 Purpose of Disbursement Democratic State Caucus Fund 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: 29959384 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 8 / 2 0 0 9 Amount of Each Disbursement this Period 2500.00 Democratic State Caucus Fund

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Ohio House Republican Organizational Committee

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement
Ohio Republican Committee

Candidate Name

Category/
Type

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

Transaction ID: 29959385
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Ohio Republican Committee

B. Full Name (Last, First, Middle Initial)
UnitedHealth Group Inc PAC of PA

Mailing Address 9900 Bren Road East

City Minnetonka State MN Zip Code 55343

Purpose of Disbursement
Funding for State UHG PAC

Candidate Name

Category/
Type

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

Transaction ID: 30119802
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Funding for State UHG PAC

C. Full Name (Last, First, Middle Initial)
Citizens for Carey

Mailing Address 401 S. Arkansas Avenue

City Wellston State OH Zip Code 45692

Purpose of Disbursement
John Carey, STATE SENATE 17th OH

Candidate Name
OH Sen. John Carey, Jr.

Category/
Type

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼ 2010
State: OH District:

Transaction ID: 30132215
Date of Disbursement

/ /

Amount of Each Disbursement this Period

John Carey, STATE SENATE
17th OH

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 89 / 113

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)
Republican Senate Campaign Committee

Mailing Address 4679 Winterset Drive

City State Zip Code
Columbus OH 43220

Purpose of Disbursement
State Campaign Committee

Candidate Name

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 30132216

Date of Disbursement

06 / 26 / 2009

Amount of Each Disbursement this Period

4000.00

State Campaign Committee

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

45350.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Hillary Clinton for President</p> <p>Mailing Address PO Box 1781</p> <p>City Merrifield State VA Zip Code 22116</p> <p>Purpose of Disbursement Debt Retirement</p> <p>Candidate Name Hillary Clinton</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: District:</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Debt Retirement 2008</p>	<p>Transaction ID: 29165673 Date of Disbursement 01 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Debt Retirement</p>
<p>B. Full Name (Last, First, Middle Initial) The Blue Dog PAC</p> <p>Mailing Address 227 Massachusetts Ave Suite 101</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Political Action Committee</p> <p>Candidate Name The Blue Dog 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>Transaction ID: 29275256 Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Political Action Committee</p>
<p>C. Full Name (Last, First, Middle Initial) Hoyer For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29275262 Date of Disbursement 01 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional)	11500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln <hr/> Mailing Address P.O. Box 77572 <hr/> City Washington State DC Zip Code 20013 <hr/> Purpose of Disbursement 011 Candidate Name Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:	Transaction ID: 29275272 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	8	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	2	8	/	2	0	0	9													
B.	Full Name (Last, First, Middle Initial) Matheson For Congress <hr/> Mailing Address P.O. Box 521048 Suite A <hr/> City Salt Lake City State UT Zip Code 84152 <hr/> Purpose of Disbursement 011 Candidate Name Rep. James D. Matheson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 02	Transaction ID: 29277435 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>8</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	8	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	2	8	/	2	0	0	9													
C.	Full Name (Last, First, Middle Initial) AHIP PAC <hr/> Mailing Address 601 Pennsylvania Ave NW Suite 500 South Building <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement 011 Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 29427062 Date of Disbursement <table border="1" style="font-size: small;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td>/</td><td>2</td><td>3</td><td>/</td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">5000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	2	/	2	3	/	2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	2	/	2	3	/	2	0	0	9													

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">11000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

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) Nathan Deal For Congress Mailing Address PO Box 902 City Gainesville State GA Zip Code 30503 Purpose of Disbursement 2010 Primary election Candidate Name Rep. Nathan Deal Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 09 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29427520 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 1500.00 2010 Primary election
B.	Full Name (Last, First, Middle Initial) Friends of Max Baucus Mailing Address P.O. Box 586 City Helena State MT Zip Code 59624 Purpose of Disbursement Candidate Name Max Baucus Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29428206 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress Mailing Address P.O. Box 75214 City Washington State DC Zip Code 20013-5214 Purpose of Disbursement Re-elect to Congress Candidate Name Earl Pomeroy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29454570 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 9	Amount of Each Disbursement this Period 1000.00 Re-elect to Congress

