

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="184057.86"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="184057.86"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="166121.58"/>	<input type="text" value="166121.58"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="350179.44"/>	<input type="text" value="350179.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="183700.00"/>	<input type="text" value="183700.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="166479.44"/>	<input type="text" value="166479.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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).....	126625.88	126625.88
(ii) Unitemized	34495.70	34495.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	161121.58	161121.58
(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)	161121.58	161121.58
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.....	5000.00	5000.00
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	166121.58	166121.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	166121.58	166121.58

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	184000.00	184000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	-300.00	-300.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	183700.00	183700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	183700.00	183700.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	161121.58	161121.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	161121.58	161121.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 90
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Cheryl Lippert		Date of Receipt MM / DD / YYYY 02 / 14 / 2012 Transaction ID : 34379414
Mailing Address 124 Turtle Bay Lane		Amount of Each Receipt this Period 1000.00
City Ponte Vedra Beach	State FL	Zip Code 32082-4516
FEC ID number of contributing federal political committee. C	Name of Employer UnitedHealth Group, Inc.	Occupation Chief of Staff, SE Region Employer & I
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Merritt David Goetz		Date of Receipt MM / DD / YYYY 03 / 16 / 2012 Transaction ID : 34517991
Mailing Address 901 Clearview Dr.		Amount of Each Receipt this Period 1000.00
City Nashville	State TN	Zip Code 37205-1915
FEC ID number of contributing federal political committee. C	Name of Employer UnitedHealth Group, Inc.	Occupation VP General Management
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. WILLIAM P WHITELY		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 Transaction ID : PR1159812627553
Mailing Address 2657 WOODBRIDGE RD		Amount of Each Receipt this Period 769.20
City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Senior Vice President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	
		P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2769.20
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: (check only one)	PAGE 7 OF 90
	<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. WAYNE F COOK
Full Name (Last, First, Middle Initial)

Mailing Address 1200 PEBBLE HILL ROAD

City DOYLESTOWN State PA Zip Code 18901

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

Name of Employer United HealthCare Services Inc Occupation VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : PR1159812827553

Amount of Each Receipt this Period
 420.00

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

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

Mailing Address 7000 ANTRIM ROAD

City EDINA State MN Zip Code 55439

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

Name of Employer United HealthCare Services Inc Occupation EVP & Pres UHG Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : PR1159814727553

Amount of Each Receipt this Period
 1346.10

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

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

Mailing Address 1000 OLD LONG LAKE ROAD

City WAYZATA State MN Zip Code 55391

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

Name of Employer United HealthCare Services Inc Occupation SVP Business Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : PR1159815927553

Amount of Each Receipt this Period
 1346.10

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

SUBTOTAL of Receipts This Page (optional).....▶	3112.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 90
<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. PATRICIA R SAURO
Full Name (Last, First, Middle Initial)
Mailing Address 8943 HIDDEN MEADOW R
City State Zip Code
WOODBURY MN 55125
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
United HealthCare Services Inc Business Segment CAO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 420.00

Date of Receipt
03 / 31 / 2012
Transaction ID : PR1159816427553
Amount of Each Receipt this Period 420.00
P/R Deduction (\$60.00 Bi-Weekly)

B. WILLIAM A MUNSELL
Full Name (Last, First, Middle Initial)
Mailing Address 2119 WINDSONG CIRCLE
City State Zip Code
WAYZATA MN 55391
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
United HealthCare Services Inc EVP UnitedHealth Group
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt
03 / 31 / 2012
Transaction ID : PR1159816627553
Amount of Each Receipt this Period 700.00
P/R Deduction (\$100.00 Bi-Weekly)

C. JOHN S PENSHORN
Full Name (Last, First, Middle Initial)
Mailing Address 120 BLACK OAKS LANE
City State Zip Code
WAYZATA MN 55391
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
United HealthCare Services Inc SVP UnitedHealth Group
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
03 / 31 / 2012
Transaction ID : PR1159816927553
Amount of Each Receipt this Period 1346.10
P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	2466.10
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: (check only one)	PAGE 9 OF 90
<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. PAUL D KALLMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 HERALD DR
 City AMBLER State PA Zip Code 19002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy General Counsel (Mgr)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1159817427553
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. THOMAS J QUIRK
 Full Name (Last, First, Middle Initial)
 Mailing Address 4307 BEECHWOOD LANE
 City DALLAS State TX Zip Code 75220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1159819127553
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. REED V TUCKSON M.D.
 Full Name (Last, First, Middle Initial)
 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 United HealthCare Services Inc Occupation EVP Consumr Health & Med Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1159819827553
 Amount of Each Receipt this Period 807.66
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1507.66
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: (check only one)	PAGE 10 OF 90
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. WILLIAM C TRACY		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 Transaction ID : PR1159821527553
Mailing Address 13016 CANTERBURY		Amount of Each Receipt this Period 403.90
City LEAWOOD	State KS	Zip Code 66209
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 403.90	P/R Deduction (\$57.70 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. RICHARD J MIGLIORI		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 Transaction ID : PR1159827427553
Mailing Address PO BOX 72		Amount of Each Receipt this Period 700.00
City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation SVP Bus Initiatives & Clin Aff
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JEANNINE M RIVET		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 Transaction ID : PR1159830027553
Mailing Address 4305 TRILLIUM WAY		Amount of Each Receipt this Period 1346.10
City MINNETRISTA	State MN	Zip Code 55364
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHealth Group
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.10	P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2450.00
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 11 OF 90
	<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. JACK E SHUFF
Full Name (Last, First, Middle Initial)

Mailing Address 923 CONSTANCE STREET
APT #112

City NEW ORLEANS State LA Zip Code 70130

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

Name of Employer United HealthCare Services Inc Occupation SB RVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt
03 / 31 / 2012
Transaction ID : PR1159830527553

Amount of Each Receipt this Period
273.00

P/R Deduction (\$39.00 Bi-Weekly)

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

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 United HealthCare Services Inc Occupation VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
378.00

Date of Receipt
03 / 31 / 2012
Transaction ID : PR1159840427553

Amount of Each Receipt this Period
378.00

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

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

Mailing Address 919 SAIGON ROAD

City MCLEAN State VA Zip Code 22102

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

Name of Employer United HealthCare Services Inc Occupation EVP UnitedHealth Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1346.10

Date of Receipt
03 / 31 / 2012
Transaction ID : PR1332013227553

Amount of Each Receipt this Period
1346.10

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

SUBTOTAL of Receipts This Page (optional).....▶ 1997.10

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: (check only one)	PAGE 12 OF 90
	<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. DAWN M OWENS
Full Name (Last, First, Middle Initial)

Mailing Address 2119 E LAKE OF THE ISLES PKWY

City State Zip Code
MINNEAPOLIS MN 55405

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

Name of Employer Occupation
United HealthCare Services Inc Business Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
03 / 31 / 2012
Transaction ID : PR1551160327553

Amount of Each Receipt this Period
700.00

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

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

Mailing Address 2820 DEER RUN TRAIL

City State Zip Code
LONG LAKE MN 55356

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

Name of Employer Occupation
United HealthCare Services Inc SVP Recruitment Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
538.44

Date of Receipt
03 / 31 / 2012
Transaction ID : PR1551161327553

Amount of Each Receipt this Period
538.44

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

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

Mailing Address 10392 SHERMAN DRIVE

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
United HealthCare Services Inc VP General Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
03 / 31 / 2012
Transaction ID : PR1551161427553

Amount of Each Receipt this Period
420.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1658.44
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: (check only one)	PAGE 13 OF 90
<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. JOHN O ENDERLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 ANDREIS TRAIL
 City SOUTH WINDSOR State CT Zip Code 06074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 385.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1554323527553
 Amount of Each Receipt this Period 385.00
 P/R Deduction (\$55.00 Bi-Weekly)

B. RICK M JELINEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 5570 WOODSIDE LANE
 City SHOREWOOD State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1554323927553
 Amount of Each Receipt this Period 1346.10
 P/R Deduction (\$192.30 Bi-Weekly)

C. MICHAEL RADU
 Full Name (Last, First, Middle Initial)
 Mailing Address 42820 VIOLA CT
 City LEESBURG State VA Zip Code 20176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation COO, Collaborative Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 378.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1554324527553
 Amount of Each Receipt this Period 378.00
 P/R Deduction (\$54.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2109.10
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 90
<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. KIRK E STAPLETON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3840 INGLEWOOD AVE S
 City SAINT LOUIS PARK State MN Zip Code 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Strategic Initiatives
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1554324727553
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. KAREN L ERICKSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 15348 RED OAKS ROAD SE
 City PRIOR LAKE State MN Zip Code 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Market Group CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1575957627553
 Amount of Each Receipt this Period 1346.10
 P/R Deduction (\$192.30 Bi-Weekly)

C. ERNEST MONFILETTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3062 COMFORT ROAD
 City NEW HOPE State PA Zip Code 18938
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Plan President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 538.44

