

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

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

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2007 through 12 31 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Eric Rangen

Signature of Treasurer Electronically Filed by Eric Rangen Date 01 30 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		186603.32
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	168218.32									
(c) Total Receipts (from Line 19) .....	226947.44	442812.44								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	395165.76	629415.76								
7. Total Disbursements (from Line 31) .....	151450.00	385700.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	243715.76	243715.76								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	210416.77	393589.53
(i) Itemized (use Schedule A) .....	16530.67	49222.91
(ii) Unitemized .....	226947.44	442812.44
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	226947.44	442812.44
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	226947.44	442812.44
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	226947.44	442812.44

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	123000.00	299500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	28450.00	86200.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	151450.00	385700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	151450.00	385700.00

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	226947.44	442812.44
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	226947.44	442812.44
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 / 164
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Judah C. Sommer	Date of Receipt MM / DD / YYYY 10 / 11 / 2007
	Mailing Address 701 Pennsylvania Ave NW Suite 530/650	<b>Transaction ID:</b> 27160469
	City Washington State DC Zip Code 20004-2606	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer UnitedHealth Group, Inc. Occupation Public Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) MICHAEL R GROSS	Date of Receipt MM / DD / YYYY
	Mailing Address 37 HARWICH LANE	<b>Transaction ID:</b> PR1159789618496
	City WEST HARTFORD State CT Zip Code 06117	Amount of Each Receipt this Period 104.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer United HealthCare Corporation Occupation Director Actuary - Pricing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 208.00	P/R Deduction (\$8.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MOLLIE CHAPMAN	Date of Receipt MM / DD / YYYY
	Mailing Address 226 BERNARD DR	<b>Transaction ID:</b> PR1159790518496
	City MONROE State OH Zip Code 45050	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer UnitedHealth Group, Inc. Occupation Sr Hospital Network Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5234.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) KEN L HOVERMAN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 16221 SIERRA DE AVILA	<b>Transaction ID:</b> PR1159790918496
	City State Zip Code TAMPA FL 33613	Amount of Each Receipt this Period 390.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$30.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Regional Marketing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 780.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) PAMELA A TULUMELLO	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 17715 N 68TH DRIVE	<b>Transaction ID:</b> PR1159793118496
	City State Zip Code GLENDALE AZ 85308	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT J SHEEHY	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 5805 MAIT LN	<b>Transaction ID:</b> PR1159794018496
	City State Zip Code EDINA MN 55436	Amount of Each Receipt this Period 2470.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$190.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: SVP UnitedHealth Group Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4940.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2990.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 164  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) DEBORAH S STREB</p> <p>Mailing Address 2201 NORTH STAR ROAD</p> <p>City State Zip Code UPPER ARLINGTON OH 43221</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Sr Program Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">260.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR1159794118496</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">130.00</span></p> <p>P/R Deduction (\$10.00 Bi-Weekly)</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) ANTHONY J KAZLAUSKAS</p> <p>Mailing Address 11 CARNIVAL TERRACE</p> <p>City State Zip Code WEST WARWICK RI 02893</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Sr Medical Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">520.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR1159794618496</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">260.00</span></p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL J KOEHLER</p> <p>Mailing Address 9511 OAKLAND LAKE WAY</p> <p>City State Zip Code MISSOURI CITY TX 77459</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: KA VP Sales and Account Mgmt</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1040.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR1159795318496</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">520.00</span></p> <p>P/R Deduction (\$40.00 Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">910.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 / 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) CARLA M MUGGIO	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3533 FAIR OAKS LANE	<b>Transaction ID:</b> PR1159798218496
	City State Zip Code LONGBOAT KEY FL 34228	Amount of Each Receipt this Period 249.99
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$19.23 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc.    Occupation: Director Network Dvlpmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98	

<b>B.</b>	Full Name (Last, First, Middle Initial) CHERYL A POPECK	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 1770 ADAMS STREET	<b>Transaction ID:</b> PR1159799418496
	City State Zip Code LONGWOOD FL 32750	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc.    Occupation: Program Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) HERBERT L WHETSTINE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 22351 WAGONWHEEL TRA	<b>Transaction ID:</b> PR1159803618496
	City State Zip Code LAKEVILLE MN 55044	Amount of Each Receipt this Period 124.93
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$9.61 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc.    Occupation: Director Aviation & Corp Pilots Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 249.86	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>504.92</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 164  
(check only one)

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

**A.**

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

Mailing Address 10 SHADOWOOD LANE

City State Zip Code  
TRUMBULL CT 06611

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Sales - Uniprise

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt  /  /

**Transaction ID:** PR1159803818496

Amount of Each Receipt this Period 195.00

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

**B.**

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

Mailing Address 984 FAIRVIEW CLUB CIRCLE

City State Zip Code  
DACULA GA 30019

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  /  /

**Transaction ID:** PR1159805518496

Amount of Each Receipt this Period 260.00

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

**C.**

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

Mailing Address 6520 SHENANDOAH DR

City State Zip Code  
LINCOLN NE 68510

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  /  /

**Transaction ID:** PR1159806018496

Amount of Each Receipt this Period 249.99

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **704.99**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 164  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
MARILYN C NEVIN

Mailing Address 1410 WATERFORD DR

City State Zip Code  
GOLDEN VALLEY MN 55422

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1159807418496

Amount of Each Receipt this Period  
130.00

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

**B.**

Full Name (Last, First, Middle Initial)  
TRACY L BAHL

Mailing Address 450 Columbus Blvd  
Uniprise Towers, 12NB

City State Zip Code  
Hartford NY 06115

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

Name of Employer Occupation  
UnitedHealth Group, Inc. President, Strategic Services Group

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4615.20

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1159808418496

Amount of Each Receipt this Period  
2115.30

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

**C.**

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

Mailing Address 8281 EL MARO CIR

City State Zip Code  
PARADISE VALLEY AZ 85253

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1159808918496

Amount of Each Receipt this Period  
260.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2505.30**

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

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

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

FOR LINE NUMBER: PAGE 12 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 3120 CHELSEA COURT

City State Zip Code  
BURNSVILLE MN 55337

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1159809118496

Amount of Each Receipt this Period: 150.02

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

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM P WHITELY

Mailing Address 2657 WOODBRIDGE RD

City State Zip Code  
WAYZATA MN 55391

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1159812618496

Amount of Each Receipt this Period: 2499.90

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

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

Mailing Address 1200 PEBBLE HILL ROAD

City State Zip Code  
DOYLESTOWN PA 18901

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

Name of Employer: United HealthGroup Occupation: President Insurance Solutions

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1159812818496

Amount of Each Receipt this Period: 499.98

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3149.90**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 164  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
RICHARD J RASKIN, MD

Mailing Address 156 REVERKNOLLS

City AVON State CT Zip Code 06001

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**Transaction ID:** PR1159813518496

Amount of Each Receipt this Period  
 249.99

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

**B.**

Full Name (Last, First, Middle Initial)  
LOIS E QUAM

Mailing Address 9900 Bren Road East MN008-T300

City Minnetonka State MN Zip Code 55343

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

Name of Employer UnitedHealth Group, Inc. Occupation CEO, Ovations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**Transaction ID:** PR1159813718496

Amount of Each Receipt this Period  
 1346.10

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

**C.**

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

Mailing Address 450 Columbus Blvd CT030-1030

City Hartford State CT Zip Code 06103-1801

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**Transaction ID:** PR1159814018496

Amount of Each Receipt this Period  
 350.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1946.09

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 164  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
THOMAS H LINDQUIST

Mailing Address 9107 SUNNYVALE DR

City CHANHASSEN State MN Zip Code 55317

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3999.84

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1159814118496

Amount of Each Receipt this Period 1999.92

P/R Deduction (\$153.84 Bi-Weekly)

**B.**

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

Mailing Address 7000 ANTRIM ROAD

City EDINA State MN Zip Code 55439

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1159814718496

Amount of Each Receipt this Period 2499.90

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

**C.**

Full Name (Last, First, Middle Initial)  
SAUL FELDMAN

Mailing Address 405 Market Street  
CA035-2701

City San Francisco State CA Zip Code 94105

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

Name of Employer UnitedHealth Group, Inc. Occupation CEO United Behavioral Health

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1159815218496

Amount of Each Receipt this Period 153.84

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4653.66**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) PATRICK J ERLANDSON</p> <p>Mailing Address 2407 LAKE PLACE</p> <p>City State Zip Code  <b>MINNEAPOLIS MN 55405</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Business Operations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                  Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">4999.80</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID: PR1159815918496</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">2499.90</span></p> <p>P/R Deduction (\$192.30 Bi-Weekly)</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) PIERRE A MCMAHON</p> <p>Mailing Address 205 WEST STREET</p> <p>City State Zip Code  <b>HEBRON CT 06248</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Chief Corp Compliance Officer</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                  Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">260.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID: PR1159816018496</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">130.00</span></p> <p>P/R Deduction (\$10.00 Bi-Weekly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) PATRICIA R SAURO</p> <p>Mailing Address 8943 HIDDEN MEADOW R</p> <p>City State Zip Code  <b>WOODBURY MN 55125</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: United HealthGroup, Inc. Occupation: Business Segment CAO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼                  Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2600.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID: PR1159816418496</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1300.00</span></p> <p>P/R Deduction (\$100.00 Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;"><b>3929.90</b></span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 16 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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  
UnitedHealth Group, Inc. EVP UHG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1159816618496

Amount of Each Receipt this Period  
1300.00

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

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

Mailing Address 120 BLACK OAKS LANE

City State Zip Code  
WAYZATA MN 55391

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1159816918496

Amount of Each Receipt this Period  
1300.00

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

**C.** Full Name (Last, First, Middle Initial)  
SERAFIN F SANDELLA

Mailing Address 127 MEDINAH DRIVE

City State Zip Code  
BLUE BELL PA 19422

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

Name of Employer Occupation  
United HealthGroup, Inc. Director Govt Affairs & Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1159817218496

Amount of Each Receipt this Period  
260.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2860.00

**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 17 / 164  
(check only one)

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

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

**A.**

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

Mailing Address 468 HERALD DR

City State Zip Code  
AMBLER PA 19002

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

Name of Employer Occupation  
United HealthGroup Assoc General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1159817418496

Amount of Each Receipt this Period  
455.00

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

**B.**

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

Mailing Address 4174 LAKERIDGE RD

City State Zip Code  
EXCELSIOR MN 55331

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1159817518496

Amount of Each Receipt this Period  
2499.90

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

**C.**

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

Mailing Address 7431 SHANNON DRIVE

City State Zip Code  
EDINA MN 55439

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

Name of Employer Occupation  
UnitedHealth Group, Inc. President EverCare

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4342.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1159817618496

Amount of Each Receipt this Period  
2171.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5125.90**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 164  
(check only one)

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

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

**A.**

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

Mailing Address 4913 BRUCE AVE

City EDINA State MN Zip Code 55424

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

Name of Employer UnitedHealth Group Occupation Business Segment Gen Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR1159817918496

Amount of Each Receipt this Period 247.00

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

**B.**

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

Mailing Address 345 SPRING HILL ROAD

City WAYZATA State MN Zip Code 55391

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR1159818618496

Amount of Each Receipt this Period 2499.90

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

**C.**

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

Mailing Address 5769 CEDAR GROVE CR

City PLANO State TX Zip Code 75093

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

Name of Employer UnitedHealth Group Occupation Health Plan CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR1159819118496