SUBTOTAL of Disbursements This Page (optional)	3500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Tiberi For Congress Mailing Address 2931 E Dublin Granville Road Suite 190 City Columbus State OH Zip Code 43231 Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Patrick J. Tiberi Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29454571 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Re-elect to Congress

B. Full Name (Last, First, Middle Initial) Searchlight Leadership Fund Mailing Address 422 C St. NE Lower Level City Washington State DC Zip Code 20002 Purpose of Disbursement Leadership PAC Candidate Name Searchlight Leadership Fund 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: 29542655 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Leadership PAC

C. Full Name (Last, First, Middle Initial) Bennet For Colorado Mailing Address 1900 Grant Street Suite 1170 City Denver State CO Zip Code 80203 Purpose of Disbursement Candidate Name Michael Bennet Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29542931 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Cooper For Congress	Transaction ID: 29575593 Date of Disbursement 03 / 23 / 2009
	Mailing Address C/O Davidson, Golden & Lundy P.O. Box 927	Amount of Each Disbursement this Period 1000.00
	City Brentwood State TN Zip Code 37024	
	Purpose of Disbursement Re-elect to US Congress Candidate Name Rep. Jim Cooper Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 05	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to US Congress

B.	Full Name (Last, First, Middle Initial) Friends Of Barbara Boxer	Transaction ID: 29579290 Date of Disbursement 03 / 24 / 2009
	Mailing Address PO Box 411176	Amount of Each Disbursement this Period 1000.00
	City Los Angeles State CA Zip Code 90041	
	Purpose of Disbursement Re-elect to US Senate Candidate Name Sen. Barbara Boxer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to US Senate

C.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: 29586997 Date of Disbursement 02 / 01 / 2009
	Mailing Address P.O. Box 77572	Amount of Each Disbursement this Period -1000.00
	City Washington State DC Zip Code 20013	
	Purpose of Disbursement Void - Friends of Blanche Lincoln Candidate Name Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - Friends of Blanche Lincoln

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Hoosiers For Hill	Transaction ID: 29587491 Date of Disbursement 03 / 27 / 2009
	Mailing Address PO Box 1071	Amount of Each Disbursement this Period 1000.00
	City Seymour State IN Zip Code 47274	
	Purpose of Disbursement Re-elect to US Congress Candidate Name Rep. Baron Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to US Congress

B.	Full Name (Last, First, Middle Initial) Evan Bayh Committee	Transaction ID: 29591767 Date of Disbursement 03 / 30 / 2009
	Mailing Address 850 Fort Wayne Avenue	Amount of Each Disbursement this Period 5000.00
	City Indianapolis State IN Zip Code 46204	
	Purpose of Disbursement Re-elect to the US Senate Candidate Name Sen. Evan Bayh Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to the US Senate

C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	Transaction ID: 29594997 Date of Disbursement 03 / 30 / 2009
	Mailing Address 430 S Capitol	Amount of Each Disbursement this Period 15000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Yearly support to the DSCC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	011 Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Yearly support to the DSCC

SUBTOTAL of Disbursements This Page (optional)	21000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Blanche Lincoln	Transaction ID: 29600570 Date of Disbursement																			
	Mailing Address P.O. Box 77572	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	0	9												
	City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period																			
	Purpose of Disbursement re-elect to US Senate	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Blanche Lambert Lincoln	011 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: AR District:	re-elect to US Senate																			

B.	Full Name (Last, First, Middle Initial) Glacier PAC	Transaction ID: 29779869 Date of Disbursement																			
	Mailing Address 818 Connecticut Ave. NW Suite 1100	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	9												
	City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Federal Political Action Committee	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name Glacier PAC	011 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:	Federal Political Action Committee																			