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1575958127553
 Amount of Each Receipt this Period 538.44
 P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2234.54
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 15 OF 90
<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. LEE D VALENTA
Full Name (Last, First, Middle Initial)

Mailing Address 4701 GOLF TERRACE

City EDINA State MN Zip Code 55424

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

Name of Employer United HealthCare Services Inc Occupation President Life Sciences

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1575958527553

Amount of Each Receipt this Period 1346.10

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

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

Mailing Address 2006 QUEEN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55405

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

Name of Employer United HealthCare Services Inc Occupation Business Segment CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1580864727553

Amount of Each Receipt this Period 700.00

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

C. ROBERT THOMAS WEBB
Full Name (Last, First, Middle Initial)

Mailing Address 4516 DREXEL AVENUE

City EDINA State MN Zip Code 55424

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

Name of Employer United HealthCare Services Inc Occupation CEO Care Solutions

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1580865327553

Amount of Each Receipt this Period 1346.10

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

SUBTOTAL of Receipts This Page (optional).....▶	3392.20
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: (check only one)	PAGE 16 OF 90
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. RICHARD J HUGHES
 Full Name (Last, First, Middle Initial)
 Mailing Address 735 SAINT MORITZ
 City VICTORIA State MN Zip Code 55386
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Human Capital Dvlprmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1596304127553
 Amount of Each Receipt this Period 700.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. THAD C JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 16848 STIRRUP LN
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Market Group General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1596304327553
 Amount of Each Receipt this Period 700.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. GAYE ADAMS MASSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 11641 TANGLEWOOD DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Deputy General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1596304527553
 Amount of Each Receipt this Period 807.66
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2207.66
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: (check only one)	PAGE 17 OF 90
<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. GEORGE L MIKAN III
Full Name (Last, First, Middle Initial)

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 United HealthCare Services Inc	Occupation EVP UnitedHealth Group
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
961.50

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR1596304827553

Amount of Each Receipt this Period
961.50

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

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

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 United HealthCare Services Inc	Occupation Dir Underwriting
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR1596304927553

Amount of Each Receipt this Period
269.22

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

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

Mailing Address 306 CHIPPEWA AVENUE

City TAMPA	State FL	Zip Code 33606
---------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR1596306927553

Amount of Each Receipt this Period
269.22

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

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

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

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

FOR LINE NUMBER: PAGE 18 OF 90
(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. ROBERT W OBERRENDER
 Full Name (Last, First, Middle Initial)
 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
 United HealthCare Services Inc SVP Treasurer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 770.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR1596307027553
 Amount of Each Receipt this Period
 770.00
 P/R Deduction (\$110.00 Bi-Weekly)

B. DIANE BEDNAR FLYNN
 Full Name (Last, First, Middle Initial)
 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
 United HealthCare Services Inc VP, Medical & Clinical Ops
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR1596309727553
 Amount of Each Receipt this Period
 273.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. LISA M BEHNKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 19647 CASA VERDE WAY
 City State Zip Code
 FORT MYERS FL 33967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Medical Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR1596309827553
 Amount of Each Receipt this Period
 273.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1316.00
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 19 OF 90
	<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. JOSEPH A HAFERMANN
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 PEAVEY LANE
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Product
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1596313427553
 Amount of Each Receipt this Period 700.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. STEPHAN S RODGERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3455 CONGRESS STREET
 City FAIRFIELD State CT Zip Code 06824
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation CEO Collaborative Care
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1596317127553
 Amount of Each Receipt this Period 1346.10
 P/R Deduction (\$192.30 Bi-Weekly)

C. KEVIN J RUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 16621 ALEXANDER MANOR DRIVE
 City SILVER SPRING State MD Zip Code 20905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Enterprise Clinical Alignm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1596317427553
 Amount of Each Receipt this Period 525.00
 P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2571.10
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: (check only one)	PAGE 20 OF 90
<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. JOHN P DODDY
Full Name (Last, First, Middle Initial)
Mailing Address 1 ROXITICUS VIEW
City CHESTER State NJ Zip Code 07930
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Information Technology
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1600597327553
Amount of Each Receipt this Period 273.00
P/R Deduction (\$39.00 Bi-Weekly)

B. MICHAEL D MICHAUX
Full Name (Last, First, Middle Initial)
Mailing Address 742 GOODRICH AVE
City SAINT PAUL State MN Zip Code 55105
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP & GM PCM
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1600598527553
Amount of Each Receipt this Period 700.00
P/R Deduction (\$100.00 Bi-Weekly)

C. LEWIS G SANDY
Full Name (Last, First, Middle Initial)
Mailing Address 4800 SUNNYSLOPE ROAD E
City EDINA State MN Zip Code 55424
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP Clinical Advancement
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1600598727553
Amount of Each Receipt this Period 700.00
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1673.00
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 21 OF 90
	<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. MATTHEW W PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20595 SPENCER LANE
 City SHOREWOOD State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Market Group CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1602669927553
 Amount of Each Receipt this Period 700.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JEFFREY W MALONEY
 Full Name (Last, First, Middle Initial)
 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 United HealthCare Services Inc Occupation VP Operations - Evercare
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 673.05

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1613243527553
 Amount of Each Receipt this Period 673.05
 P/R Deduction (\$96.15 Bi-Weekly)

C. DANIEL S WALLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 17034 BAINBRIDGE DR
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR1632360027553
 Amount of Each Receipt this Period 210.00
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1583.05
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 22 OF 90
	<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)

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

Mailing Address 4444 ELLSWORTH DRIVE

City State Zip Code
EDINA MN 55435

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

Name of Employer Occupation
United HealthCare Services Inc Business Segment CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1346.10

Date of Receipt
03 / 31 / 2012
Transaction ID : PR1653443227553

Amount of Each Receipt this Period
1346.10

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

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

Mailing Address 2743 THOMAS AVENUE SOUTH

City State Zip Code
MINNEAPOLIS MN 55416

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

Name of Employer Occupation
United HealthCare Services Inc SB VP Inside Sales & AM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
403.90

Date of Receipt
03 / 31 / 2012
Transaction ID : PR1653444327553

Amount of Each Receipt this Period
403.90

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

Full Name (Last, First, Middle Initial)
C. ALISTAIR D JACQUES

Mailing Address 645 OLD LONG LAKE ROAD

City State Zip Code
ORONO MN 55391

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

Name of Employer Occupation
United HealthCare Services Inc Business Segment CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1346.10

Date of Receipt
03 / 31 / 2012
Transaction ID : PR1653445227553

Amount of Each Receipt this Period
1346.10

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

SUBTOTAL of Receipts This Page (optional).....	3096.10
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: (check only one)	PAGE 23 OF 90
	<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)

Full Name (Last, First, Middle Initial) A. ELIZABETH DARCIE D. CORBIN		Date of Receipt
Mailing Address 7985 LEA CIRCLE		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
BLOOMINGTON	MN	55438
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR1669432227553
United HealthCare Services Inc	VP Health Care Initiatives	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	<input type="text" value="700.00"/>
		P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. Mr. MILES S SNOWDEN		Date of Receipt
Mailing Address 4349 FREMONT AVE S		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
MINNEAPOLIS	MN	55409
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR1746717827553
United HealthCare Services Inc	Chief Medical Officer	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1346.10"/>	<input type="text" value="1346.10"/>
		P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. PAUL M EMERSON		Date of Receipt
Mailing Address 18855 MEADOW VIEW BLVD		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
PRIOR LAKE	MN	55372
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : PR1806750327553
United HealthCare Services Inc	Business Segment CFO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="269.22"/>	<input type="text" value="269.22"/>
		P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2315.32"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 90
	<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)

Full Name (Last, First, Middle Initial) A. MICHELLE D LEDELL		Date of Receipt
Mailing Address 5115 SARATOGA LANE		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Transaction ID : PR1882850627553
PLYMOUTH	MN	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="280.00"/>
	55442	
Name of Employer	Occupation	P/R Deduction (\$40.00 Bi-Weekly)
United HealthCare Services Inc	Dir Communications	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CATHERINE K ANDERSON		Date of Receipt
Mailing Address 37 W 2000 S		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Transaction ID : PR1903550727553
DRIGGS	ID	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="403.90"/>
	83422	
Name of Employer	Occupation	P/R Deduction (\$57.70 Bi-Weekly)
United HealthCare Services Inc	VP General Management	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="403.90"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SUSAN B EDBERG		Date of Receipt
Mailing Address 9727 WELLINGTON RIDGE		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Transaction ID : PR1903578127553
WOODBURY	MN	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	Zip Code	<input type="text" value="700.00"/>
	55125	
Name of Employer	Occupation	P/R Deduction (\$100.00 Bi-Weekly)
United HealthCare Services Inc	VP Customer Service	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1383.90"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 25 OF 90
	<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. CHRISTOPHER T JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 12880 53RD STREET NORTH
 City State Zip Code
 STILLWATER MN 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir General Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR1903591127553
 Amount of Each Receipt this Period
 273.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. JOHN C SANTELLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 17498 GEORGE MORAN DRIVE
 City State Zip Code
 EDEN PRAIRIE MN 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP & CIO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR1903622027553
 Amount of Each Receipt this Period
 700.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. SUSAN LYNN BERKEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 SHADOW GLEN
 City State Zip Code
 IRVINE CA 92620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1344.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2119468127553
 Amount of Each Receipt this Period
 1344.00
 P/R Deduction (\$192.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2317.00
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 26 OF 90
<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. LESLIE J CARTER
Full Name (Last, First, Middle Initial)