Amount of Each Receipt this Period 499.98

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3246.88

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 164  
(check only one)

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

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

**A.**

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

Mailing Address 3471 MAIN HIGHWAY #1033

City State Zip Code  
COCONUT GROVE FL 33133

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

Name of Employer UnitedHealth Group Occupation President Key Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2999.88

Date of Receipt  /  /

**Transaction ID:** PR1159819318496

Amount of Each Receipt this Period 1499.94

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

**B.**

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

Mailing Address 2233 WYNDANCE WAY

City State Zip Code  
NORTHBROOK IL 60062

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

Name of Employer UnitedHealth Group Occupation SVP Relationship & Bus Dvlpmnt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1923.00

Date of Receipt  /  /

**Transaction ID:** PR1159819518496

Amount of Each Receipt this Period 999.96

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

**C.**

Full Name (Last, First, Middle Initial)  
LYNELLE IRELAN

Mailing Address 2885 JEFFERSON DRIVE

City State Zip Code  
PLAINFIELD IN 46168

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1159819618496

Amount of Each Receipt this Period 130.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2629.90

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 164  
(check only one)

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

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

**A.**

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

Mailing Address 3501 ZENITH AVE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55416

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2999.88

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1159819818496

Amount of Each Receipt this Period  
1499.94

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

**B.**

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

Mailing Address 323 LAWRENCE AVE

City State Zip Code  
HIGHLAND PARK NJ 08904

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Medical Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1159820218496

Amount of Each Receipt this Period  
162.50

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

**C.**

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

Mailing Address 4212 ALDEN DR

City State Zip Code  
EDINA MN 55416

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 488.44

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1159820718496

Amount of Each Receipt this Period  
249.99

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

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

1912.43

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM D YOUNG

Mailing Address 3032 TEMPLE TRAIL

City State Zip Code  
WINTER PARK FL 32789

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.70

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1159821318496

Amount of Each Receipt this Period 499.85

P/R Deduction (\$38.45 Bi-Weekly)

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

Mailing Address 13016 CANTERBURY

City State Zip Code  
LEAWOOD KS 66209

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 911.60

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1159821518496

Amount of Each Receipt this Period 586.60

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

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

Mailing Address 11137 AMESITE TRAIL

City State Zip Code  
AUSTIN TX 78726

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1159822018496

Amount of Each Receipt this Period 150.02

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1236.47**

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

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

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

FOR LINE NUMBER: PAGE 22 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 16907 49TH PLACE N

City State Zip Code  
PLYMOUTH MN 55446

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1140.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1159823518496

Amount of Each Receipt this Period  
490.00

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

**B.** Full Name (Last, First, Middle Initial)  
ELISE A GEMEINHARDT

Mailing Address 2711 LORCOM LANE

City State Zip Code  
ARLINGTON VA 22207

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1159824918496

Amount of Each Receipt this Period  
999.96

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

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

Mailing Address 1655 FOX STREET

City State Zip Code  
WAYZATA MN 55391

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR1159827418496

Amount of Each Receipt this Period  
999.96

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2489.92**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
BARBARA C BUENEMANN

Mailing Address 128 ROSEBROOK DR

City State Zip Code  
FLORISSANT MO 63031

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1159828718496

Amount of Each Receipt this Period  
150.02

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

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

Mailing Address 4305 TRILLIUM WAY

City State Zip Code  
MINNETRISTA MN 55364

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

Name of Employer Occupation  
UnitedHealth Group, Inc. EVP UHG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1159830018496

Amount of Each Receipt this Period  
2499.90

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

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

Mailing Address 6385 SPINNAKER LANE

City State Zip Code  
ALPHARETTA GA 30005

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1159830518496

Amount of Each Receipt this Period  
249.99

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2899.91**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
PAUL J GRANDPRE

Mailing Address 44 SATARI DRIVE

City State Zip Code  
COVENTRY CT 06238

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1159837118496

Amount of Each Receipt this Period: 130.00

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

**B.** Full Name (Last, First, Middle Initial)  
JOHN F STEVENSON

Mailing Address 5 BARBERRY DRIVE

City State Zip Code  
BURLINGTON CT 06013

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 254.80

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1159839318496

Amount of Each Receipt this Period: 127.40

P/R Deduction (\$9.80 Bi-Weekly)

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

Mailing Address 16 SPOEDE LN

City State Zip Code  
SAINT LOUIS MO 63141

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1404.00

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1159840418496

Amount of Each Receipt this Period: 702.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **959.40**

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

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

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

FOR LINE NUMBER: PAGE 25 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
RICHARD SEGAN  
 Mailing Address 86 WESTBOURNE TERRACE  
 City State Zip Code  
BROOKLINE MA 02446  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
UnitedHealth Group, Inc. Executive Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1404.00  
 Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR1159841218496  
 Amount of Each Receipt this Period 702.00  
 P/R Deduction (\$54.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
THOMAS E BURTON  
 Mailing Address 35 MARA TRAIL  
 City State Zip Code  
SOUTH WINDSOR CT 06074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
UnitedHealth Group, Inc. VP Actuary  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 216.58  
 Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR1159841618496  
 Amount of Each Receipt this Period 108.29  
 P/R Deduction (\$8.33 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. ANTHONY WELTERS  
 Mailing Address 919 SAIGON ROAD  
 City State Zip Code  
MCLEAN VA 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
UnitedHealth Group, Inc. EVP UHG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4999.80  
 Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR1332013218496  
 Amount of Each Receipt this Period 2499.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3310.19  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 26 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
JOHN KIRCHNER  
 Mailing Address 1 WILLIAMSON LANE  
 City State Zip Code  
 LAMBERTVILLE NJ 08530  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UnitedHealth Group, Inc. Executive Director  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 999.96  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR1530190518496  
 Amount of Each Receipt this Period  
 499.98  
 P/R Deduction (\$38.46 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
LESLIE GIDDENS ROBINSON  
 Mailing Address 1004 WOODSIDE PARKWAY  
 City State Zip Code  
 SILVER SPRING MD 20910  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UnitedHealth Group, Inc. SVP Medical Mgmt  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2999.88  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR1530798318496  
 Amount of Each Receipt this Period  
 1499.94  
 P/R Deduction (\$115.38 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
DEBORAH MATES CHASKES  
 Mailing Address 2704 CORTLAND PLACE NW  
 City State Zip Code  
 WASHINGTON DC 20008  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UnitedHealth Group, Inc. Vice President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2600.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR1530798518496  
 Amount of Each Receipt this Period  
 1300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3299.92  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 164  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) THELMA DUGGIN		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 7214 EVANS MILL ROAD		<b>Transaction ID:</b> PR1530799218496
City MCLEAN	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.03
Name of Employer UnitedHealth Group, Inc.	Occupation Regl President AmeriChoice	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 ▼ 4999.90	

**B.**

Full Name (Last, First, Middle Initial) Mr EDGAR G RIOS		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 8045 Leesburg Pike, 6th Fl		<b>Transaction ID:</b> PR1550188318496
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2115.30
Name of Employer UnitedHealth Group, Inc.	Occupation Lawyer	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 ▼ 4615.20	

**C.**

Full Name (Last, First, Middle Initial) MARY G SHINHAM		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 2033 RODMAN STREET		<b>Transaction ID:</b> PR1550190918496
City PHILADELPHIA	State PA	Zip Code 19143
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 260.00
Name of Employer UnitedHealth Group, Inc.	Occupation Director Clinical Operations	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4875.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 / 164

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
DAVID R ASTAR

Mailing Address 13304 122ND STREET SOUTH

City State Zip Code  
HASTINGS MN 55033

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 4807.50

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1551005118496

Amount of Each Receipt this Period  
2499.90

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

**B.**

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

Mailing Address 4925 WOODS COURT

City State Zip Code  
GREENWOOD MN 55331

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2582.40

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1551005618496

Amount of Each Receipt this Period  
1828.40

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

**C.**

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

Mailing Address 121 W VIEW STREET

City State Zip Code  
LOMBARD IL 60148

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

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

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1551005718496

Amount of Each Receipt this Period  
260.00

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

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

4588.30

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

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

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

FOR LINE NUMBER: PAGE 29 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 19019 VOGEL FARM TRAIL

City State Zip Code  
EDEN PRAIRIE MN 55347

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1551122518496

Amount of Each Receipt this Period: 520.00

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

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

Mailing Address 215 WINDMILL HILL

City State Zip Code  
WETHERSFIELD CT 06109

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1551128918496

Amount of Each Receipt this Period: 150.02

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

**C.** Full Name (Last, First, Middle Initial)  
JAMES THOMAS JARRATT

Mailing Address 1605 CATALINA BAY CT

City State Zip Code  
GRANBURY TX 76048

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Customer Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1551132118496

Amount of Each Receipt this Period: 499.98

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1170.00

**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 30 / 164  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JEFFREY W KAGAN		Date of Receipt
	Mailing Address 52 CRESTWOOD LANE		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	FARMINGVILLE	NY	11738
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1551132318496
Name of Employer UnitedHealth Group, Inc.		Occupation Director Product Development	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 520.00	260.00
			P/R Deduction (\$20.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) JERRY J J KNUITSON		Date of Receipt
	Mailing Address 520 KIMBERLY LN N		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	PLYMOUTH	MN	55447
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1551132518496
Name of Employer UnitedHealth Group, Inc.		Occupation Business Segment CFO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 434.64	284.62
			P/R Deduction (\$38.46 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL C MATTEO		Date of Receipt
	Mailing Address 25 JEREMIAHS WAY		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	SOUTH GLASTONBURY	CT	06073
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1551133418496
Name of Employer UnitedHealth Group, Inc.		Occupation Business Segment CEO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 499.98	249.99
			P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>794.61</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 31 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 200 MERCER ST APT 1G

City State Zip Code  
NEW YORK NY 10012

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.45

Date of Receipt  /  /

**Transaction ID:** PR1551160318496

Amount of Each Receipt this Period 249.99

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

**B.** Full Name (Last, First, Middle Initial)  
CATHERINE M PERRY

Mailing Address 8051 East Maplewood Ave. #300  
CO030-1000

City State Zip Code  
Greenwood Village CO 80111

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

Name of Employer UnitedHealth Group, Inc. Occupation Nurse

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt  /  /

**Transaction ID:** PR1551160418496

Amount of Each Receipt this Period 260.00

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

**C.** Full Name (Last, First, Middle Initial)  
ERIKA A ROGERS

Mailing Address 2449 GUYNN AVENUE

City State Zip Code  
CHICO CA 95926

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1551160718496

Amount of Each Receipt this Period 130.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **639.99**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 164

(check only one)

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

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

**A.**

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

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  
UnitedHealth Group, Inc. VP Recruitment Svcs

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1999.92

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1551161318496

Amount of Each Receipt this Period  
999.96

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

**B.**

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

Mailing Address 8045 CHEYENNE AV

City State Zip Code  
CHANHASSEN MN 55317

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1404.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1551161418496

Amount of Each Receipt this Period  
702.00

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

**C.**

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

Mailing Address 31 ANDREIS TRAIL

City State Zip Code  
SOUTH WINDSOR CT 06074

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Operations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1430.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1554323518496

Amount of Each Receipt this Period  
715.00

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

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

**2416.96**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 164  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
CHRISTINE MCCARTNEY HARRIS