C.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: 29779891 Date of Disbursement																			
	Mailing Address 430 S. Capital St. 2nd Fl	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	0	9												
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Democratic National Committee	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Candidate Name Democratic Congressional Campaign Committee	011 Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:	Democratic National Committee																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>11000.00</td></tr></table>	11000.00
11000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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 John Tanner <hr/> Mailing Address Post Office Box 1994 <hr/> City State Zip Code Union City TN 38281 <hr/> Purpose of Disbursement Re-elect to US Congress <hr/> Candidate Name Rep. John S. Tanner <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29787914 Date of Disbursement 04 / 17 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Re-elect to US Congress
B.	Full Name (Last, First, Middle Initial) Searchlight Leadership Fund <hr/> Mailing Address 422 C St. NE Lower Level <hr/> City State Zip Code Washington DC 20002 <hr/> Purpose of Disbursement Leadership PAC <hr/> Candidate Name Searchlight Leadership Fund <hr/> 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: 29796634 Date of Disbursement 04 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Leadership PAC
C.	Full Name (Last, First, Middle Initial) Geoff Davis For Congress <hr/> Mailing Address 3161 Dixie Highway Suite F <hr/> City State Zip Code Erlanger KY 41018 <hr/> Purpose of Disbursement Re-elect to Congress <hr/> Candidate Name Rep. Geoffrey Davis <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 29796753 Date of Disbursement 04 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> Re-elect to Congress

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) The Grassley Committee, Inc. <hr/> Mailing Address P.O. Box 6193 <hr/> City Alexandria State VA Zip Code 22306-0193 <hr/> Purpose of Disbursement Candidate Name Charles E. Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: 29796855 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
	Political Action Committee
B. Full Name (Last, First, Middle Initial) Prosperity PAC <hr/> Mailing Address 429 North Saint Asaph <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement Candidate Name Prosperity PAC Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 29796913 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Political Action Committee
C. Full Name (Last, First, Middle Initial) Cantor For Congress <hr/> Mailing Address P. O. Box 17813 <hr/> City Richmond State VA Zip Code 23226 <hr/> Purpose of Disbursement Candidate Name Rep. Eric I. Cantor Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 07	Transaction ID: 29796948 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00
	011 Category/ Type
	Re-elect to Congress

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Ryan For Congress

Mailing Address P. O. Box 1919

City State Zip Code
Janesville WI 53547

Purpose of Disbursement
Re-elect to Congress

Candidate Name
Rep. Paul Ryan

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WI District: 01

Transaction ID: 29810801
Date of Disbursement

04 / 27 / 2009

Amount of Each Disbursement this Period

1000.00

Re-elect to Congress

B.

Full Name (Last, First, Middle Initial)
Friends Of Schumer

Mailing Address 509 Madison Ave Suite 1902

City State Zip Code
New York NY 10022

Purpose of Disbursement
Re-elect to US Senate

Candidate Name
Sen. Charles E. Schumer

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: NY District:

Transaction ID: 29816427
Date of Disbursement

04 / 28 / 2009

Amount of Each Disbursement this Period

1500.00

Re-elect to US Senate

C.

Full Name (Last, First, Middle Initial)
Blumenauer For Congress

Mailing Address 830 Ne Holladay, #105

City State Zip Code
Portland OR 97232

Purpose of Disbursement
Re-elect to US Congress

Candidate Name
Rep. Earl Blumenauer

011
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: OR District: 03

Transaction ID: 29847351
Date of Disbursement

05 / 05 / 2009

Amount of Each Disbursement this Period

1000.00

Re-elect to US Congress

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Michael Burgess For Congress

Transaction ID: 29865315

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	0	9

Mailing Address PO Box 2334

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Denton TX 76202

Purpose of Disbursement
Re-elect to Congress

011
Category/
Type

Candidate Name
Michael C. Burgess

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: TX District: 26

Re-elect to Congress

B.

Full Name (Last, First, Middle Initial)
Friends of Chris Dodd

Transaction ID: 29868565

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	9

Mailing Address 901-15th St. N.W.

Amount of Each Disbursement this Period

2500.00

City State Zip Code
Washington DC 20005

Purpose of Disbursement
Re-elect to US Senate

011
Category/
Type

Candidate Name
Christopher J. Dodd

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CT District:

Re-elect to US Senate

C.