Mailing Address 19021 POPPY HILL CIRCLE

City HUNTINGTON BEACH	State CA	Zip Code 92648
--------------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Network Contracting
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **672.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2119470327553

Amount of Each Receipt this Period

672.00

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

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

Mailing Address PO BOX 1025

City RANCHO SANTA FE	State CA	Zip Code 92067
-------------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Operations
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2119471327553

Amount of Each Receipt this Period

210.00

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

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

Mailing Address 1821 PARK STREET

City HUNTINGTON BEACH	State CA	Zip Code 92648
--------------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Networks
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2119475127553

Amount of Each Receipt this Period

350.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1232.00
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 27 OF 90
	<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)

Full Name (Last, First, Middle Initial) A. DAVID M HANSEN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2012
Mailing Address 33 VIA CONOCIDO		Transaction ID : PR2119476727553
City SAN CLEMENTE	State CA	Zip Code 92673
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 945.00
Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO	P/R Deduction (\$135.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 945.00	

Full Name (Last, First, Middle Initial) B. SAMUEL W HO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2012
Mailing Address 4220 OCEAN DR		Transaction ID : PR2119477927553
City MANHATTAN BEACH	State CA	Zip Code 90266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1076.60
Name of Employer United HealthCare Services Inc	Occupation Market Grp Chief Clinical Off	P/R Deduction (\$153.80 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1076.60	

Full Name (Last, First, Middle Initial) C. JOHN D JONES		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2012
Mailing Address 3562 REDWOOD		Transaction ID : PR2119479227553
City IRVINE	State CA	Zip Code 92606
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 672.00
Name of Employer United HealthCare Services Inc	Occupation VP Govt Rel	P/R Deduction (\$96.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.00	

SUBTOTAL of Receipts This Page (optional).....▶	2693.60
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: (check only one)	PAGE 28 OF 90
<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. NANCY J MONK
Full Name (Last, First, Middle Initial)
Mailing Address 12271 CHIANTI DRIVE
City LOS ALAMITOS State CA Zip Code 90720
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Govt Affairs & Compl
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2119484327553
Amount of Each Receipt this Period 300.00
P/R Deduction (\$50.00 Bi-Weekly)

B. AUSTIN T PITTMAN
Full Name (Last, First, Middle Initial)
Mailing Address 14 LOCH RIDGE DRIVE
City GREENSBORO State NC Zip Code 27408
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation President Networks
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 945.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2119486727553
Amount of Each Receipt this Period 945.00
P/R Deduction (\$135.00 Bi-Weekly)

C. CYNTHIA L POLICH
Full Name (Last, First, Middle Initial)
Mailing Address 3401 E VIA PALOMITA
City TUCSON State AZ Zip Code 85718
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation M&R President
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2119486827553
Amount of Each Receipt this Period 700.00
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1945.00
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 29 OF 90
	<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)

Full Name (Last, First, Middle Initial) A. CHERYL TANIGAWA MD		Date of Receipt
Mailing Address 5598 NAPLES CANAL		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
LONG BEACH	CA	90803
FEC ID number of contributing federal political committee.		Transaction ID : PR2119491127553
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="350.00"/>
Name of Employer	Occupation	
United HealthCare Services Inc	SVP Enterprise Health Svcs	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$50.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. STEVEN M TUCKER		Date of Receipt
Mailing Address 12331 COUNTRY LANE		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
SANTA ANA	CA	92705
FEC ID number of contributing federal political committee.		Transaction ID : PR2119492027553
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="672.00"/>
Name of Employer	Occupation	
United HealthCare Services Inc	VP Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$96.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="672.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SUSAN VANASTEN		Date of Receipt
Mailing Address W313 GOLDEN GLOW RD		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
KAUKAUNA	WI	54130
FEC ID number of contributing federal political committee.		Transaction ID : PR2119492627553
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="280.00"/>
Name of Employer	Occupation	
United HealthCare Services Inc	Site Dir Medicare Inside Sales	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$40.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="1302.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 90
<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. FORREST G BURKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 380 LEAF STREET
 City ORONO State MN Zip Code 55356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation President PS Labor & Trust
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2133132427553
 Amount of Each Receipt this Period 700.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. BROR O HULTGREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 408 22ND ST
 City GOLDEN State CO Zip Code 80401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2133133227553
 Amount of Each Receipt this Period 269.22
 P/R Deduction (\$38.46 Bi-Weekly)

C. ALLEN D MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6209 CRESCENT DRIVE
 City EDINA State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regional Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2133133627553
 Amount of Each Receipt this Period 245.00
 P/R Deduction (\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1214.22
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 90
	<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. SUSAN C MORISATO
 Full Name (Last, First, Middle Initial)
 Mailing Address 238 ARDMORE ROAD
 City DES PLAINES State IL Zip Code 60016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation President Insurance Solutions
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2133133827553
 Amount of Each Receipt this Period 1050.00
 P/R Deduction (\$150.00 Bi-Weekly)

B. T JEFFREY PUTNAM
 Full Name (Last, First, Middle Initial)
 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 United HealthCare Services Inc Occupation SVP Financial Plng & Analysis
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2133134227553
 Amount of Each Receipt this Period 1346.10
 P/R Deduction (\$192.30 Bi-Weekly)

C. ROBERT C FALKENBERG
 Full Name (Last, First, Middle Initial)
 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 United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2145728427553
 Amount of Each Receipt this Period 269.22
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 2665.32
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: (check only one)	PAGE 32 OF 90
	<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)

Full Name (Last, First, Middle Initial) A. ROB FARAHANI		Date of Receipt
Mailing Address PO BOX 704		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
HUNTINGTON	NY	11743
FEC ID number of contributing federal political committee.		Transaction ID : PR2145728527553
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="269.22"/>
Name of Employer	Occupation	P/R Deduction (\$38.46 Bi-Weekly)
United HealthCare Services Inc	Dir IT Project Mgmt	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="269.22"/>	

Full Name (Last, First, Middle Initial) B. MICHAEL P SCHWARZ		Date of Receipt
Mailing Address 13935 WOODRIDGE PATH		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
SAVAGE	MN	55378
FEC ID number of contributing federal political committee.		Transaction ID : PR2145729727553
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="245.00"/>
Name of Employer	Occupation	P/R Deduction (\$35.00 Bi-Weekly)
United HealthCare Services Inc	VP General Management	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="245.00"/>	

Full Name (Last, First, Middle Initial) C. DANNETTE L SMITH		Date of Receipt
Mailing Address 5414 BYSCANE LANE		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
MINNETONKA	MN	55345
FEC ID number of contributing federal political committee.		Transaction ID : PR2145729927553
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1351.00"/>
Name of Employer	Occupation	P/R Deduction (\$193.00 Bi-Weekly)
United HealthCare Services Inc	Sr Deputy General Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1351.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1865.22"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 90
<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. MARGARET W WEAR
Full Name (Last, First, Middle Initial)
Mailing Address 44 TOPANGA

City IRVINE	State CA	Zip Code 92602
----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Actuary
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2145730227553

Amount of Each Receipt this Period
350.00

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

B. DAVID A SPIVACK
Full Name (Last, First, Middle Initial)
Mailing Address 37 HIDDEN TRAIL

City IRVINE	State CA	Zip Code 92603
----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Business Operations
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1346.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2162867627553

Amount of Each Receipt this Period
1346.10

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

C. CHRISTINE W GIBSON
Full Name (Last, First, Middle Initial)
Mailing Address 8516 29TH AVE N

City NEW HOPE	State MN	Zip Code 55427
------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Strategic Initiatives
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2225166727553

Amount of Each Receipt this Period
807.66

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

SUBTOTAL of Receipts This Page (optional).....▶	2503.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 90
<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. ANDREW M SLAVITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5125 MIRROR LAKES DRIVE
 City EDINA State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2225167427553
 Amount of Each Receipt this Period 1750.00
 P/R Deduction (\$250.00 Bi-Weekly)

B. JEAN-FRANCOIS BEAULE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.90

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2225813627553
 Amount of Each Receipt this Period 403.90
 P/R Deduction (\$57.70 Bi-Weekly)

C. ERIC S RANGEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 15348 RED OAKS ROAD SE
 City PRIOR LAKE State MN Zip Code 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Chief Accounting Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2225819327553
 Amount of Each Receipt this Period 1346.10
 P/R Deduction (\$192.30 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 90
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JOHN D RYAN		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 Transaction ID : PR2225819627553
Mailing Address 45 WESTMORELAND LN		Amount of Each Receipt this Period 269.22
City NAPERVILLE	State IL	Zip Code 60540
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation RVP Client Mgmt & Svc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	