Mailing Address 25 JUSTIN LANE

City State Zip Code  
WETHERSFIELD CT 06109

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

Name of Employer UnitedHealth Group, Inc. Occupation Director Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR1554323618496

Amount of Each Receipt this Period 130.00

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

**B.**

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

Mailing Address 5570 WOODSIDE LANE

City State Zip Code  
SHOREWOOD MN 55331

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2402.40

Date of Receipt  /  /

**Transaction ID:** PR1554323918496

Amount of Each Receipt this Period 1778.40

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

**C.**

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

Mailing Address 42820 VIOLA CT

City State Zip Code  
LEESBURG VA 20176

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  /  /

**Transaction ID:** PR1554324518496

Amount of Each Receipt this Period 249.99

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2158.39**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 34 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 3807 PLEASANT VALLEY DRIVE

City State Zip Code  
MISSOURI CITY TX 77459

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1554324618496

Amount of Each Receipt this Period: 249.99

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

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

Mailing Address 3840 INGLEWOOD AVE S

City State Zip Code  
SAINT LOUIS PARK MN 55416

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1554324718496

Amount of Each Receipt this Period: 650.00

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

**C.** Full Name (Last, First, Middle Initial)  
KENNETH J J FASOLA

Mailing Address 1000 WILDHURST TRAIL

City State Zip Code  
MOUND MN 55364

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

Name of Employer: UnitedHealth Group, Inc. Occupation: CEO Secure Horizons

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1557899818496

Amount of Each Receipt this Period: 2115.30

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3015.29**

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

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

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

FOR LINE NUMBER: PAGE 35 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
CRAIG C ANDERSON

Mailing Address 47 AMATO CIRCLE

City State Zip Code  
WETHERSFIELD CT 06109

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 243.84

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1575957318496

Amount of Each Receipt this Period 65.00

P/R Deduction (\$5.00 Bi-W-  
eekly)

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

Mailing Address 12220 54TH AVENUE N

City State Zip Code  
PLYMOUTH MN 55442

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2715.30

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1575957618496

Amount of Each Receipt this Period 2195.30

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

**C.** Full Name (Last, First, Middle Initial)  
ERNEST MONFILETTO

Mailing Address 3062 COMFORT ROAD

City State Zip Code  
NEW HOPE PA 18938

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1575958118496

Amount of Each Receipt this Period 999.96

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3260.26**

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

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

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

FOR LINE NUMBER: PAGE 36 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 4701 GOLF TERRACE

City State Zip Code  
EDINA MN 55424

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.80

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1575958518496

Amount of Each Receipt this Period: 2499.90

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

**B.** Full Name (Last, First, Middle Initial)  
TOM M DAVIS

Mailing Address 5975 Castle Creek PKWY N DR STE 1  
IN040-1000

City State Zip Code  
Indianapolis IN 46250

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1580863518496

Amount of Each Receipt this Period: 440.00

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

**C.** Full Name (Last, First, Middle Initial)  
DAVID B OSTLER

Mailing Address 11804 WATERFORD ROAD

City State Zip Code  
EDEN PRAIRIE MN 55347

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1580864618496

Amount of Each Receipt this Period: 130.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3069.90**

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

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

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

FOR LINE NUMBER: PAGE 37 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 2006 QUEEN AVENUE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55405

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1580864718496

Amount of Each Receipt this Period  
499.98

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

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

Mailing Address 4516 DREXEL AVENUE

City State Zip Code  
EDINA MN 55424

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2175.30

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1580865318496

Amount of Each Receipt this Period  
2123.30

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

**C.** Full Name (Last, First, Middle Initial)  
JOSEPH O WEISSENBORN

Mailing Address 2740 CRESCENT RIDGE RD

City State Zip Code  
MINNETONKA MN 55305

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

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Total Compensation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1580865418496

Amount of Each Receipt this Period  
1105.00

P/R Deduction (\$85.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3728.28**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 164  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) WILLIAM S BOJAN		Date of Receipt
	Mailing Address 9900 Bren Road East MN008-T205		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City Minnetonka	State MN	Zip Code 55343
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1596303718496
	Name of Employer UnitedHealth Group, Inc.		Occupation Risk Management
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	Amount of Each Receipt this Period 480.00
			P/R Deduction (\$40.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) BRIGID A BONNER		Date of Receipt
	Mailing Address 9900 Bren Road East MN008-W212		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City Minnetonka	State MN	Zip Code 55343
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1596303818496
	Name of Employer UnitedHealth Group, Inc.		Occupation Information Technology
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 320.00	Amount of Each Receipt this Period 60.00
			P/R Deduction (\$20.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) CHARLES A BOWLES		Date of Receipt
	Mailing Address 45 GIDEONS POINT ROAD		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City TONKA BAY	State MN	Zip Code 55331-9526
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR1596303918496
	Name of Employer UnitedHealth Group, Inc.		Occupation SVP Sales
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 499.98	Amount of Each Receipt this Period 249.99
			P/R Deduction (\$19.23 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>789.99</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 / 164  
(check only one)

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

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

**A.**

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

Mailing Address 8729 WYNSTONE PASS

City State Zip Code  
EDEN PRAIRIE MN 55347

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2692.20

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596304018496

Amount of Each Receipt this Period: 2192.22

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

**B.**

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

Mailing Address 735 SAINT MORITZ

City State Zip Code  
VICTORIA MN 55386

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596304118496

Amount of Each Receipt this Period: 130.00

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

**C.**

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

Mailing Address 16369 MILLFORD DRIVE

City State Zip Code  
EDEN PRAIRIE MN 55347

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596304218496

Amount of Each Receipt this Period: 325.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2647.22

**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 40 / 164  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) JOHN KING		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1 EDEN HILL LANE		<b>Transaction ID:</b> PR1596304418496
City SOUTHWICK	State MA	Zip Code 01077
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 130.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Sales - Uniprise	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

**B.**

Full Name (Last, First, Middle Initial) GAYE ADAMS MASSEY		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 11641 TANGLEWOOD DRIVE		<b>Transaction ID:</b> PR1596304518496
City EDEN PRAIRIE	State MN	Zip Code 55347
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1499.94
Name of Employer UnitedHealth Group, Inc.	Occupation Business Segment Gen Counsel	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2999.88	

**C.**

Full Name (Last, First, Middle Initial) JAY S MATUSHAK		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 9346 SHETLAND ROAD		<b>Transaction ID:</b> PR1596304618496
City EDEN PRAIRIE	State MN	Zip Code 55347
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.02
Name of Employer UnitedHealth Group, Inc.	Occupation Director Healthcare Analytics	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.04	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1779.96
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 41 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL JOHN MCDONNELL

Mailing Address 109 HOLLY ROAD

City State Zip Code  
HOPKINS MN 55343

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

Name of Employer: UnitedHealth Group, Inc. Occupation: President and CEO UHN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2849.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596304718496

Amount of Each Receipt this Period: 1848.00

P/R Deduction (\$154.00 Bi-Weekly)

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

Mailing Address 18266 DOVE CT

City State Zip Code  
EDEN PRAIRIE MN 55347

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2922.96

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596304818496

Amount of Each Receipt this Period: 1923.00

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

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

Mailing Address 10480 BLUFF RD

City State Zip Code  
EDEN PRAIRIE MN 55347

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596304918496

Amount of Each Receipt this Period: 499.98

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **4270.98**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 2009 FELIZ RD

City NOVATO State CA Zip Code 94945

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1596305018496

Amount of Each Receipt this Period: 150.02

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

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

Mailing Address 4435 GLACIER LANE N

City PLYMOUTH State MN Zip Code 55446

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1596305618496

Amount of Each Receipt this Period: 249.99

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

**C.** Full Name (Last, First, Middle Initial)  
ROGER A WEBER

Mailing Address 6300 Olson Memorial Hwy  
MN010-W115

City Golden Valley State MN Zip Code 55427

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 253.88

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1596305718496

Amount of Each Receipt this Period: 103.86

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **503.87**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 164  
(check only one)

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

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

Mailing Address 345 BAYSHORE BLVD # P05

City Tampa State FL Zip Code 33606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  /  /

**Transaction ID:** PR1596306918496

Amount of Each Receipt this Period 499.98

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

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

Mailing Address 4505 MOORLAND AVENUE

City Edina State MN Zip Code 55424

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Treasurer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 754.00

Date of Receipt  /  /

**Transaction ID:** PR1596307018496

Amount of Each Receipt this Period 377.00

P/R Deduction (\$29.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
ROBERT REBITZER

Mailing Address 425 Market St Fl 12/13/27  
CA035-2700

City San Francisco State CA Zip Code 94105

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

Name of Employer UnitedHealth Group, Inc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.45

Date of Receipt  /  /

**Transaction ID:** PR1596307118496

Amount of Each Receipt this Period 96.15

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **973.13**

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

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

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

FOR LINE NUMBER: PAGE 44 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 3318 FOXRIDGE CIRCLE

City Tampa State FL Zip Code 33618

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1596309718496

Amount of Each Receipt this Period: 260.00

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

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

Mailing Address 1643 BRICKELL AVENUE #1906

City MIAMI State FL Zip Code 33129

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1596309818496

Amount of Each Receipt this Period: 1300.00

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

**C.** Full Name (Last, First, Middle Initial)  
TROY A BORCA

Mailing Address 3585 CLARE DOWNS PATH

City ROSEMOUNT State MN Zip Code 55068

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1596310418496

Amount of Each Receipt this Period: 130.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1690.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 21311 OAK RIDGE CT

City State Zip Code  
SAN ANTONIO TX 78258

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

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

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.04

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596311318496

Amount of Each Receipt this Period  
150.02

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

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

Mailing Address 14021 LEANING PINE DRIVE

City State Zip Code  
MIAMI LAKES FL 33014

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Executive Director

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 499.98

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596311518496

Amount of Each Receipt this Period  
249.99

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

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

Mailing Address 567 CORTLAND CIRCLE

City State Zip Code  
CHESHIRE CT 06410

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

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Operations

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.04

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596311718496

Amount of Each Receipt this Period  
150.02

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 550.03

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

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

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

FOR LINE NUMBER: PAGE 46 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
JEFFREY P DOOLEY  
Mailing Address 407 GRENACHE CIRCLE  
City CLAYTON State CA Zip Code 94517  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Acq KA VP SIs and Acct Mgmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.04  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR1596312118496  
Amount of Each Receipt this Period 150.02  
P/R Deduction (\$11.54 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
RICHARD G DUNLOP  
Mailing Address 2964 WYSE COURT  
City LEWIS CENTER State OH Zip Code 43035  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Regional COO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR1596312318496  
Amount of Each Receipt this Period 130.00  
P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
KEITH A EPPERSON  
Mailing Address 3015 WALNUT GROVE LN N  
City PLYMOUTH State MN Zip Code 55447  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Actuarial Services  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 390.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR1596312418496  
Amount of Each Receipt this Period 195.00  
P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 475.02  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 47 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
JILLIAN R FOUCRE