Full Name (Last, First, Middle Initial)
People For Patty Murray U S Senate Campaign

Transaction ID: 29932043

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	8		2	0	0	9

Mailing Address PO Box 3662

Amount of Each Disbursement this Period

1000.00

City State Zip Code
Seattle WA 98124

Purpose of Disbursement
Re-elect to US Senate

011
Category/
Type

Candidate Name
Sen. Patty Murray

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WA District:

Re-elect to US Senate

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Sires For Congress</p> <p>Mailing Address 6050 Blvd. East Apt. 6b</p> <p>City West New York State NJ Zip Code 07093</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Albio Sires</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29932052 Date of Disbursement 05 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Congress</p>
<p>B. Full Name (Last, First, Middle Initial) Butterfield For Congress Committee</p> <p>Mailing Address PO Box 2571</p> <p>City Wilson State NC Zip Code 27894</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Rep. George K. Butterfield</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29939285 Date of Disbursement 05 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Congress</p>
<p>C. Full Name (Last, First, Middle Initial) Hoyer For Congress</p> <p>Mailing Address 607 14th Street, Nw Suite 800</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Rep. Steny H. Hoyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29939340 Date of Disbursement 05 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Congress</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)

<p>A. Full Name (Last, First, Middle Initial) Roskam for Congress Committee</p> <p>Mailing Address 5006 Washington Ave.</p> <p>City Downers Grove State IL Zip Code 60515</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Peter Roskam</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29959364</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Re-elect to US Congress</p>
<p>B. Full Name (Last, First, Middle Initial) People For Ben</p> <p>Mailing Address PO Box 31129</p> <p>City Santa Fe State NM Zip Code 87594</p> <p>Purpose of Disbursement Re-elect to Congress</p> <p>Candidate Name Ben Lujan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NM District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29959365</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Re-elect to Congress</p>
<p>C. Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress</p> <p>Mailing Address 200 North Main St. P.O. Box 712</p> <p>City Monticello State IN Zip Code 47960</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Rep. Steve Buyer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IN District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 29964935</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Re-elect to US Congress</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3000.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

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 Jim Clyburn	Transaction ID: 30032373 Date of Disbursement 06 / 08 / 2009
	Mailing Address PO Box 12567	Amount of Each Disbursement this Period 5000.00
	City Columbia State SC Zip Code 29211	
	Purpose of Disbursement Re-elect to Congress Candidate Name Rep. James E. Clyburn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to Congress

B.	Full Name (Last, First, Middle Initial) People For Patty Murray U S Senate Campaign	Transaction ID: 30032374 Date of Disbursement 06 / 08 / 2009
	Mailing Address PO Box 3662	Amount of Each Disbursement this Period 2500.00
	City Seattle State WA Zip Code 98124	
	Purpose of Disbursement Re-elect to US Senate Candidate Name Sen. Patty Murray Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District:	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to US Senate

C.	Full Name (Last, First, Middle Initial) Friends of Sam Johnson	Transaction ID: 30032375 Date of Disbursement 06 / 08 / 2009
	Mailing Address PO Box 860096	Amount of Each Disbursement this Period 1000.00
	City PLANO State TX Zip Code 75086	
	Purpose of Disbursement Re-elect to Congress Candidate Name Sam Johnson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to Congress

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Re-elect to Congress</p> <p>Candidate Name Rep. David Lee Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 04</p>	<p>Transaction ID: 30032376</p> <p>Date of Disbursement 06 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to Congress</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Patrick Murphy For Congress</p> <p>Mailing Address P.O. Box 868</p> <p>City Levittown State PA Zip Code 19058</p> <p>Purpose of Disbursement Re-elect to Congress</p> <p>Candidate Name Rep. Patrick Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: PA District: 08</p>	<p>Transaction ID: 30070878</p> <p>Date of Disbursement 06 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to Congress</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) SNOW PAC</p> <p>Mailing Address 175 South West Temple suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement Leadership PAC</p> <p>Candidate Name SNOW PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p>	<p>Transaction ID: 30071057</p> <p>Date of Disbursement 06 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Leadership PAC</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) National Republican Senatorial Committee</p> <p>Mailing Address 425 Second Street NE</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement National Committee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30071060 Date of Disbursement 06 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>National Committee</p>
<p>B. Full Name (Last, First, Middle Initial) National Republican Congressional Committee</p> <p>Mailing Address 320 First Street, SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement National Committee Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30071179 Date of Disbursement 06 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 15000.00</p> <p>011 Category/ Type</p> <p>National Committee</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Dennis Cardoza</p> <p>Mailing Address PO Box 2749</p> <p>City Merced State CA Zip Code 95340</p> <p>Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Dennis A. Cardoza</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30071181 Date of Disbursement 06 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to Congress</p>