Full Name (Last, First, Middle Initial) B. ROY THOMAS SAILOR		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 Transaction ID : PR2225819727553
Mailing Address 276 COYOTE WILLOW DRIVE		Amount of Each Receipt this Period 538.44
City COLORADO SPRINGS	State CO	Zip Code 80921
FEC ID number of contributing federal political committee. C		P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Client Svc Acct Mgt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	

Full Name (Last, First, Middle Initial) C. KAREN A DIPALMO		Date of Receipt MM / DD / YYYY 03 / 31 / 2012 Transaction ID : PR2231347227553
Mailing Address 7533 PRAIRIE VIEW DR		Amount of Each Receipt this Period 210.00
City INDIANAPOLIS	State IN	Zip Code 46256
FEC ID number of contributing federal political committee. C		P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer Golden Rule Financial Corp.	Occupation Dir Network Programs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	1017.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 90
	<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. JEFFERY A DROZDA
 Full Name (Last, First, Middle Initial)
 Mailing Address 9765 GRACE LANE
 City CLINTON State LA Zip Code 70722
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Assoc Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2231347427553
 Amount of Each Receipt this Period 240.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. DARRELL S RICHEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 7244 TULIPTREE TRAIL
 City INDIANAPOLIS State IN Zip Code 46256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Golden Rule Financial Corp. Occupation Deputy General Counsel (Mgr)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2231352327553
 Amount of Each Receipt this Period 560.00
 P/R Deduction (\$80.00 Bi-Weekly)

C. MICHAEL R CONNLY
 Full Name (Last, First, Middle Initial)
 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 United HealthCare Services Inc Occupation Chief Technology Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2247625827553
 Amount of Each Receipt this Period 700.00
 P/R Deduction (\$100.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 90
<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. JOSEPH R CARCIONE JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CARRIAGE WAY
 City WHITE PLAINS State NY Zip Code 10605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2247626827553
 Amount of Each Receipt this Period
 403.90
 P/R Deduction (\$57.70 Bi-Weekly)

B. DENNIS P O'BRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 LOUGHLIN AVE
 City COS COB State CT Zip Code 06807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation RVP Network Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2247627327553
 Amount of Each Receipt this Period
 403.90
 P/R Deduction (\$57.70 Bi-Weekly)

C. JEFFERY RICHARD VERNEY
 Full Name (Last, First, Middle Initial)
 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 United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2247627427553
 Amount of Each Receipt this Period
 403.90
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1211.70
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 38 OF 90
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 425 QUEENSLAND LANE NORTH

City State Zip Code
 PLYMOUTH MN 55447

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

Name of Employer Occupation
 United HealthCare Services Inc VP Information Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 403.90

Date of Receipt
 03 / 31 / 2012
Transaction ID : PR2247627627553

Amount of Each Receipt this Period
 403.90

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

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

Mailing Address 282 MIDDLEDAUGH

City State Zip Code
 CLARENDON HILLS IL 60514

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

Name of Employer Occupation
 United HealthCare Services Inc COO, IBS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 269.22

Date of Receipt
 03 / 31 / 2012
Transaction ID : PR2247627827553

Amount of Each Receipt this Period
 269.22

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

Full Name (Last, First, Middle Initial)
C. 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
 United HealthCare Services Inc Business Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 961.50

Date of Receipt
 03 / 31 / 2012
Transaction ID : PR2247627927553

Amount of Each Receipt this Period
 961.50

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 1634.62

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 90
	<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)

Full Name (Last, First, Middle Initial) A. JOHN M PRINCE		Date of Receipt
Mailing Address 546 HARRINGTON ROAD		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
WAYZATA	MN	55391
FEC ID number of contributing federal political committee.		Transaction ID : PR2259738427553
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="679.00"/>
Name of Employer	Occupation	
United HealthCare Services Inc	Market Group CFO	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$97.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="679.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. CHRISTOPHER L CRONN		Date of Receipt
Mailing Address 507 PRESSLER #3128		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
AUSTIN	TX	78703
FEC ID number of contributing federal political committee.		Transaction ID : PR2270522927553
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="269.22"/>
Name of Employer	Occupation	
United HealthCare Services Inc	Govt Rel Dir	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$38.46 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="269.22"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. SIMON L STEVENS		Date of Receipt
Mailing Address 1716 EMERSON AVENUE SOUTH		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
MINNEAPOLIS	MN	55403
FEC ID number of contributing federal political committee.		Transaction ID : PR2364863227553
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2934.82"/>
Name of Employer	Occupation	
United HealthCare Services Inc	EVP UnitedHealth Group	
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$108.70 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2934.82"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3883.04"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 40 OF 90
<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. JEANNE M DE SA
Full Name (Last, First, Middle Initial)

Mailing Address 3000 TILDEN STREET NW #204-1

City WASHINGTON	State DC	Zip Code 20008
--------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Research
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2402315927553

Amount of Each Receipt this Period

350.00

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

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

Mailing Address 360 STANLEY DRIVE

City GLASTONBURY	State CT	Zip Code 06033
---------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation CEO Specialty Benefits
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1346.10**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2402320027553

Amount of Each Receipt this Period

1346.10

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

C. LORI SWEERE LILIENTHAL
Full Name (Last, First, Middle Initial)

Mailing Address 11826 GERMAINE TERRACE

City EDEN PRAIRIE	State MN	Zip Code 55347
----------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation EVP Human Capital
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1351.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2402320227553

Amount of Each Receipt this Period

1351.00

P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	3047.10
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: (check only one)	PAGE 41 OF 90
	<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)

Full Name (Last, First, Middle Initial) A. SHELLEY WIKE CRANLEY		Date of Receipt
Mailing Address 3801 MAURICE COURT		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
LAS VEGAS	NV	89108
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2402444427553
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Dir Regulatory Affairs	<input type="text" value="700.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$100.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	

Full Name (Last, First, Middle Initial) B. JAMES C COLEMAN		Date of Receipt
Mailing Address 4135 ETHAN DRIVE		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
EAGAN	MN	55123
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2402445227553
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	SVP Employee Relations	<input type="text" value="700.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$100.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	

Full Name (Last, First, Middle Initial) C. JAMES D DONOVAN		Date of Receipt
Mailing Address 2816 MONTREAUX DRIVE		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
FRISCO	TX	75034
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2402445327553
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	SVP Bus Dev and Marketing	<input type="text" value="455.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$65.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="455.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1855.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 42 OF 90
	<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. JOHN L LARSEN
Full Name (Last, First, Middle Initial)

Mailing Address 11688 TANGLEWOOD DRIVE

City EDEN PRAIRIE State MN Zip Code 55347

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

Name of Employer United HealthCare Services Inc Occupation Business Segment CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1351.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2402445627553

Amount of Each Receipt this Period 1351.00

P/R Deduction (\$193.00 Bi-Weekly)

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

Mailing Address 5116 DUGGAN PLAZA

City EDINA State MN Zip Code 55439

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

Name of Employer United HealthCare Services Inc Occupation VP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2402445727553

Amount of Each Receipt this Period 1750.00

P/R Deduction (\$250.00 Bi-Weekly)

C. JOY O HIGA
Full Name (Last, First, Middle Initial)

Mailing Address 2208 ELM AVENUE

City MANHATTAN BEACH State CA Zip Code 90266

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

Name of Employer United HealthCare Services Inc Occupation Dir Regulatory Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2402446227553

Amount of Each Receipt this Period 210.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 3311.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 90
	<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. SOHINI G JINDAL
Full Name (Last, First, Middle Initial)

Mailing Address 9300 IVY TREE LANE

City GREAT FALLS State VA Zip Code 22066

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : PR2402446327553

Amount of Each Receipt this Period
700.00

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

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

Mailing Address 4612 MOORLAND AVENUE

City EDINA State MN Zip Code 55424

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

Name of Employer United HealthCare Services Inc Occupation President C&S

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : PR2402446427553

Amount of Each Receipt this Period
500.00

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

C. CORY ALEXANDER
Full Name (Last, First, Middle Initial)

Mailing Address 4203 BRADLEY LANE

City CHEVY CHASE State MD Zip Code 20815

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

Name of Employer United HealthCare Services Inc Occupation VP Gov't Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1346.10**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : PR2405428827553

Amount of Each Receipt this Period
1346.10

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

SUBTOTAL of Receipts This Page (optional).....	2546.10
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: (check only one)	PAGE 44 OF 90
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JOSEPH R STEVENS		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012 Transaction ID : PR2405429127553
Mailing Address 1621 BERKSHIRE RD		Amount of Each Receipt this Period 333.20
City COLUMBUS State OH Zip Code 43221	FEC ID number of contributing federal political committee. C	P/R Deduction (\$47.60 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.20