Mailing Address 314 GREENFIELD

City State Zip Code  
GLEN ELLYN IL 60137

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1596312718496

Amount of Each Receipt this Period: 260.00

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

**B.** Full Name (Last, First, Middle Initial)  
STEVAN D GARCIA

Mailing Address 5544 SUMMERWOOD CROSSING

City State Zip Code  
GALENA OH 43021

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1596312918496

Amount of Each Receipt this Period: 249.99

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

**C.** Full Name (Last, First, Middle Initial)  
RANDY P GILES

Mailing Address 10819 ROARING BROOK LANE

City State Zip Code  
HOUSTON TX 77024

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1596313218496

Amount of Each Receipt this Period: 499.98

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1009.97**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 48 / 164  
(check only one)

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

**A.**

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

Mailing Address 8046 E VIA DEL VALLE

City State Zip Code  
SCOTTSDALE AZ 85258

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596313618496

Amount of Each Receipt this Period: 499.98

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

**B.**

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

Mailing Address 9825 GERALD DR

City State Zip Code  
SAINT LOUIS MO 63128

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596313718496

Amount of Each Receipt this Period: 204.00

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

**C.**

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

Mailing Address 9804 SAGAMORE

City State Zip Code  
LEAWOOD KS 66206

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596314618496

Amount of Each Receipt this Period: 455.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1158.98**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 164  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
EDWARD LAGERSTROM

Mailing Address 4425 WEST 52ND STREET

City State Zip Code  
EDINA MN 55424

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1596315018496

Amount of Each Receipt this Period  
499.98

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

**B.**

Full Name (Last, First, Middle Initial)  
JEANNE E LUKAS

Mailing Address 14202 SPRING LAKE ROAD

City State Zip Code  
MINNETONKA MN 55345

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Marketing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1596315318496

Amount of Each Receipt this Period  
499.98

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

**C.**

Full Name (Last, First, Middle Initial)  
THOMAS CHARLES REKART

Mailing Address 2353 RIDGE TREE COURT

City State Zip Code  
ELLICOTT CITY MD 21042

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

Name of Employer Occupation  
UnitedHealth Group, Inc. COO Specialty Benefits

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1596316718496

Amount of Each Receipt this Period  
249.99

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

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

1249.95

**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 50 / 164  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) JOHN H RENNICK JR		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3220 LAKEWOOD EDGE DRIVE		<b>Transaction ID:</b> PR1596316818496
	City CHARLOTTE	State NC	Zip Code 28269
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 249.99
Name of Employer UnitedHealth Group, Inc.		Occupation Medical Director	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98		

<b>B.</b>	Full Name (Last, First, Middle Initial) JAMISON RICE		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2800 FRANCE AVENUE S		<b>Transaction ID:</b> PR1596316918496
	City SAINT LOUIS PARK	State MN	Zip Code 55416
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.02
Name of Employer UnitedHealth Group, Inc.		Occupation Business Segment CFO	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.04		

<b>C.</b>	Full Name (Last, First, Middle Initial) STEPHAN S RODGERS		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 3455 CONGRESS STREET		<b>Transaction ID:</b> PR1596317118496
	City FAIRFIELD	State CT	Zip Code 06824
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2346.06
Name of Employer UnitedHealth Group, Inc.		Occupation VP Healthcare Strategies	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2746.07</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 6500 SW 131 STREET

City State Zip Code  
MIAMI FL 33156

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  /  /

**Transaction ID:** PR1596317318496

Amount of Each Receipt this Period 249.99

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

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

Mailing Address 16621 ALEXANDER MANOR DRIVE

City State Zip Code  
SILVER SPRING MD 20905

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1950.00

Date of Receipt  /  /

**Transaction ID:** PR1596317418496

Amount of Each Receipt this Period 975.00

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

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

Mailing Address 7602 NW 127TH MANOR

City State Zip Code  
PARKLAND FL 33076

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

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  /  /

**Transaction ID:** PR1596317718496

Amount of Each Receipt this Period 249.99

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1474.98

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 164  
(check only one)

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

**A.**

Full Name (Last, First, Middle Initial)  
JUAN R SERRANO

Mailing Address 2359 BRIAR CT

City State Zip Code  
FRISCO TX 75034

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596317818496

Amount of Each Receipt this Period  
249.99

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

**B.**

Full Name (Last, First, Middle Initial)  
ROXANNE THOMAS

Mailing Address 720 COUNTRY LAKES DR

City State Zip Code  
CIRCLE PINES MN 55014

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596318918496

Amount of Each Receipt this Period  
150.02

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

**C.**

Full Name (Last, First, Middle Initial)  
CHRIS B TURNAU

Mailing Address PO BOX 43216

City State Zip Code  
BROOKLYN PARK MN 55443

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Tax

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596319118496

Amount of Each Receipt this Period  
130.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **530.01**

**TOTAL** This Period (last page this line 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 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
FRANK M VIERLING

Mailing Address N5021 GREENS COULEE

City State Zip Code  
ONALASKA WI 54650

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596319418496

Amount of Each Receipt this Period  
130.00

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

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

Mailing Address 92 GOODWIN CIRCLE

City State Zip Code  
HARTFORD CT 06105

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596319518496

Amount of Each Receipt this Period  
249.99

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

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

Mailing Address 4260 FOXBERRY COURT

City State Zip Code  
MEDINA MN 55340

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596319618496

Amount of Each Receipt this Period  
162.50

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **542.49**

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

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

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

FOR LINE NUMBER: PAGE 54 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM R WILSON

Mailing Address 7 CLIFFORD AVENUE

City State Zip Code  
TOLLAND CT 06084

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596320018496

Amount of Each Receipt this Period: 130.00

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

**B.** Full Name (Last, First, Middle Initial)  
JANET P WRIGHT

Mailing Address 7324 MURRAYFIELD DR

City State Zip Code  
WORTHINGTON OH 43085

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1596320118496

Amount of Each Receipt this Period: 130.00

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

**C.** Full Name (Last, First, Middle Initial)  
EDWARD J WHEELER

Mailing Address 64 WARNER ROAD

City State Zip Code  
HUBBARD OH 44425

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

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Broker Comp Administration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 389.30

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1600594418496

Amount of Each Receipt this Period: 50.05

P/R Deduction (\$3.85 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **310.05**

**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: PAGE 55 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
STEVE L BROECKERT  
 Mailing Address 231 COACHLITE CT SO  
 City ONALASKA State WI Zip Code 54650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation Director Claims  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.04  
 Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR1600597218496  
 Amount of Each Receipt this Period 150.02  
 P/R Deduction (\$11.54 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JOHN P DODDY  
 Mailing Address 1 ROXITICUS VIEW  
 City CHESTER State NJ Zip Code 07930  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation VP Information Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 520.00  
 Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR1600597318496  
 Amount of Each Receipt this Period 260.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MARGUERITE EDWARDS  
 Mailing Address 316 SUWANNEE RD  
 City WINTER HAVEN State FL Zip Code 33884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation Mgr Nurse Practitioner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 999.96  
 Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR1600597418496  
 Amount of Each Receipt this Period 499.98  
 P/R Deduction (\$38.46 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: PAGE 56 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 14924 PONDVIEW CIRCLE

City State Zip Code  
WAYZATA MN 55391

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1600597618496

Amount of Each Receipt this Period  
249.99

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

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

Mailing Address 11508 DALYN TERRACE

City State Zip Code  
POTOMAC MD 20854

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1600598418496

Amount of Each Receipt this Period  
249.99

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

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

Mailing Address 742 GOODRICH AVE

City State Zip Code  
SAINT PAUL MN 55105

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1600598518496

Amount of Each Receipt this Period  
150.02

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **650.00**

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

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

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

FOR LINE NUMBER: PAGE 57 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 4800 SUNNYSLOPE ROAD E

City State Zip Code  
EDINA MN 55424

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1690.00

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1600598718496

Amount of Each Receipt this Period: 845.00

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

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

Mailing Address 12310 SINGLETREE LANE # 2134

City State Zip Code  
EDEN PRAIRIE MN 55344

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1602667518496

Amount of Each Receipt this Period: 249.99

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

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

Mailing Address 20595 SPENCER LANE

City State Zip Code  
SHOREWOOD MN 55331

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1602669918496

Amount of Each Receipt this Period: 520.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1614.99

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

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

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

FOR LINE NUMBER: PAGE 58 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 18076 CLEAR SPRING LANE

City State Zip Code  
EDEN PRAIRIE MN 55347

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.90

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1613243518496

Amount of Each Receipt this Period: 1249.95

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

**B.** Full Name (Last, First, Middle Initial)  
LAURA M BRANKER

Mailing Address 8045 Leesburg Pike  
VA026-1000

City State Zip Code  
Vienna VA 22182

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Public Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.60

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1613243618496

Amount of Each Receipt this Period: 86.55

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

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

Mailing Address 8 EAST 76TH STREET

City State Zip Code  
NEW YORK NY 10021

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1620989018496

Amount of Each Receipt this Period: 499.98

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1836.48**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 / 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) LINDA L CULLEN		Date of Receipt
	Mailing Address 441 E N BROADWAY		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	COLUMBUS	OH	43214
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Director Regulatory Affairs	<b>Transaction ID:</b> PR1632359718496
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 260.00	Amount of Each Receipt this Period <input type="text"/> 130.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) DANIEL S WALLER		Date of Receipt
	Mailing Address 17034 BAINBRIDGE DR		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	EDEN PRAIRIE	MN	55347
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer UnitedHealth Group, Inc.		Occupation Controller	<b>Transaction ID:</b> PR1632360018496
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 894.35	Amount of Each Receipt this Period <input type="text"/> 519.30
			P/R Deduction (\$57.70 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) TERRY E BERETT		Date of Receipt
	Mailing Address 402 MARYKNOLL DR		<input type="text"/> / <input type="text"/> / <input type="text"/>
	City	State	Zip Code
	STILLWATER	MN	55082
	FEC ID number of contributing federal political committee.		<b>C</b> <input type="text"/>
Name of Employer UnitedHealth Group, Inc.		Occupation IT Database Cnsltnt	<b>Transaction ID:</b> PR1653442818496
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 260.00	Amount of Each Receipt this Period <input type="text"/> 130.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>779.30</b>
<b>TOTAL</b> 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 60 / 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) WILLIAM F KENNEDY	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 14 MYRA LN	<b>Transaction ID:</b> PR1653443118496
	City State Zip Code BURLINGTON CT 06013	Amount of Each Receipt this Period 200.07
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.39 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director IT Project Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.14	

<b>B.</b>	Full Name (Last, First, Middle Initial) STEVE R KOOREN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 4444 ELLSWORTH DRIVE	<b>Transaction ID:</b> PR1653443218496
	City State Zip Code EDINA MN 55435	Amount of Each Receipt this Period 749.97
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$57.69 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Business Segment CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1499.94	

<b>C.</b>	Full Name (Last, First, Middle Initial) THOMAS J BELLAMY	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2743 THOMAS AVENUE SOUTH	<b>Transaction ID:</b> PR1653444318496
	City State Zip Code MINNEAPOLIS MN 55416	Amount of Each Receipt this Period 496.60
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$57.70 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Director Sales Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 587.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1446.64</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 61 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 17936 FULDA CIRCLE

City State Zip Code  
LAKEVILLE MN 55044

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1653444418496

Amount of Each Receipt this Period 150.02

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

**B.** Full Name (Last, First, Middle Initial)  
ROBERT L HOLMAN

Mailing Address N12464 HORSESHOE BEND RD

City State Zip Code  
MINONG WI 54859

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR16534445018496

Amount of Each Receipt this Period 130.00

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

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

Mailing Address 57 QUORN HUNT ROAD

City State Zip Code  
WEST SIMSBURY CT 06092

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR16534445818496

Amount of Each Receipt this Period 150.02

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 430.04

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 164  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
JOYCE A LARKIN