SUBTOTAL of Disbursements This Page (optional) ▶

31000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<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) Democratic Congressional Campaign Committee <hr/> Mailing Address 430 South Capitol St. SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement National Party Candidate Name Democratic Congressional Campaign Committee Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30071194 Date of Disbursement 06 / 12 / 2009	Amount of Each Disbursement this Period 10000.00 National Party
B.	Full Name (Last, First, Middle Initial) Searchlight Leadership Fund <hr/> Mailing Address 422 C St. NE Lower Level <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement Leadership PAC Candidate Name Searchlight Leadership Fund Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 30071198 Date of Disbursement 06 / 12 / 2009	Amount of Each Disbursement this Period 3000.00 Leadership PAC
C.	Full Name (Last, First, Middle Initial) Mary Bono Mack Campaign <hr/> Mailing Address 1555 South Palm Cannon Ste. D-105 <hr/> City Palm Springs State CA Zip Code 92264 <hr/> Purpose of Disbursement Candidate Name Mary Bono Mack Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 44	Transaction ID: 30071201 Date of Disbursement 06 / 12 / 2009	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶	14000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Majority Initiative to Keep Electing Republicans Fund
A.K.A. Mike R Fund

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement
Leadership PAC

Candidate Name
Majority Initiative to Keep Electing Republicans
Fund A.K.A. Mike R Fund

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 30071207
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Leadership PAC

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

Mailing Address PO Box 177

City Booneville State MS Zip Code 38829

Purpose of Disbursement
Re-elect to US Congress

Candidate Name
Rep. Travis Wayne Childers

Office Sought:
 House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MS District: 01

Transaction ID: 30090905
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Re-elect to US Congress

C. Full Name (Last, First, Middle Initial)
Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement
Re-elect to US Congress

Candidate Name
Rep. Christopher S. Murphy

Office Sought:
 House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CT District: 05

Transaction ID: 30090949
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Re-elect to US Congress

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Richard Burr Committee</p> <p>Mailing Address P.O. Box 5928</p> <p>City Winston-Salem State NC Zip Code 27113</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Richard M. Burr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30111412</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Re-elect to US Senate</p>
<p>B. Full Name (Last, First, Middle Initial) McCotter Congressional Committee</p> <p>Mailing Address PO Box 530788</p> <p>City Livonia State MI Zip Code 48153</p> <p>Purpose of Disbursement Re-elect to Congress</p> <p>Candidate Name Rep. Thaddeus G. McCotter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30111420</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Re-elect to Congress</p>
<p>C. Full Name (Last, First, Middle Initial) McCotter Congressional Committee</p> <p>Mailing Address PO Box 530788</p> <p>City Livonia State MI Zip Code 48153</p> <p>Purpose of Disbursement Re-elect to Congress</p> <p>Candidate Name Rep. Thaddeus G. McCotter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 30111430</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Re-elect to Congress</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

PAGE 109 / 113

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

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

A.	Full Name (Last, First, Middle Initial) Friends Of John Boehner	Transaction ID: 30111433 Date of Disbursement																			
	Mailing Address 7908-I Cincinnati Dayton Road	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	9												
	City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Re-elect to Congress	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00																		
1500.00																					
	Candidate Name John A. Boehner	011 Category/ Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Re-elect to Congress																			

B.	Full Name (Last, First, Middle Initial) A New Direction PAC	Transaction ID: 30111436 Date of Disbursement																			
	Mailing Address PO Box 4234	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	9												
	City Concord State NH Zip Code 03302	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Leadership PAC	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name A New Direction PAC	011 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Leadership PAC																			

C.	Full Name (Last, First, Middle Initial) Pat Roberts For U S Senate Inc	Transaction ID: 30111473 Date of Disbursement																			
	Mailing Address PO Box 433	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	9												
	City Great Bend State KS Zip Code 67530	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Re-elect to US Senate	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name Sen. Pat Roberts	011 Category/ Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KS District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		Re-elect to US Senate																			