Full Name (Last, First, Middle Initial) B. RODNEY CHARLES ARMSTEAD		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012 Transaction ID : PR2405430227553
Mailing Address 406 LEWELEN CIRCLE		Amount of Each Receipt this Period 280.00
City ENGLEWOOD State NJ Zip Code 07631	FEC ID number of contributing federal political committee. C	P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation VP Operations	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00

Full Name (Last, First, Middle Initial) C. GAIL KOZIARA BOUDREAUX		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 31 / 2012 Transaction ID : PR2437119527553
Mailing Address 841 HOLDEN COURT		Amount of Each Receipt this Period 1346.17
City LAKE FOREST State IL Zip Code 60045	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.31 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation EVP & Gr Pres UHC	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.17

SUBTOTAL of Receipts This Page (optional).....▶	1959.37
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 45 OF 90
<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. DAVID K LIVINGSTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 24570 RIDGE POLE COURT
 City SOUTH LYON State MI Zip Code 48178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Plan President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2437120227553
 Amount of Each Receipt this Period 679.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. PAUL JOSEPH BALTHAZOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9013 FARNSWORTH AVENUE NORTH
 City BROOKLYN PARK State MN Zip Code 55443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2437120727553
 Amount of Each Receipt this Period 420.00
 P/R Deduction (\$60.00 Bi-Weekly)

C. KELLY L CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 13540 BIRCHWOOD AVENUE
 City ROSEMOUNT State MN Zip Code 55068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2437121327553
 Amount of Each Receipt this Period 269.22
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1368.22
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 90
	<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)

Full Name (Last, First, Middle Initial)
A. LAURA L NESS

Mailing Address 10550 PINNACLE WAY

City State Zip Code
WOODBURY MN 55129

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

Name of Employer Occupation
United HealthCare Services Inc VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt
03 / 31 / 2012
Transaction ID : PR2437121527553

Amount of Each Receipt this Period
273.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JOHN P BLANK

Mailing Address 1582 MEDINA RD

City State Zip Code
MEDINA MN 55356

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

Name of Employer Occupation
United HealthCare Services Inc VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
679.00

Date of Receipt
03 / 31 / 2012
Transaction ID : PR2437126927553

Amount of Each Receipt this Period
679.00

P/R Deduction (\$97.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. PETER W RAINEY

Mailing Address 3115 WEST 47 STREET

City State Zip Code
MINNEAPOLIS MN 55410

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

Name of Employer Occupation
United HealthCare Services Inc VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt
03 / 31 / 2012
Transaction ID : PR2437127527553

Amount of Each Receipt this Period
273.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1225.00

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 OF 90
	<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)

Full Name (Last, First, Middle Initial) A. ROBIN E LIPPERT		Date of Receipt MM / DD / YYYY 03 / 31 / 2012
Mailing Address 522 4 STREET SOUTH EAST		Transaction ID : PR2439928027553
City WASHINGTON	State DC	Zip Code 20003
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1346.17
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	P/R Deduction (\$192.31 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.17	

Full Name (Last, First, Middle Initial) B. STEPHEN M HEYMAN		Date of Receipt MM / DD / YYYY 03 / 31 / 2012
Mailing Address 5300 SHERRILL AVENUE		Transaction ID : PR2444265727553
City CHEVY CHASE	State MD	Zip Code 20815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 700.00
Name of Employer United HealthCare Services Inc	Occupation VP Govt Rel	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. LORI C MCDUGAL		Date of Receipt MM / DD / YYYY 03 / 31 / 2012
Mailing Address 19705 LAKEVIEW AVENUE		Transaction ID : PR2445015327553
City DEEPHAVEN	State MN	Zip Code 55331
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1346.10
Name of Employer United HealthCare Services Inc	Occupation CEO - UMVS	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.10	

SUBTOTAL of Receipts This Page (optional).....▶	3392.27
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 90
	<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. CHARLES L WILKINS
Full Name (Last, First, Middle Initial)

Mailing Address 10827 MOUNT CURVE ROAD

City EDEN PRAIRIE State MN Zip Code 55347

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

Name of Employer United HealthCare Services Inc Occupation CEO OH Financial Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2445016627553

Amount of Each Receipt this Period 700.00

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

B. MARK J DUHAIME
Full Name (Last, First, Middle Initial)

Mailing Address 5781 RUBY DRIVE

City TROY State MI Zip Code 48085

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

Name of Employer United HealthCare Services Inc Occupation VP Information Technology

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2445016927553

Amount of Each Receipt this Period 273.00

P/R Deduction (\$39.00 Bi-Weekly)

C. KARIN KEITEL
Full Name (Last, First, Middle Initial)

Mailing Address 3918 HAVEN ROAD

City MINNETONKA State MN Zip Code 55345

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

Name of Employer United HealthCare Services Inc Occupation Business Segment Gen Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2460167627553

Amount of Each Receipt this Period 350.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 1323.00

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 49 OF 90
<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. SHELBY P SOLOMON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5702 BLAKE ROAD
 City EDINA State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation President Government
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 805.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2460167927553
 Amount of Each Receipt this Period
 805.00
 P/R Deduction (\$115.00 Bi-Weekly)

B. LARRY C RENFRO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 DOVE LANE
 City ANDOVER State MA Zip Code 01810
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP, UHG and CEO, Optum
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1346.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2460168127553
 Amount of Each Receipt this Period
 1346.10
 P/R Deduction (\$192.30 Bi-Weekly)

C. DAVID B ORBUCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3370 SYCAMORE LANE
 City PLYMOUTH State MN Zip Code 55441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Compliance Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 269.50

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2460168227553
 Amount of Each Receipt this Period
 269.50
 P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2420.60
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: (check only one)	PAGE 50 OF 90
	<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. ERIC J WEXLER
Full Name (Last, First, Middle Initial)
Mailing Address 7220 WILLOW OAK DR
City WEST BLOOMFIELD State MI Zip Code 48324
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Deputy General Counsel (Mgr)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 224.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2463723127553
Amount of Each Receipt this Period 224.00
P/R Deduction (\$32.00 Bi-Weekly)

B. SUE SCHICK
Full Name (Last, First, Middle Initial)
Mailing Address 319 BERKLEY ROAD
City MERION STATION State PA Zip Code 19066
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 875.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2480620527553
Amount of Each Receipt this Period 875.00
P/R Deduction (\$125.00 Bi-Weekly)

C. JO ANNE M ANDERSON
Full Name (Last, First, Middle Initial)
Mailing Address 6236 KNOLL DRIVE
City EDINA State MN Zip Code 55436
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Integration
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2484541627553
Amount of Each Receipt this Period 679.00
P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1778.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 90
	<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. MATTHEW A BURNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 416 EAST 4TH STREET
 City EDMOND State OK Zip Code 73034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2484541727553
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. JAMES F COPPENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5965 LAKE LINDEN COURT
 City SHOREWOOD State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Total Compensation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 442.05

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2484541927553
 Amount of Each Receipt this Period 442.05
 P/R Deduction (\$63.15 Bi-Weekly)

C. LILLIAN R HECKMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 552 DEER LAKE CIRCLE
 City BLUE BELL State PA Zip Code 19422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Project Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2484542127553
 Amount of Each Receipt this Period 210.00
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1002.05
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 90
	<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. KEVIN KNARR
Full Name (Last, First, Middle Initial)

Mailing Address 3138 O STREET NW

City WASHINGTON State DC Zip Code 20007

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

Name of Employer United HealthCare Services Inc Occupation VP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2484542327553

Amount of Each Receipt this Period 269.22

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

B. MARK A PHILLIPS
Full Name (Last, First, Middle Initial)

Mailing Address 1760 LUCY RIDGE CT

City CHANHASSEN State MN Zip Code 55317

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

Name of Employer United HealthCare Services Inc Occupation SVP Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 234.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2484542627553

Amount of Each Receipt this Period 234.00

P/R Deduction (\$39.00 Bi-Weekly)

C. JERI G KUBICKI
Full Name (Last, First, Middle Initial)

Mailing Address 6869 KEENELAND WAY

City MASON State OH Zip Code 45040

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

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2486697827553

Amount of Each Receipt this Period 350.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 853.22

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 53 OF 90
(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. THOMAS B MANDERFELD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4835 PENN AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP General Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2486697927553
 Amount of Each Receipt this Period
 280.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. DIRK C MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 SUMMIT OAKS CT
 City State Zip Code
 BURNSVILLE MN 55337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Business Segment CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2491457027553
 Amount of Each Receipt this Period
 700.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. JOHN G NACKEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 666 LINDA VISTA AVENUE
 City State Zip Code
 PASADENA CA 91105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP OptumInsight Consulting
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 679.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2491457227553
 Amount of Each Receipt this Period
 679.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1659.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 90
	<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. CHRISTOPHER S STANLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 12934 W 81ST AVE
 City ARVADA State CO Zip Code 80005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2491457427553
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. KATHRYN M SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 N LAKE SHORE DR # 2309
 City CHICAGO State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Region CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2491457527553
 Amount of Each Receipt this Period 679.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. KARA V SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3 14 STREET NORTH EAST
 City WASHINGTON State DC Zip Code 20002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1076.95