Mailing Address 1313 E STREET NE

City State Zip Code  
WASHINGTON DC 20002

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Communications

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1999.92

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1677771618496

Amount of Each Receipt this Period  
999.96

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

**B.**

Full Name (Last, First, Middle Initial)  
Mr. MILES S SNOWDEN

Mailing Address 5241 BALDWIN LANE

City State Zip Code  
MARIETTA GA 30068

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3615.30

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1746717818496

Amount of Each Receipt this Period  
2315.30

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

**C.**

Full Name (Last, First, Middle Initial)  
JOHN T KOUTSOUMPAS JR

Mailing Address 7202 CONNECTICUT AVENUE

City State Zip Code  
CHEVY CHASE MD 20815

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2922.96

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1748514518496

Amount of Each Receipt this Period  
1923.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5238.26**

**TOTAL** This Period (last page this line 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 / 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ANN DESTWOLINSKI	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 19117 ARTESIAN COURT	<b>Transaction ID:</b> PR1806441618496
	City State Zip Code DERWOOD MD 20855	Amount of Each Receipt this Period 143.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$11.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Case Mgmt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 286.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) JASON DUDASH	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2918 BACHMAN RD	<b>Transaction ID:</b> PR1806441918496
	City State Zip Code MANCHESTER MD 21102	Amount of Each Receipt this Period 130.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Manager Applications Dvlpmnt Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) DEBORAH A GOUGH	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 10 Taft Court MD063-6000	<b>Transaction ID:</b> PR1806442118496
	City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 170.10
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$18.90 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Sales & Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 396.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>443.10</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 64 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
GARY W HONEY

Mailing Address 47791 BLOCKHOUSE POINT PLACE

City State Zip Code  
POTOMAC FALLS VA 20165

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

Name of Employer Occupation  
UnitedHealth Group, Inc. OneNetSr Sales Acct Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1806442318496

Amount of Each Receipt this Period  
130.00

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

**B.** Full Name (Last, First, Middle Initial)  
DIANA KERNER

Mailing Address 215 BROOKFIELD ROAD

City State Zip Code  
PASADENA MD 21122

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1806442718496

Amount of Each Receipt this Period  
130.00

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

**C.** Full Name (Last, First, Middle Initial)  
KARL H KRAMER

Mailing Address 12225 TIMBER RUN CT

City State Zip Code  
MONROVIA MD 21770

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Manager IT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1806443018496

Amount of Each Receipt this Period  
130.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **390.00**

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

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

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

FOR LINE NUMBER: PAGE 65 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 619 BOND AVE

City REISTERSTOWN State MD Zip Code 21136

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1806443218496

Amount of Each Receipt this Period: 260.00

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

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

Mailing Address 11618 ROLLING MEADOW DR

City GREAT FALLS State VA Zip Code 22066

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 457.60

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1806444718496

Amount of Each Receipt this Period: 228.80

P/R Deduction (\$17.60 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
LORI A ARCHER

Mailing Address 2781 SADDLE CLUB ROAD

City GREENWOOD State IN Zip Code 46143

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt: M M / D D / Y Y Y Y Y

**Transaction ID:** PR1806750118496

Amount of Each Receipt this Period: 150.02

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **638.82**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 164

(check only one)

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

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

**A.**

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

Mailing Address 3369 STAGE COACH DR

City State Zip Code  
LAFAYETTE CA 94549

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1560.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1806750218496

Amount of Each Receipt this Period  
780.00

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

**B.**

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

Mailing Address 13904 NEVADA AVE S

City State Zip Code  
SAVAGE MN 55378

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 557.67

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1806750318496

Amount of Each Receipt this Period  
307.68

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

**C.**

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

Mailing Address 3723 ALBEMARLE STREET NW

City State Zip Code  
WASHINGTON DC 20016

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1001.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1817581118496

Amount of Each Receipt this Period  
500.50

P/R Deduction (\$38.50 Bi-Weekly)

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

1588.18

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
SHERRIC PINOTTI

Mailing Address 416 BEAR AVE S

City State Zip Code  
VADNAIS HEIGHTS MN 55127

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.10

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1832039818496

Amount of Each Receipt this Period 375.05

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

**B.** Full Name (Last, First, Middle Initial)  
CHRISTIAN S BERGERON

Mailing Address 43 MARJORIE LANE

City State Zip Code  
MANCHESTER CT 06042

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 980.90

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1832301918496

Amount of Each Receipt this Period 605.85

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

**C.** Full Name (Last, First, Middle Initial)  
SHAUNA D ULLOA

Mailing Address 450 Columbus Blvd  
CT030-14NA

City State Zip Code  
Hartford CT 06103

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR1832379118496

Amount of Each Receipt this Period 115.40

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1096.30

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 164  
(check only one)

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

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

**A.**

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

Mailing Address 5115 SARATOGA LANE

City State Zip Code  
PLYMOUTH MN 55442

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1040.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1882850618496

Amount of Each Receipt this Period  
520.00

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

**B.**

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

Mailing Address 7 W 200 S

City State Zip Code  
DRIGGS ID 83422

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 911.60

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1903550718496

Amount of Each Receipt this Period  
586.60

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

**C.**

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

Mailing Address 145 COTTAGE RD

City State Zip Code  
ENFIELD CT 06082

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Finance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 520.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1903560818496

Amount of Each Receipt this Period  
260.00

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

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

1366.60

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

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

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

FOR LINE NUMBER: PAGE 69 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
SUSAN A CASEY  
 Mailing Address 524 W MINNEHAHA PKWY  
 City State Zip Code  
 MINNEAPOLIS MN 55419  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UnitedHealth Group, Inc. VP Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.04  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR1903567818496  
 Amount of Each Receipt this Period 150.02  
 P/R Deduction (\$11.54 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ROBERT J DUFEK  
 Mailing Address 816 PROMONTORY PLACE  
 City State Zip Code  
 EAGAN MN 55123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UnitedHealth Group, Inc. Director IT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 650.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR1903577118496  
 Amount of Each Receipt this Period 325.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
SUSAN B EDBERG  
 Mailing Address 9727 WELLINGTON RIDGE  
 City State Zip Code  
 WOODBURY MN 55125  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UnitedHealth Group, Inc. VP Customer Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2600.00  
 Date of Receipt  
 M M / D D / Y Y Y Y Y  
**Transaction ID:** PR1903578118496  
 Amount of Each Receipt this Period 1300.00  
 P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1775.02  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 164  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER T JOHNSON

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  
UnitedHealth Group, Inc. Director Product Development

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1903591118496

Amount of Each Receipt this Period  
130.00

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

**B.**

Full Name (Last, First, Middle Initial)  
JOHN C SANTELLI

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  
UnitedHealth Group, Inc. SVP & CIO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.04

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1903622018496

Amount of Each Receipt this Period  
150.02

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

**C.**

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

Mailing Address 128 WOODLAND RD

City State Zip Code  
COVENTRY CT 06238

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Finance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR1903636918496

Amount of Each Receipt this Period  
249.99

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

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

530.01

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
DELBERT D MASON

Mailing Address 6420 SOUTH ROAOAKS CRT

City MURRAY State UT Zip Code 84121

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

Name of Employer: UnitedHealth Group, Inc. Occupation: President Exante Bank

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1907906418496

Amount of Each Receipt this Period: 260.00

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

**B.** Full Name (Last, First, Middle Initial)  
PAMELA JAMIAN

Mailing Address 15316 COUTOLENC RD

City MAGALIA State CA Zip Code 95954

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.04

Date of Receipt: [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR1910417418496

Amount of Each Receipt this Period: 150.02

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

**C.** Full Name (Last, First, Middle Initial)  
MARY C ACONIS

Mailing Address PO BOX 29613

City SAN ANTONIO State TX Zip Code 78229

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR2119466418496

Amount of Each Receipt this Period: 390.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.02**

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

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

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

FOR LINE NUMBER: PAGE 72 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
JOSEPH E ADDIEGO

Mailing Address 19 MONTE AV

City State Zip Code  
PIEDMONT CA 94611

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119466618496

Amount of Each Receipt this Period  
1248.00

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

**B.** Full Name (Last, First, Middle Initial)  
GARY J AHWAH

Mailing Address 2010 VELEZ DR

City State Zip Code  
RANCHO PALOS VERDE CA 90275

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119466718496

Amount of Each Receipt this Period  
650.00

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

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

Mailing Address 1046 THORNBERRY CREEK DR

City State Zip Code  
ONEIDA WI 54155

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119466818496

Amount of Each Receipt this Period  
260.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2158.00

**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 73 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
RAYNEE D ANDREWS  
Mailing Address 100 LEGACY CIRCLE  
City LA VERNIA State TX Zip Code 78121  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Claims  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2119467118496  
Amount of Each Receipt this Period 390.00  
P/R Deduction (\$30.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
BRENDAN BAKER  
Mailing Address 9290 E THOMPSON PEAK PKWY #420  
City SCOTTSDALE State AZ Zip Code 85255  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Network Dvlpmt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2119467418496  
Amount of Each Receipt this Period 520.00  
P/R Deduction (\$40.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
ALTHEA BARBER-SMITH  
Mailing Address 3442 ALDERLY LANE  
City ORANGE State CA Zip Code 92867  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Appeals  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2119467518496  
Amount of Each Receipt this Period 260.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1170.00  
**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 74 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
AGNES BAYER

Mailing Address 124 ELM

City State Zip Code  
BOERNE TX 78006-2420

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Mgr Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119467718496

Amount of Each Receipt this Period 130.00

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

**B.** Full Name (Last, First, Middle Initial)  
JON D D BEATY

Mailing Address PO BOX 1211

City State Zip Code  
CLACKAMAS OR 97015-1211

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119467818496

Amount of Each Receipt this Period 130.00

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

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

Mailing Address 5 SILVER CREEK

City State Zip Code  
IRVINE CA 92603

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119468018496

Amount of Each Receipt this Period 260.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **520.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 164  
(check only one)

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

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

**A.**

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

Mailing Address 10 SHADOW GLEN

City State Zip Code  
IRVINE CA 92620

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

Name of Employer Occupation  
UnitedHealth Group, Inc. SVP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4800.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119468118496

Amount of Each Receipt this Period  
2496.00

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

**B.**

Full Name (Last, First, Middle Initial)  
DAVID N N BOOHER

Mailing Address 14812 SUMMERBREEZE WY

City State Zip Code  
SAN DIEGO CA 92128-3733

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Mgr Pharmacy Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119468618496

Amount of Each Receipt this Period  
130.00

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

**C.**

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

Mailing Address 912 JOSHUA PLACE

City State Zip Code  
SAN DIEGO CA 92154

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119469418496

Amount of Each Receipt this Period  
325.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2951.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 76 / 164