SUBTOTAL of Disbursements This Page (optional) ►

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Hoyer For Congress	Transaction ID: 30111477 Date of Disbursement 06 / 18 / 2009
	Mailing Address 607 14th Street, Nw Suite 800	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Steny H. Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to Congress

B.	Full Name (Last, First, Middle Initial) Hoyer For Congress	Transaction ID: 30111479 Date of Disbursement 06 / 18 / 2009
	Mailing Address 607 14th Street, Nw Suite 800	Amount of Each Disbursement this Period 1500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Steny H. Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to Congress

C.	Full Name (Last, First, Middle Initial) Coburn For Senate 2010	Transaction ID: 30111483 Date of Disbursement 06 / 18 / 2009
	Mailing Address Post Office Box 977	Amount of Each Disbursement this Period 1000.00
	City Muskogee State OK Zip Code 74402	
	Purpose of Disbursement Re-elect to US Senate Candidate Name Sen. Thomas Allen Coburn, M.D. Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to US Senate

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Hatch Election Committee <hr/> Mailing Address 555 13th Street NW Suite 600 East <hr/> City Washington State DC Zip Code 20004-1109 <hr/> Purpose of Disbursement Re-elect to US Senate Candidate Name Orrin G. Hatch <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30119805 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00
	Category/ Type 011
	Re-elect to US Senate
B. Full Name (Last, First, Middle Initial) Friends Of John Thune <hr/> Mailing Address 200 North Phillips Avenue Ste L101 <hr/> City Sioux Falls State SD Zip Code 57104 <hr/> Purpose of Disbursement Re-elect to US Senate Candidate Name Sen. John R. Thune <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30119811 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Re-elect to US Senate
C. Full Name (Last, First, Middle Initial) Bill Nelson For U S Senate <hr/> Mailing Address 500 Red Sail Way <hr/> City Satellite Beach State FL Zip Code 32937 <hr/> Purpose of Disbursement Re-elect to US Senate Candidate Name Bill Nelson <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 30119820 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 9
	Amount of Each Disbursement this Period 1500.00
	Category/ Type 011
	Re-elect to US Senate

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Rangel For Congress	Transaction ID: 30122215 Date of Disbursement 06 / 24 / 2009
	Mailing Address PO Box 5577 Manhattanville Sta	Amount of Each Disbursement this Period 2500.00
	City New York State NY Zip Code 10027	
	Purpose of Disbursement Re-Elect to Congress Candidate Name Rep. Charles B. Rangel Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 15	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-Elect to Congress

B.	Full Name (Last, First, Middle Initial) Friends of Chris Dodd	Transaction ID: 30125909 Date of Disbursement 06 / 25 / 2009
	Mailing Address 901-15th St. N.W.	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Re-elect to US Senate Candidate Name Christopher J. Dodd Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to US Senate

C.	Full Name (Last, First, Middle Initial) Crowley For Congress	Transaction ID: 30127681 Date of Disbursement 06 / 25 / 2009
	Mailing Address 84-56 Grand Avenue	Amount of Each Disbursement this Period 5000.00
	City Elmhurst State NY Zip Code 11373	
	Purpose of Disbursement Re-elect to Congress Candidate Name Rep. Joseph Crowley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to Congress

SUBTOTAL of Disbursements This Page (optional)	8500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Mike Crapo For Us Senate</p> <p>Mailing Address P.O. Box 1948</p> <p>City Boise State ID Zip Code 83701</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Sen. Mike Crapo</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ID District:</p>	<p>Transaction ID: 30127682</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>Re-elect to US Senate</p>
<p>B. Full Name (Last, First, Middle Initial) Friends Of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Sen. Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: 30132211</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3500.00"/></p> <p>Re-elect to US Senate</p>
<p>C. Full Name (Last, First, Middle Initial) Friends Of Schumer</p> <p>Mailing Address 509 Madison Ave Suite 1902</p> <p>City New York State NY Zip Code 10022</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Sen. Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NY District:</p>	<p>Transaction ID: 30132214</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1500.00"/></p> <p>Re-elect to US Senate</p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="17800.00"/>