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2540175327553
 Amount of Each Receipt this Period 1076.95
 P/R Deduction (\$153.85 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2105.95
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 55 OF 90
(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. HYLIIUS R EDWARDS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 44246
 City DENVER State CO Zip Code 80201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2541300427553
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. MATTHEW A KING
 Full Name (Last, First, Middle Initial)
 Mailing Address 1112 LORME COURT
 City BRENTWOOD State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2541300527553
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. JOHN VERSAGGI
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 ALBANY AVENUE
 City ALEXANDRIA State VA Zip Code 22302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 673.12

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2541300827553
 Amount of Each Receipt this Period 673.12
 P/R Deduction (\$96.16 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 1373.12
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: (check only one)	PAGE 56 OF 90
<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. JOHN F DOHERTY
Full Name (Last, First, Middle Initial)

Mailing Address 5338 SPILMAN AVENUE

City SACRAMENTO State CA Zip Code 95819

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : PR2542024527553

Amount of Each Receipt this Period
 350.00

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

B. BRENDAN HOSTETLER
Full Name (Last, First, Middle Initial)

Mailing Address 3643 N SEELEY AVENUE #2

City CHICAGO State IL Zip Code 60618

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : PR2542541927553

Amount of Each Receipt this Period
 210.00

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

C. RICHARD E RAMSAY
Full Name (Last, First, Middle Initial)

Mailing Address 543 E LURAY AVE

City ALEXANDRIA State VA Zip Code 22301

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : PR2542542227553

Amount of Each Receipt this Period
 350.00

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

SUBTOTAL of Receipts This Page (optional).....▶	910.00
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 57 OF 90
	<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. IPYANA SPENCER
Full Name (Last, First, Middle Initial)

Mailing Address 4226 40TH STREET NORTH

City ARLINGTON State VA Zip Code 22207

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2542542327553

Amount of Each Receipt this Period 210.00

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

B. CHANTA G COMBS
Full Name (Last, First, Middle Initial)

Mailing Address 4229 SUMMERTREE DRIVE

City TALLAHASSEE State FL Zip Code 32311

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 269.22

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2552313527553

Amount of Each Receipt this Period 269.22

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

C. JEREMY VAUGHN BRYANT
Full Name (Last, First, Middle Initial)

Mailing Address 11700 ARBORHILL DRIVE

City ZIONSVILLE State IN Zip Code 46077

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

Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2552961327553

Amount of Each Receipt this Period 245.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 724.22

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 90
	<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. SCOTT F FLANNERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8508 TRELADY CT
 City PLANO State TX Zip Code 75024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2552962327553
 Amount of Each Receipt this Period 273.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. CLAIRE L HANNAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 25932 PORTAFINO DRIVE
 City MISSION VIEJO State CA Zip Code 92691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP General Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2552962727553
 Amount of Each Receipt this Period 273.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. GREGORY J JAMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2323 KINGS POINT DRIVE
 City LARGO State FL Zip Code 33774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2552963227553
 Amount of Each Receipt this Period 273.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 819.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 OF 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. JARRETT T JEDLICKA
Full Name (Last, First, Middle Initial)

Mailing Address 13852 BIRCHWOOD AVE

City ROSEMOUNT State MN Zip Code 55068

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

Name of Employer United HealthCare Services Inc Occupation Dir Traffic/Workforce

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : PR2552963327553

Amount of Each Receipt this Period
 280.00

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

B. BENJAMIN T KEHL
Full Name (Last, First, Middle Initial)

Mailing Address 19619 CALUMET COURT

City FARMINGTON State MN Zip Code 55024

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

Name of Employer United HealthCare Services Inc Occupation Dir General Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : PR2552963527553

Amount of Each Receipt this Period
 280.00

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

C. THOMAS D SCIUTO
Full Name (Last, First, Middle Initial)

Mailing Address 160 ACORN LANE

City MILFORD State CT Zip Code 06461

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

Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012

Transaction ID : PR2552966127553

Amount of Each Receipt this Period
 273.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	833.00
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 60 OF 90
	<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. WILLIAM OWEN WILLIAMS II
 Full Name (Last, First, Middle Initial)
 Mailing Address 12419 BELLINGRATH STREET
 City State Zip Code
 CARMEL IN 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Golden Rule Insurance Company Associate General Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2552967127553
 Amount of Each Receipt this Period
 280.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. MONICA L RAYBURN
 Full Name (Last, First, Middle Initial)
 Mailing Address 688 WEST SYCAMORE
 City State Zip Code
 VERNON HILLS IL 60061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Claims
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2553475127553
 Amount of Each Receipt this Period
 273.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. RICHARD D THOMAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5121 DUPONT AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55419
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP General Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 679.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2553475427553
 Amount of Each Receipt this Period
 679.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1232.00
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 61 OF 90
<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. DENEEN VOJTA
Full Name (Last, First, Middle Initial)
Mailing Address 5201 KELLOGG AVENUE
City EDINA State MN Zip Code 55424
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP Bus Initiatives & Clin Aff
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1351.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2553475527553
Amount of Each Receipt this Period 1351.00
P/R Deduction (\$193.00 Bi-Weekly)

B. KARSTEN S FLAGSTAD
Full Name (Last, First, Middle Initial)
Mailing Address 13420 JAY ST NW
City ANDOVER State MN Zip Code 55304
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Information Technology
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2554013027553
Amount of Each Receipt this Period 273.00
P/R Deduction (\$39.00 Bi-Weekly)

C. DANIEL J CLUTE
Full Name (Last, First, Middle Initial)
Mailing Address 6017 N 68TH STREET
City OMAHA State NE Zip Code 68104
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Medical Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2560064427553
Amount of Each Receipt this Period 679.00
P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 2303.00
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 62 OF 90
	<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)

Full Name (Last, First, Middle Initial)
A. CRAIG W GAGE

Mailing Address 275 BAYSHORE BLVD #1007

City TAMPA	State FL	Zip Code 33606
---------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Medical Director
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2560064727553

Amount of Each Receipt this Period
273.00

P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. DONALD J GIANCURSIO

Mailing Address 72 MIDNIGHT RIDGE DR

City LAS VEGAS	State NV	Zip Code 89135
-------------------	-------------	-------------------

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

Name of Employer Health Plan of Nevada	Occupation Health Plan CEO
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1351.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2560064927553

Amount of Each Receipt this Period
1351.00

P/R Deduction (\$193.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JERI L JONES

Mailing Address 512 W ORANGEWOOD AVE

City PHOENIX	State AZ	Zip Code 85021
-----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Health Plan CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2560065127553

Amount of Each Receipt this Period
273.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1897.00
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 63 OF 90
<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. SHELDON LIPPMAN
Full Name (Last, First, Middle Initial)

Mailing Address 55 CLIFFFIELD ROAD

City BEDFORD State NY Zip Code 10506

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

Name of Employer United HealthCare Services Inc Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2560065427553

Amount of Each Receipt this Period 679.00

P/R Deduction (\$97.00 Bi-Weekly)

B. ANGELA L LOBERG
Full Name (Last, First, Middle Initial)

Mailing Address 2837 EAST PARK PLACE

City MILWAUKEE State WI Zip Code 53211

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

Name of Employer United HealthCare Services Inc Occupation SB VP Sales and Account Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2560065527553

Amount of Each Receipt this Period 679.00

P/R Deduction (\$97.00 Bi-Weekly)

C. JEFFREY D LUCHT
Full Name (Last, First, Middle Initial)

Mailing Address 191 MAIN ST

City S GLASTONBURY State CT Zip Code 06073

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

Name of Employer United HealthCare Services Inc Occupation SVP, Actuarial & Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 679.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2560065627553

Amount of Each Receipt this Period 679.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 2037.00

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 64 OF 90
	<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)

Full Name (Last, First, Middle Initial) A. DAVID MILICH		Date of Receipt
Mailing Address 2702 BIRCHMERE COURT		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
KATY	TX	77450
FEC ID number of contributing federal political committee.		Transaction ID : PR2560066027553
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="273.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
United HealthCare Services Inc	Health Plan CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="273.00"/>	

Full Name (Last, First, Middle Initial) B. ROBERT LASSITER		Date of Receipt
Mailing Address 848 N RAINBOW BLVD		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
LAS VEGAS	NV	89107
FEC ID number of contributing federal political committee.		Transaction ID : PR2560398627553
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="273.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
United HealthCare Services Inc	Solution SIs Exec OptumInsight	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="273.00"/>	

Full Name (Last, First, Middle Initial) C. TIMOTHY J NOEL		Date of Receipt
Mailing Address 4408 THOMAS AVE SOUTH		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2012"/>
City	State	Zip Code
MINNEAPOLIS	MN	55410
FEC ID number of contributing federal political committee.		Transaction ID : PR2560398827553
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="273.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
United HealthCare Services Inc	VP Finance	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="273.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="819.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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 65 OF 90
	<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. JAMES CRONIN
Full Name (Last, First, Middle Initial)