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) DANIEL P CADRIEL		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 7010 W AURORA DR		<b>Transaction ID:</b> PR2119469818496
	City GLENDALE	State AZ	Zip Code 85308-9428
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
	Name of Employer UnitedHealth Group, Inc.	Occupation PS Director. Strategic Accts	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) COLLEEN CAMPBELL		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address UNIT E4 PMB251		<b>Transaction ID:</b> PR2119469918496
	City BOULDER	State CO	Zip Code 80302
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 195.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Quality Improvement	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBIN L CARDER		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 17881 W 35TH STEET SOUTH		<b>Transaction ID:</b> PR2119470118496
	City SAND SPRINGS	State OK	Zip Code 74063
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Mgr Network Pricing	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>455.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 13130 WESTPORT ST

City State Zip Code  
MOORPARK CA 93021

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119470218496

Amount of Each Receipt this Period  
260.00

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

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

Mailing Address 19021 POPPY HILL CIRCLE

City State Zip Code  
HUNTINGTON BEACH CA 92648

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119470318496

Amount of Each Receipt this Period  
1248.00

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

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL J CHIARODIT

Mailing Address 4705 ARCOLA AV

City State Zip Code  
TOLUCA LAKE CA 91602-1521

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119470518496

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 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: PAGE 78 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) HANS O CHRISTENSEN</p> <p>Mailing Address 1825 WOODHAVEN CT</p> <p>City State Zip Code LUXEMBURG WI 54217</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc.      Occupation: VP Provider Call</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">625.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR2119470618496</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">325.00</span></p> <p>P/R Deduction (\$25.00 Bi-Weekly)</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) HAROLD COATS</p> <p>Mailing Address 8112 SAPHIRE BAY CIRCLE</p> <p>City State Zip Code LAS VEGAS NV 89128</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc.      Occupation: Sr Medical Director</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR2119471018496</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">650.00</span></p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) RANDELL J CORREIA</p> <p>Mailing Address PO BOX 1025</p> <p>City State Zip Code RANCHO SANTA FE CA 92067</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc.      Occupation: Director Pharm Mail Svcs Ops</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">750.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR2119471318496</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">390.00</span></p> <p>P/R Deduction (\$30.00 Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1365.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 79 / 164

(check only one)

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

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

**A.**

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

Mailing Address 11361 DONOVAN ROAD

City State Zip Code  
ROSSMOOR CA 90720

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2119471818496

Amount of Each Receipt this Period  
325.00

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

**B.**

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

Mailing Address 26321 CANNES

City State Zip Code  
MISSION VIEJO CA 92692

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Medical Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2119471918496

Amount of Each Receipt this Period  
260.00

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

**C.**

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

Mailing Address 7640 N 10TH AVE

City State Zip Code  
PHOENIX AZ 85021

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Medical Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2119472518496

Amount of Each Receipt this Period  
260.00

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

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

845.00

**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 80 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address 5364 E ABBEYFIELD ST

City State Zip Code  
LONG BEACH CA 90815

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119472618496

Amount of Each Receipt this Period  
247.00

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

**B.** Full Name (Last, First, Middle Initial)  
DONNAL DEBNER

Mailing Address 1727 Aspen Ridge

City State Zip Code  
San Antonio TX 78248

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Customer Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119472718496

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 1390 FINCH LN

City State Zip Code  
GREEN BAY WI 54313-6400

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Pricing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119472818496

Amount of Each Receipt this Period  
195.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 542.00

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

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

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

FOR LINE NUMBER: PAGE 81 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 2321 CARROLL PK SOUTH

City State Zip Code  
LONG BEACH CA 90814

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 925.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119472918496

Amount of Each Receipt this Period 481.00

P/R Deduction (\$37.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
TARA M DUNGAN

Mailing Address PO BOX 691354

City State Zip Code  
SAN ANTONIO TX 78269-1354

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119473218496

Amount of Each Receipt this Period 130.00

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

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

Mailing Address 108 NORTH ROLLING OAKS

City State Zip Code  
SAN ANTONIO TX 78253

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119474118496

Amount of Each Receipt this Period 390.00

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

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1001.00

**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 82 / 164

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
ROBERT A FRIEDMAN

Mailing Address 24336 LA MASINA CT

City State Zip Code  
CALABASAS CA 91302

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Acq KA Sales Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2119474518496

Amount of Each Receipt this Period

260.00

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

**B.**

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

Mailing Address 18467 SANTA LEONORA CIR

City State Zip Code  
FOUNTAIN VALLEY CA 92708

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1560.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2119475118496

Amount of Each Receipt this Period

780.00

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

**C.**

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

Mailing Address 2709 WILLIAMS GRANT

City State Zip Code  
DEPERE WI 54115

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Claims

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR2119475218496

Amount of Each Receipt this Period

260.00

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

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

1300.00

**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 83 / 164

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
SANDRA R GLICKMAN

Mailing Address 13622 SIOUX RD

City State Zip Code  
WESTMINSTER CA 92683-2441

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

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

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

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2119475318496

Amount of Each Receipt this Period  
130.00

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

**B.**

Full Name (Last, First, Middle Initial)  
MARIA C GONZALES

Mailing Address 14111 PARKHURST

City State Zip Code  
SAN ANTONIO TX 78232-4731

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

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

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

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2119475418496

Amount of Each Receipt this Period  
130.00

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

**C.**

Full Name (Last, First, Middle Initial)  
JAIME G GONZALEZ

Mailing Address 8008 Bridge Street

City State Zip Code  
North Richland Hil TX 76180

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Marketing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2119475618496

Amount of Each Receipt this Period  
-360.00

P/R Deduction (\$-360.00 Bi-Weekly)

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

**-100.00**

**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 84 / 164

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
JOE L GUINN

Mailing Address 201 W EDGEWATER TERR

City State Zip Code  
NEW BRAUNFELS TX 78130

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2119476218496

Amount of Each Receipt this Period  
780.00

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

**B.**

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

Mailing Address 33 VIA CONOCIDO

City State Zip Code  
SAN CLEMENTE CA 92673

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

Name of Employer Occupation  
UnitedHealth Group, Inc. Region CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3375.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2119476718496

Amount of Each Receipt this Period  
1755.00

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

**C.**

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

Mailing Address 5642 E PEABODY STREET

City State Zip Code  
LONG BEACH CA 90808

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

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2119476918496

Amount of Each Receipt this Period  
247.00

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

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

2782.00

**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 85 / 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

<b>A.</b>	Full Name (Last, First, Middle Initial) ANNE P HARVEY		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 4916 THOR WAY		<b>Transaction ID:</b> PR2119477218496
	City CARMICHAEL	State CA	Zip Code 95608-5650
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Regional Network Ops	P/R Deduction (\$10.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) PAULINE M HAYES		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2093 NORDIC STREET		<b>Transaction ID:</b> PR2119477418496
	City ORANGE	State CA	Zip Code 92865-3942
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Mgr Finance	P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) ELIZABETH L F HAYS SAN FILIPPO		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 19131 TIGERFISH CIR		<b>Transaction ID:</b> PR2119477518496
	City HUNTINGTON BEACH	State CA	Zip Code 92646-2423
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Regulatory Affairs	P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 4220 OCEAN DR

City State Zip Code  
MANHATTAN BEACH CA 90266

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119477918496

Amount of Each Receipt this Period  
1300.00

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

**B.** Full Name (Last, First, Middle Initial)  
KEVIN C HOSKINS

Mailing Address 1918 E DIAMOND DRIVE

City State Zip Code  
TEMPE AZ 85283-4208

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Mgr Data Analysis

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119478118496

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
KEVIN D HOST

Mailing Address 9090 ROTHERHAM AVE

City State Zip Code  
SAN DIEGO CA 92129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Pharmacy Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119478218496

Amount of Each Receipt this Period  
260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1690.00**

**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 87 / 164  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
DONNAL HUSER

Mailing Address 406 SKYTRAIL DR

City State Zip Code  
NEW BRAUNFELS TX 78130-9010

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Spvsr Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  /  /

**Transaction ID:** PR2119478618496

Amount of Each Receipt this Period 130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
BRIAN JEFFREY

Mailing Address 9 RIMROCK

City State Zip Code  
IRVINE CA 92603

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Director Network Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  /  /

**Transaction ID:** PR2119479118496

Amount of Each Receipt this Period 325.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
JOHN D JONES

Mailing Address 3562 REDWOOD

City State Zip Code  
IRVINE CA 92606

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation VP Public/Gov't Affairs-Corp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  /  /

**Transaction ID:** PR2119479218496

Amount of Each Receipt this Period 1248.00

P/R Deduction (\$96.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1703.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
RONALD W JORDAN

Mailing Address 1626 NW 38TH ST

City State Zip Code  
OKLAHOMA CITY OK 73118-2817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Customer Service

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2119479318496

Amount of Each Receipt this Period  
195.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
KATHLEEN M KANNE

Mailing Address 43 BARBADOS

City State Zip Code  
ALISO VIEJO CA 92656

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Regional Marketing

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 720.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2119479618496

Amount of Each Receipt this Period  
390.00

P/R Deduction (\$30.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
JOSEPH W KEEN

Mailing Address 2135 DALY DR

City State Zip Code  
GREEN BAY WI 54311-4400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Government Relations

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2119479718496

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

715.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
DIXON W KELLER

Mailing Address 221 LAKEWOOD GARDEN DR

City State Zip Code  
LAS VEGAS NV 89148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Medicare Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119479918496

Amount of Each Receipt this Period  
260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MARK C KNOTSON

Mailing Address 13102 PALOMAR WAY

City State Zip Code  
NORTH TUSTIN CA 92705-2073

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Customer Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119480218496

Amount of Each Receipt this Period  
195.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
TIFFANY T LAM

Mailing Address 3321 ALABAMA CIRCLE

City State Zip Code  
COSTA MESA CA 92626

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Opns & Perf Improvement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119480718496

Amount of Each Receipt this Period  
325.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **780.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
PAMELA S LEAL

Mailing Address 8371 CLARKDALE

City State Zip Code  
HUNTINGTON BEACH CA 92646-3802

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Network Management

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2119481018496

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
CHARLES E LEWIS

Mailing Address 7417 S LAFAYETTE CR EAST

City State Zip Code  
CENTENNIAL CO 80122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Medicare Sales

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2119481518496

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
SUSAN A LINDE

Mailing Address 9845 JOEL CIRCLE

City State Zip Code  
CYPRESS CA 90630-3912

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Regulatory Affairs Spclst III

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2119481818496

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

**390.00**

**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 91 / 164  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
KATHRYN H LOURTIE

Mailing Address 307 29TH STREET

City State Zip Code  
HERMOSA BEACH CA 90254-2364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Project Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119482118496

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
SANDY M LUEDKE

Mailing Address 1208 COPRINUS DR

City State Zip Code  
GREEN BAY WI 54313-7286

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. IT Database Cnslnt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119482218496

Amount of Each Receipt this Period  
195.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
HEATHER M MACE-MEADOR

Mailing Address 13531 CARLTON OAKS

City State Zip Code  
SAN ANTONIO TX 78232

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Regional Director Utilization Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119482518496

Amount of Each Receipt this Period  
360.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **685.00**

**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 92 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL S MALLORY

Mailing Address 1195 LORAIN ROAD

City State Zip Code  
SAN MARINO CA 91108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. RVP Sales Pacific Region

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119482618496

Amount of Each Receipt this Period 1248.00

P/R Deduction (\$96.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY S MASON

Mailing Address 5670 SHEMIRAN ST

City State Zip Code  
LA VERNE CA 91750-2380

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119483018496

Amount of Each Receipt this Period 195.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
ELIZABETH M MCDONNELL

Mailing Address 13173 PACIF PROMENADE #115

City State Zip Code  
PLAYA VISTA CA 90094

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Mktg Brand Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119483518496

Amount of Each Receipt this Period 247.00

P/R Deduction (\$19.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1690.00

**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 93 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
PETER W MCKINLEY  
 Mailing Address 6212 OAKBROOK CIRCLE  
 City State Zip Code  
 HUNTINGTON BEACH CA 92648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation Reg Network Mgmt Lead  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1875.00  
 Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2119483718496  
 Amount of Each Receipt this Period 975.00  
 P/R Deduction (\$75.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
DEBORAH MCQUADE  
 Mailing Address 11630 NE Jefferson Point Road  
 City State Zip Code  
 Kingston WA 98346  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation Information Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00  
 Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2119483818496  
 Amount of Each Receipt this Period 270.00  
 P/R Deduction (\$30.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
CHARLEEN M MILBURN  
 Mailing Address 3041 SAN LORENZO WAY  
 City State Zip Code  
 CARMICHAEL CA 95608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation Director Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1625.00  
 Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2119483918496  
 Amount of Each Receipt this Period 845.00  
 P/R Deduction (\$65.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2090.00  
**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 94 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) BENITO M MIRANDA		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address PO BOX 1522		<b>Transaction ID:</b> PR2119484218496
	City LOMITA	State CA	Zip Code 90717-5522
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 156.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Territory Developer-Secure Hor	P/R Deduction (\$12.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) NANCY J MONK		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 12271 CHIANTI DRIVE		<b>Transaction ID:</b> PR2119484318496
	City LOS ALAMITOS	State CA	Zip Code 90720
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 650.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Govt Affairs & Compl	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) CAROLYN L MURRAY		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2288 BUFFALO RUN AVE		<b>Transaction ID:</b> PR2119484818496
	City LAS VEGAS	State NV	Zip Code 89123-1575
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 130.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Acq KA Director Acct Mgmt	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>936.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) SCOTT A NEURURER		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 9852 SILVRETTA DRIVE		<b>Transaction ID:</b> PR2119484918496
	City CYPRESS	State CA	Zip Code 90630
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 702.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Administrative Services	P/R Deduction (\$54.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1404.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) KEITH E NYGARD		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 372 1/2 NEWPORT AVE		<b>Transaction ID:</b> PR2119485018496
	City LONG BEACH	State CA	Zip Code 90814
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 260.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Director Underwriting	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) TRACY L OLLMANN-WAGNER		Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2839 TIMBER LANE		<b>Transaction ID:</b> PR2119485218496
	City GREEN BAY	State WI	Zip Code 54313-5841
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 195.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Mgr Operations	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1157.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM H OLSON

Mailing Address 36 HONEY HILL ROAD

City ORINDA State CA Zip Code 94563-1529

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  /  /

**Transaction ID:** PR2119485318496

Amount of Each Receipt this Period 130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
CYNTHIA ANN OTTO

Mailing Address 1855 O LEARY ROAD

City NEENAH State WI Zip Code 54956

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Director Case Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  /  /

**Transaction ID:** PR2119485418496

Amount of Each Receipt this Period 260.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
PAMELA J PAQUE

Mailing Address 1298 WASHINGTON ST

City WRIGHTSTOWN State WI Zip Code 54180

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Director Customer Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt  /  /

**Transaction ID:** PR2119485518496

Amount of Each Receipt this Period 416.00

P/R Deduction (\$32.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **806.00**

**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 97 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
ANNETTE K PARSONS  
Mailing Address 21541 SAINT JOHN LN  
City HUNTINGTON BEACH State CA Zip Code 92646-8024  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation IT Project Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2119485618496  
Amount of Each Receipt this Period 130.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ARNOLD C PAULSON  
Mailing Address 5127 E EL ROBLE ST  
City LONG BEACH State CA Zip Code 90815  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Healthcare Economics  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 475.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2119485718496  
Amount of Each Receipt this Period 247.00  
P/R Deduction (\$19.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
LYNDA A PAXSON  
Mailing Address 3924 E GARNET PL  
City HIGHLANDS RANCH State CO Zip Code 80126  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Service Account Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 625.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2119485818496  
Amount of Each Receipt this Period 325.00  
P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 702.00  
**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 98 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
DIANA S PETE

Mailing Address 9010 MORNINGSTAR DRIVE

City State Zip Code  
SUGAR LAND TX 77479-3316

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Case Mgmt

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119486318496

Amount of Each Receipt this Period  
156.00

P/R Deduction (\$12.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MICHELLE LYNN PETERS

Mailing Address 1128 COUNTRYSIDE DR

City State Zip Code  
DEPERE WI 54115-1040

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Pricing

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119486418496

Amount of Each Receipt this Period  
195.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
VISHWAJIT P PHADNIS

Mailing Address 53 Canyon Ridge

City State Zip Code  
Irvine CA 92603-3440

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir, Information Systems

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119486618496

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **481.00**

**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 99 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
AUSTIN T PITTMAN

Mailing Address 14 LOCH RIDGE DRIVE

City Greensboro State NC Zip Code 27408

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Health Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3375.00

Date of Receipt: [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR2119486718496

Amount of Each Receipt this Period: 1755.00

P/R Deduction (\$135.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
CYNTHIA L POLICH

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: UnitedHealth Group, Inc. Occupation: VP Public Policy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt: [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR2119486818496

Amount of Each Receipt this Period: 1300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
EUGENE J RAPISARDI

Mailing Address 7360 WEATHERLY PL

City Rancho Cucamonga State CA Zip Code 91730-6376

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Acq KA VP SIs and Acct Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: [M M] / [D D] / [Y Y Y Y Y]

**Transaction ID:** PR2119487418496

Amount of Each Receipt this Period: 195.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3250.00

**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 100 / 164  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
SHARON A RICCIUTI

Mailing Address 1122-C BUCKINGHAM DRIVE

City State Zip Code  
COSTA MESA CA 92626

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Quality Assurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119487918496

Amount of Each Receipt this Period  
260.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
DEBRA E ROGERS

Mailing Address 212 E LA DENEY DR

City State Zip Code  
ONTARIO CA 91764-1755

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Project Mgr Mktg & Bus Dvlpmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119488618496

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
JEANNINE B RUFFNER

Mailing Address 21723 Lawrey Drive

City State Zip Code  
San Antonio TX 78259-2039

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir, Network Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt  
M M / D D / Y Y Y Y Y

**Transaction ID:** PR2119488818496

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **465.00**

**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 101 / 164  
(check only one)  
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 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
WENDY E SACK

Mailing Address 5521 Ridgebury Dr

City State Zip Code  
Huntington Beach CA 92649

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Insurance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119488918496

Amount of Each Receipt this Period: 180.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
CAROL A SCACCIA

Mailing Address 6093 TRINIDAD AVE

City State Zip Code  
CYPRESS CA 90630-5367

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Acq KA New Bus. Coord.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119489318496

Amount of Each Receipt this Period: 130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
CAROLYN M SEABOLT

Mailing Address 4335 SHAVANO WOODS

City State Zip Code  
SAN ANTONIO TX 78249

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Quality Improvement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119489818496

Amount of Each Receipt this Period: 208.00

P/R Deduction (\$16.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **518.00**

**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 102 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
MARTIN SING

Mailing Address 9407 LLANO VERDE

City State Zip Code  
HELOTES TX 78023-4156

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Customer Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119490118496

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
RONALD R STETTLER

Mailing Address 6028 SCOTMIST DR

City State Zip Code  
RANCHOPALOSVERDES CA 90275-3349

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Healthcare Economics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119490418496

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MARILYNN D STYERS

Mailing Address 6485 WAYFINDERS CT

City State Zip Code  
CARLSBAD CA 92009

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Medical Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119490718496

Amount of Each Receipt this Period  
260.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **520.00**

**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 103 / 164  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
CHERYL TANIGAWA, MD

Mailing Address 5598 NAPLES CANAL

City State Zip Code  
LONG BEACH CA 90803

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Sr Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119491118496

Amount of Each Receipt this Period  
650.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
MARY R TEYLAN

Mailing Address 11948 E 186TH ST

City State Zip Code  
ARTESIA CA 90701-5767

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Mgr Accounting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119491418496

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
CHERYL A THOMSON

Mailing Address 222 FOREST DR

City State Zip Code  
SOBIESKI WI 54171-9748

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Legal Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119491618496

Amount of Each Receipt this Period  
195.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **975.00**

**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 104 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
PATTI TUCKER

Mailing Address 3126 PETALUMA AVENUE

City State Zip Code  
LONG BEACH CA 90808

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Business Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119491918496

Amount of Each Receipt this Period 1248.00

P/R Deduction (\$96.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
STEVEN M TUCKER

Mailing Address 11062 GOLD STAR LANE

City State Zip Code  
SANTA ANA CA 92705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Govt Affairs & Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119492018496

Amount of Each Receipt this Period 1248.00

P/R Deduction (\$96.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JACQUELINE M TYSZKA

Mailing Address 14074 MERCADO DR

City State Zip Code  
DEL MAR CA 92014-2950

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119492118496

Amount of Each Receipt this Period 130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2626.00

**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

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(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
SUSAN VANASTEN  
Mailing Address W313 GOLDEN GLOW RD  
City KAUKAUNA State WI Zip Code 54130  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Customer Service  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2119492618496  
Amount of Each Receipt this Period 520.00  
P/R Deduction (\$40.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
SCOTT B WESTPHAL  
Mailing Address 4536 ROCKY RUN LN  
City OCONTO State WI Zip Code 54153  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Actuarial Services  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 316.18  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2119493218496  
Amount of Each Receipt this Period 150.02  
P/R Deduction (\$11.54 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
LINDA D WHETSON  
Mailing Address 615 SOUTH RACE STREET  
City DENVER State CO Zip Code 80209  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Business Risk Management  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2119493518496  
Amount of Each Receipt this Period 260.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 930.02  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
LORI S WOLFE

Mailing Address 17119 GRANGER PATCH

City State Zip Code  
SAN ANTONIO TX 78247-5854

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Mgr Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119493718496

Amount of Each Receipt this Period 130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
GREGORY WRIGHT

Mailing Address 13901 MAUVE DRIVE

City State Zip Code  
SANTA ANA CA 92705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Market Leadership

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119494118496

Amount of Each Receipt this Period 325.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
TIM K K YEE

Mailing Address 11 REGENTS

City State Zip Code  
NEWPORT BEACH CA 92660-9024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Actuarial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119494318496

Amount of Each Receipt this Period 130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **585.00**

**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 107 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
GEORGE M YOUNG

Mailing Address 8131 S COOLIDGE WAY

City State Zip Code  
AURORA CO 80016-5248

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Executive Director Medicare

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 375.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119494418496

Amount of Each Receipt this Period  
195.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
STEVEN C YOUNG

Mailing Address 10765 QUAIL CREEK DRIVE EAST

City State Zip Code  
PARKER CO 80138-3064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. SB Account Executive

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119494518496

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
THOMAS G ZIELINSKI

Mailing Address 1935 E TELEMARCK

City State Zip Code  
GREEN BAY WI 54313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. SVP Claims

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1125.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2119494618496