Mailing Address 20700 DELTA DRIVE

City State Zip Code
GAITHERSBURG MD 20882

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

Name of Employer Occupation
United HealthCare Services Inc Health Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
269.22

Date of Receipt
03 / 31 / 2012
Transaction ID : PR2560821127553

Amount of Each Receipt this Period
269.22

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

B. LARRY W CAVANAUGH
Full Name (Last, First, Middle Initial)

Mailing Address 520 NE 20TH ST # 1010

City State Zip Code
FORT LAUDERDALE FL 33305

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

Name of Employer Occupation
United HealthCare Services Inc Spec Ben Govt Dental Sales Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
273.00

Date of Receipt
03 / 31 / 2012
Transaction ID : PR2563211027553

Amount of Each Receipt this Period
273.00

P/R Deduction (\$39.00 Bi-Weekly)

C. KATHLEEN R CRAMPTON
Full Name (Last, First, Middle Initial)

Mailing Address 2335 SOUTH OCEAN BLVD B5

City State Zip Code
PALM BEACH FL 33480

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

Name of Employer Occupation
United HealthCare Services Inc Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
03 / 31 / 2012
Transaction ID : PR2563211127553

Amount of Each Receipt this Period
700.00

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

SUBTOTAL of Receipts This Page (optional).....▶	1242.22
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 90
<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. JENNIFER F WALSH
Full Name (Last, First, Middle Initial)

Mailing Address 3116 4TH STREET NORTH

City ARLINGTON	State VA	Zip Code 22201
-------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **679.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2564296827553

Amount of Each Receipt this Period

679.00

P/R Deduction (\$97.00 Bi-Weekly)

B. ARTHUR R MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 5009 ASHINGTON LANDING DRIVE

City TAMPA	State FL	Zip Code 33647
---------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP General Management
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1166.69**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2564296927553

Amount of Each Receipt this Period

1166.69

P/R Deduction (\$166.67 Bi-Weekly)

C. ANDREW C MACKENZIE
Full Name (Last, First, Middle Initial)

Mailing Address 1912 IRVING AVE S

City MINNEAPOLIS	State MN	Zip Code 55403
---------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Business Segment CMO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2564297127553

Amount of Each Receipt this Period

700.00

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

SUBTOTAL of Receipts This Page (optional).....▶	2545.69
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 OF 90
(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. STEPHEN E SWANSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 HUNTINGTON COURT
 City State Zip Code
 KATY TX 77493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA VP Account Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2564297327553
 Amount of Each Receipt this Period
 273.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. HARVEY J BALTHASER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11417 ARCHSTONE DR
 City State Zip Code
 AUSTIN TX 78739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Medical Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2564297527553
 Amount of Each Receipt this Period
 273.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. PAUL DANIEL HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 18430 62ND PLACE NORTH
 City State Zip Code
 MAPLE GROVE MN 55311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Controller - Market Group
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 679.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2564802727553
 Amount of Each Receipt this Period
 679.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► 1225.00
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 68 OF 90
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. ELIZABETH D MORAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2231 BENT TREE LANE
 City MENDOTA HEIGHTS State MN Zip Code 55120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Complnc/Ethics Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 679.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2564803127553
 Amount of Each Receipt this Period
 679.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. KATHERINE L KENNY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8413 ST REGIS WAY
 City MONTGOMERY VILLAGE State MD Zip Code 20886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB, VP of Account Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2564803227553
 Amount of Each Receipt this Period
 273.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. PAUL O MARDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 718 HICKORY HILL RD
 City FRANKLIN LAKES State NJ Zip Code 07417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Sales and Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2012
Transaction ID : PR2564803327553
 Amount of Each Receipt this Period
 273.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1225.00
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 69 OF 90
<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. WILLIAM T MCENERY
Full Name (Last, First, Middle Initial)

Mailing Address 2012 HUMBOLDT AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55405
---------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Business Segment CMO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2564803627553

Amount of Each Receipt this Period

700.00

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

B. TAMMY A O'HARE
Full Name (Last, First, Middle Initial)

Mailing Address 2420 SAINT GEORGE WAY

City BROOKEVILLE	State MD	Zip Code 20833
---------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation SB VP Sales and Account Mgmt
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2564803927553

Amount of Each Receipt this Period

273.00

P/R Deduction (\$39.00 Bi-Weekly)

C. DEBRA J BERNS
Full Name (Last, First, Middle Initial)

Mailing Address 2553 WASHBURN AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55416
---------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Sr Deputy General Counsel
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **679.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : PR2564804027553

Amount of Each Receipt this Period

679.00

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1652.00
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 70 OF 90
	<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. SUSAN SOMMER
Full Name (Last, First, Middle Initial)

Mailing Address 130 SUNRISE AVENUE

City EXCELSIOR State MN Zip Code 55331

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

Name of Employer United HealthCare Services Inc Occupation VP Product

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **679.00**

Date of Receipt **03 / 31 / 2012**

Transaction ID : PR2564804227553

Amount of Each Receipt this Period **679.00**

P/R Deduction (\$97.00 Bi-Weekly)

B. KATHRYN S RUBIN
Full Name (Last, First, Middle Initial)

Mailing Address 310 SYCAMORE LANE

City PLYMOUTH State MN Zip Code 55441

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

Name of Employer United HealthCare Services Inc Occupation VP Social Resp/Pres Foundation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **679.00**

Date of Receipt **03 / 31 / 2012**

Transaction ID : PR2564804327553

Amount of Each Receipt this Period **679.00**

P/R Deduction (\$97.00 Bi-Weekly)

C. JARROD A FORBES
Full Name (Last, First, Middle Initial)

Mailing Address 2121 PARK FOREST DRIVE

City CHESTERFIELD State MO Zip Code 63017

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **03 / 31 / 2012**

Transaction ID : PR2564804527553

Amount of Each Receipt this Period **280.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	1638.00
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 71 OF 90
	<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. ROBERT EDWARD CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 3220 XANTHUS LANE NORTH
 City PLYMOUTH State MN Zip Code 55447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Marketing Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2567129627553
 Amount of Each Receipt this Period 273.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. WENDY D ARNONE
 Full Name (Last, First, Middle Initial)
 Mailing Address N62W13531 SUNBRUST DRIVE
 City MENOMONEE FALLS State WI Zip Code 53051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2568900527553
 Amount of Each Receipt this Period 350.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. KENDALL B MARSH
 Full Name (Last, First, Middle Initial)
 Mailing Address N72 W24078 CRAVEN DR
 City SUSSEX State WI Zip Code 53089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB Dir Account Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2568900627553
 Amount of Each Receipt this Period 273.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	896.00
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 72 OF 90
	<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. ALMERINDA S KOLODZIEJ
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 S LOMBARD AVENUE
 City OAK PARK State IL Zip Code 60302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Project Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2572590227553
 Amount of Each Receipt this Period 1040.00
 P/R Deduction (\$260.00 Bi-Weekly)

B. JOANNE M BECK
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 EAST 9TH STREET UNIT 2903
 City CHICAGO State IL Zip Code 60605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Network Contracting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2572590327553
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$250.00 Bi-Weekly)

C. THOMAS P WIFFLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1421 SOMERFIELD DRIVE
 City BOLINGBROOK State IL Zip Code 60490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Health Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 291.00

Date of Receipt 03 / 31 / 2012
Transaction ID : PR2572992727553
 Amount of Each Receipt this Period 291.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1581.00
TOTAL This Period (last page this line number only).....	126625.88

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

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

FOR LINE NUMBER: PAGE 73 OF 90
(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. Nelson 2012
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8666
 City Omaha State NE Zip Code 68108
 FEC ID number of contributing federal political committee. **C** C00432401
 Name of Employer Occupation
 Receipt For: 2012
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 06 / 2012
Transaction ID : 34454747
 Amount of Each Receipt this Period
 5000.00
 Refund of contribution

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

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

Full Name (Last, First, Middle Initial)

A. Searchlight Leadership Fund

Mailing Address 422 C St. NE
Lower Level

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

Searchlight Leadership Fund

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
01 / 10 / 2012

Transaction ID : 34262845

Amount of Each Disbursement this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. JOE PAC

Mailing Address 84-56 Grand Avenue
Elmhurst

City New York State NY Zip Code 11373

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
01 / 10 / 2012

Transaction ID : 34262846

Amount of Each Disbursement this Period
2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
01 / 10 / 2012

Transaction ID : 34262847

Amount of Each Disbursement this Period
15000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

22500.00

**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)

Full Name (Last, First, Middle Initial)

A. Democratic Senatorial Campaign Committee

Mailing Address 430 S Capitol

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 34262848

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Rely on Your Beliefs Political Action Committee

Mailing Address 209 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Rely on Your Beliefs Political Action Committee

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 34354761

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Heartland Values PAC

Mailing Address PO Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 34354762

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

Full Name (Last, First, Middle Initial)

A. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
Contribution

Candidate Name

Mr. Erik Paulsen

Office Sought: House
 Senate
 President
State: MN District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		02		2012

Transaction ID : 34354763

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Issa PAC

Mailing Address PO Box 368

City Falls Church State VA Zip Code 22040

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		02		2012

Transaction ID : 34354765

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bluegrass Committee

Mailing Address 400 North Capitol Street NW #585

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

Candidate Name

Bluegrass Committee

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		02		2012

Transaction ID : 34354767

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

10000.00

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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 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)

Full Name (Last, First, Middle Initial)

A. The Freedom Project

Mailing Address 111 E Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2012

Transaction ID : 34354769

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Mary Landrieu

Mailing Address 58156 Court Street

City Plaquemine State LA Zip Code 70764

Purpose of Disbursement Contribution

Candidate Name

Mary L. Landrieu

Office Sought: House Senate President
State: LA District:

Disbursement For: 2014 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : 34401105

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of John Barrow

Mailing Address PO Box 8166

City Savannah State GA Zip Code 31412

Purpose of Disbursement Contribution

Candidate Name

Rep. John Barrow

Office Sought: House Senate President
State: GA District: 12

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : 34401108

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

10000.00

**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)

Full Name (Last, First, Middle Initial)

A. The Blue Dog PAC

Mailing Address 227 Massachusetts Ave
Suite 101

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
The Blue Dog PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
02 / 16 / 2012

Transaction ID : 34401109

Amount of Each Disbursement this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Guthrie For Congress

Mailing Address 499 South Capitol Street, SW
Suite 420

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name
Rep. S. Guthrie

Office Sought: House
 Senate
 President
State: KY District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
02 / 16 / 2012

Transaction ID : 34401110

Amount of Each Disbursement this Period
3500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Glacier PAC

Mailing Address 818 Connecticut Ave. NW
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution

Candidate Name
Glacier PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
02 / 16 / 2012

Transaction ID : 34401111

Amount of Each Disbursement this Period
5000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

13500.00

**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)

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee

Mailing Address 320 First Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 34401113

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 34406791

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Committee

Mailing Address 430 South Capitol St. SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contribution

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 34406793

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	21	/	2012

Mailing Address 430 South Capitol St. SE

Transaction ID : 34406794

City Washington State DC Zip Code 20003

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement Contribution

011
Category/Type

Contribution

Candidate Name

Democratic Congressional Campaign Committee

Office Sought: House Senate President
 State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Republican Party of Wisconsin - FEDERAL ACCOUNT

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2012

Mailing Address 148 E. Johnson Street

Transaction ID : 34449568

City Madison State WI Zip Code 53703

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement Contribution

011
Category/Type

Contribution

Candidate Name

Republican Party of Wisconsin - FEDERAL ACCOUNT

Office Sought: House Senate President
 State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Friends Of Erik Paulsen

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2012

Mailing Address P.O. Box 44369
250 Prairie Center Drive

Transaction ID : 34455351

City Eden Prairie State MN Zip Code 55344

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement Contribution

011
Category/Type

Contribution

Candidate Name

Mr. Erik Paulsen

Office Sought: House Senate President
 State: MN District: 03

Disbursement For: 2012 Primary General Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

9000.00

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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 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)

Full Name (Last, First, Middle Initial)

A. Friends Of Erik Paulsen

Mailing Address P.O. Box 44369
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Mr. Erik Paulsen

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	2		

Transaction ID : 34455352

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rep. Joseph Heck

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NV District: 03

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	2		

Transaction ID : 34455353

Amount of Each Disbursement this Period

1	0	0	.	0	0
---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Pompeo For Congress Inc

Mailing Address PO Box 780146

City Wichita State KS Zip Code 67212

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Rep. Mike Pompeo

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	7			2	0	1	2		

Transaction ID : 34455354

Amount of Each Disbursement this Period

2	0	0	.	0	0
---	---	---	---	---	---

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

3	5	0	.	0	0
---	---	---	---	---	---

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

3	5	0	.	0	0
---	---	---	---	---	---

**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)

Full Name (Last, First, Middle Initial)

A. ROSKAM PAC

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 34455356

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. CAMPAC

Mailing Address 20 F Street, NW
Suite 500

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 34455358

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Majority Committee

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contribution

Candidate Name

Majority Committee

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 34455359

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

Full Name (Last, First, Middle Initial)

A. Vargas For Congress 2012

Mailing Address 5429 Madison Ave

City Sacramento State CA Zip Code 95841

Purpose of Disbursement Contribution

011

Candidate Name

Mr. Juan Vargas

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: CA District: 51

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2012

Transaction ID : 34551332

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Kurt Schrader For Congress

Mailing Address PO Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Kurt Schrader

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: OR District: 05

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2012

Transaction ID : 34551334

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mike McIntyre For Congress

Mailing Address P.O. Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement Contribution

011

Candidate Name

Rep. Mike McIntyre

Category/Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: NC District: 07

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2012

Transaction ID : 34551335

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

6000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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)

Full Name (Last, First, Middle Initial)

A. Friends Of Congressman Tim Holden

Mailing Address 303 Massachusetts Avenue, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Tim Holden

Category/
Type

Office Sought: House
 Senate
 President
State: PA District: 17

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2012

Transaction ID : 34551337

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. AMERIPAC: The Fund for a Greater America

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

011

Candidate Name

AMERIPAC: The Fund for a Greater America

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2012

Transaction ID : 34551338

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kind for Congress

Mailing Address P.O. Box 184

City La Crosse State WI Zip Code 54603

Purpose of Disbursement
Contribution

011

Candidate Name

Rep Ron Kind

Category/
Type

Office Sought: House
 Senate
 President
State: WI District: 03

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 23 / 2012

Transaction ID : 34551339

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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)

Full Name (Last, First, Middle Initial)

A. Ben Chandler For Congress

Mailing Address P. O. Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Benjamin Chandler

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : 34551342

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ribble For Congress

Mailing Address PO Box 7200

City Appleton State WI Zip Code 54912

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Reid Ribble

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: WI District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : 34551343

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Eric I. Cantor

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : 34551344

Amount of Each Disbursement this Period

5000.00

Contribution

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)

Full Name (Last, First, Middle Initial)

A. Strategy PAC

Mailing Address 1737 H St. NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
03 / 23 / 2012

Transaction ID : 34551346

Amount of Each Disbursement this Period
2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ann Wagner For Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022

Purpose of Disbursement
Contribution

Candidate Name

Ms. Ann Wagner

Office Sought: House Senate President
State: MO District: 02

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
03 / 23 / 2012

Transaction ID : 34551347

Amount of Each Disbursement this Period
5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Duffy For Congress

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement
Contribution

Candidate Name

Rep. Sean Duffy

Office Sought: House Senate President
State: WI District: 07

Disbursement For: 2012 Primary General Other (specify) ▼

011
Category/
Type

Date of Disbursement
MM / DD / YYYY
03 / 23 / 2012

Transaction ID : 34551350

Amount of Each Disbursement this Period
1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8000.00

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

Use separate schedule(s)
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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)

Full Name (Last, First, Middle Initial)

A. Friends Of Nan Hayworth

Mailing Address P.O. Box 188

City Carmel State NY Zip Code 10512

Purpose of Disbursement
Contribution

Candidate Name

Rep. Nan Hayworth

Office Sought: House
 Senate
 President
State: NY District: 19

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 34551352

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Hoyer For Congress

Mailing Address 607 14th Street, Nw
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Rep. Steny H. Hoyer

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 34551353

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. New Democrat Coalition Political Action Committee

Mailing Address 607 4th Street NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

New Democrat Coalition Political Action Committee

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 34551354

Amount of Each Disbursement this Period

Contribution

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)
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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)

Full Name (Last, First, Middle Initial)

A. Yarbrough for Senate

Mailing Address 2241 E. Pecos Road
Suite 3

City Chandler State AZ Zip Code 85225

Purpose of Disbursement
Void - Check dated 11.19.2011

Candidate Name
AZ Sen. Steven Yarbrough

Office Sought: House Senate President
Disbursement For: 2011 Primary General Other (specify) ▼
State: AZ District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 01 / 2012

Transaction ID : 34633740

Amount of Each Disbursement this Period

-100.00

Void - Check dated 11.19.2011

Full Name (Last, First, Middle Initial)

B. Hobbs 2012

Mailing Address 1511 E. Edgemont Ave.

City Phoenix State AZ Zip Code 85006

Purpose of Disbursement
Void - Check dated 11.19.2011

Candidate Name
AZ Rep. Katie Hobbs

Office Sought: House Senate President
Disbursement For: 2011 Primary General Other (specify) ▼
State: AZ District: 15

Date of Disbursement

M M / D D / Y Y Y Y
02 / 01 / 2012

Transaction ID : 34633741

Amount of Each Disbursement this Period

-200.00

Void - Check dated 11.19.2011

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

-300.00

-300.00