Amount of Each Receipt this Period  
585.00

P/R Deduction (\$45.00 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: PAGE 108 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
CINDY BORGGREVE  
 Mailing Address 8227 SOUTH JASMINE COURT  
 City State Zip Code  
CENTENNIAL CO 80112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
UnitedHealth Group, Inc. Hospice Executive Director  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 520.00  
 Date of Receipt  
 Transaction ID: PR2133132318496  
 Amount of Each Receipt this Period 260.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
FORREST G BURKE  
 Mailing Address 380 LEAF STREET  
 City State Zip Code  
ORONO MN 55356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
UnitedHealth Group, Inc. Business Segment Gen Counsel  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1300.00  
 Date of Receipt  
 Transaction ID: PR2133132418496  
 Amount of Each Receipt this Period 650.00  
 P/R Deduction (\$50.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
DANIEL M CUMMINGS  
 Mailing Address 1929 FAIRMOUNT AVE  
 City State Zip Code  
SAINT PAUL MN 55105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
UnitedHealth Group, Inc. Director Finance  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 390.00  
 Date of Receipt  
 Transaction ID: PR2133132618496  
 Amount of Each Receipt this Period 195.00  
 P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1105.00  
**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 109 / 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) CYNTHIA K DONOHOE	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 2109 MEETING STREET	<b>Transaction ID:</b> PR2133132718496
	City WAYZATA State MN Zip Code 55391	Amount of Each Receipt this Period 499.98
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.46 Bi-Weekly)
	Name of Employer UnitedHealth Group, Inc. Occupation Director Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 999.96		

<b>B.</b>	Full Name (Last, First, Middle Initial) ELLEN M DUFFIELD	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 514 WARING ROAD	<b>Transaction ID:</b> PR2133132818496
	City ELKINS PARK State PA Zip Code 19027	Amount of Each Receipt this Period 702.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$54.00 Bi-Weekly)
	Name of Employer UnitedHealth Group, Inc. Occupation Director Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1404.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) PATRICIA A FORD	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 21640 E BRIARWOOD DRIVE	<b>Transaction ID:</b> PR2133132918496
	City AURORA State CO Zip Code 80016	Amount of Each Receipt this Period 375.05
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$28.85 Bi-Weekly)
	Name of Employer UnitedHealth Group, Inc. Occupation Regional Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.10		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1577.03</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 164  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
KIMBERLY A GOLDEN

Mailing Address 930 HALDEMAN RD

City State Zip Code  
SCHWENKSVILLE PA 19473

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Human Capital Partner (Mgr)

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2133133018496

Amount of Each Receipt this Period  
130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
CHARLES W HANSON

Mailing Address 4133 WHITE OAK LN

City State Zip Code  
EXCELSIOR MN 55331

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Underwriting

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1342.12

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2133133118496

Amount of Each Receipt this Period  
671.06

P/R Deduction (\$51.62 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
BROR O HULTGREN

Mailing Address 408 22ND ST

City State Zip Code  
GOLDEN CO 80401

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Executive Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
M M / D D / Y Y Y Y Y

Transaction ID: PR2133133218496

Amount of Each Receipt this Period  
499.98

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

1301.04

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
MARY B KENNEDY  
 Mailing Address 556 SUMMIT AVENUE  
 City SAINT PAUL State MN Zip Code 55102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation VP Marketing/Prod Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.22  
 Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2133133318496  
 Amount of Each Receipt this Period 500.11  
 P/R Deduction (\$38.47 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
NANCY W LITTLEFIELD  
 Mailing Address 13520 PLEASANT COLONY DR  
 City MANASSAS State VA Zip Code 20112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation Director Hospice  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1040.00  
 Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2133133418496  
 Amount of Each Receipt this Period 520.00  
 P/R Deduction (\$40.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
CAROLYN E MAGILL  
 Mailing Address 3241 EAST CALHOUN PARKWAY  
 City MINNEAPOLIS State MN Zip Code 55408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation Director Product Mgmt  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 499.98  
 Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2133133518496  
 Amount of Each Receipt this Period 249.99  
 P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1270.10  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 164  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial) ALLEN D MILLER		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 6209 CRESCENT DRIVE		<b>Transaction ID:</b> PR2133133618496
City EDINA	State MN	Zip Code 55436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 455.00
Name of Employer UnitedHealth Group, Inc.	Occupation Executive Director	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00	

**B.**

Full Name (Last, First, Middle Initial) JOHN A MINNICH		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 7640 ATHERTON WAY		<b>Transaction ID:</b> PR2133133718496
City EDEN PRAIRIE	State MN	Zip Code 55346
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 215.00
Name of Employer UnitedHealth Group, Inc.	Occupation Director Finance	P/R Deduction (\$5.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

**C.**

Full Name (Last, First, Middle Initial) SUSAN C MORISATO		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 238 ARDMORE ROAD		<b>Transaction ID:</b> PR2133133818496
City DES PLAINES	State IL	Zip Code 60016
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1950.00
Name of Employer UnitedHealth Group, Inc.	Occupation COO Secure Horizons	P/R Deduction (\$150.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2620.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 113 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
KIM A NETTLETON  
Mailing Address 5003 DARNELL

City HOUSTON State TX Zip Code 77096

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 520.00

Date of Receipt: [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2133133918496  
Amount of Each Receipt this Period: 260.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MARY O'LOUGHLIN  
Mailing Address 430 1/2 Narcissus Ave

City Corona Del Mar State CA Zip Code 92625

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Administration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt: [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2133134018496  
Amount of Each Receipt this Period: 35.00  
P/R Deduction (\$35.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
T JEFFREY PUTNAM  
Mailing Address 303 ELMWOOD PLACE WEST

City MINNEAPOLIS State MN Zip Code 55419

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2313.80

Date of Receipt: [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2133134218496  
Amount of Each Receipt this Period: 1559.80  
P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1854.80

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
ANNE PEARSON ROTE

Mailing Address 5001 LBJ Freeway  
TX076-1000

City State Zip Code  
Dallas TX 75244

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Administration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2133134418496

Amount of Each Receipt this Period: 300.00

P/R Deduction (\$30.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
HELENE S ROYBAL

Mailing Address 11099 HOLLAND CIRCLE

City State Zip Code  
EDEN PRAIRIE MN 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1404.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2133134518496

Amount of Each Receipt this Period: 702.00

P/R Deduction (\$54.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
DIANE M SCHIMMELBUSCH

Mailing Address 2203 RIVER FALLS DRIVE

City State Zip Code  
KINGWOOD TX 77339

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2133134618496

Amount of Each Receipt this Period: 325.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1327.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 115 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
ANITA W SHIELDS

Mailing Address 608 GLENVIEW DRIVE

City State Zip Code  
HORSHAM PA 19044

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Director IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  /  /

**Transaction ID:** PR2133134718496

Amount of Each Receipt this Period 130.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
AMIT TRIVEDI

Mailing Address 8240 E BLACKWILLOW CIR # 206

City State Zip Code  
IRVINE CA 92620

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation VP Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  /  /

**Transaction ID:** PR2133134818496

Amount of Each Receipt this Period 249.99

P/R Deduction (\$19.23 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
CYNTHIA A BARNOWSKI

Mailing Address 2380 LAKE LUCY ROAD

City State Zip Code  
CHANHASSEN MN 55317

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Director Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.10

Date of Receipt  /  /

**Transaction ID:** PR2145728118496

Amount of Each Receipt this Period 375.05

P/R Deduction (\$28.85 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **755.04**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 116 / 164  
(check only one)  
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
MARK F BJORNSON

Mailing Address 2009 NW NORFOLK COURT

City State Zip Code  
PORTLAND OR 97229

FEC ID number of contributing federal political committee. C

Name of Employer: UnitedHealth Group, Inc. Occupation: Regional Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1404.00

Date of Receipt M M / D D / Y Y Y Y Y

**Transaction ID:** PR2145728218496

Amount of Each Receipt this Period 702.00

P/R Deduction (\$54.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
DANIEL M COLE

Mailing Address 26150 OAK LEAF TRAIL

City State Zip Code  
SHOREWOOD MN 55331

FEC ID number of contributing federal political committee. C

Name of Employer: UnitedHealth Group, Inc. Occupation: Director Compensation - Bus Group

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt M M / D D / Y Y Y Y Y

**Transaction ID:** PR2145728318496

Amount of Each Receipt this Period 130.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
ROBERT C FALKENBERG

Mailing Address 6069 WEATHERED OAK CT

City State Zip Code  
WESTERVILLE OH 43082

FEC ID number of contributing federal political committee. C

Name of Employer: UnitedHealth Group, Inc. Occupation: Health Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1872.30

Date of Receipt M M / D D / Y Y Y Y Y

**Transaction ID:** PR2145728418496

Amount of Each Receipt this Period 832.30

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... 1664.30

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
ROB FARAHANI

Mailing Address 37 HARBOR HILL DR

City LLOYD HARBOR State NY Zip Code 11743

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Director IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  /  /

**Transaction ID:** PR2145728518496

Amount of Each Receipt this Period 499.98

P/R Deduction (\$38.46 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JULIE JOHNSTON

Mailing Address 2606 80TH AVE NE

City MEDINA State WA Zip Code 98039

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation VP Business Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  /  /

**Transaction ID:** PR2145728718496

Amount of Each Receipt this Period 499.98

P/R Deduction (\$38.46 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
CARL T KIDD

Mailing Address 12210 OYSTER COVE COURT

City STAFFORD State TX Zip Code 77477

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Director Acct Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.10

Date of Receipt  /  /

**Transaction ID:** PR2145728818496

Amount of Each Receipt this Period 375.05

P/R Deduction (\$28.85 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.01**

**TOTAL** This Period (last page this line 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 118 / 164  
(check only one)  
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
NANCY E LINDIMORE  
Mailing Address 8256 SNEAD WAY  
City WESTERVILLE State OH Zip Code 43082  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation KA Director Acct Mgmt  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2145728918496  
Amount of Each Receipt this Period 260.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM Y MICKLE  
Mailing Address 8 DURANGO COURT  
City ALISO VIEJO State CA Zip Code 92656  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Operations  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 499.98  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2145729118496  
Amount of Each Receipt this Period 249.99  
P/R Deduction (\$19.23 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
WAYNE MILLER  
Mailing Address 19521 SIERRA SOTO RD  
City IRVINE State CA Zip Code 92603  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation VP Client Mgmt & Svc  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 910.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2145729218496  
Amount of Each Receipt this Period 455.00  
P/R Deduction (\$35.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 964.99  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) ROBERT P PFOTENHAUER</p> <p>Mailing Address 4160 TRILLIUM LANE EAST</p> <p>City State Zip Code MINNETRISTA MN 55364</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc.      Occupation: President Ovations Part D</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2600.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR2145729418496</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1300.00</span></p> <p>P/R Deduction (\$100.00 Bi-Weekly)</p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) LEAH C RUMMEL</p> <p>Mailing Address 12100 TRAUTWEIN ROAD</p> <p>City State Zip Code AUSTIN TX 78737</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc.      Occupation: Director Business Development</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">390.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR2145729518496</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">195.00</span></p> <p>P/R Deduction (\$15.00 Bi-Weekly)</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) MICHAEL P SCHWARZ</p> <p>Mailing Address 13935 WOODRIDGE PATH</p> <p>City State Zip Code SAVAGE MN 55378</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc.      Occupation: Director IT</p> <p>Receipt For: <input type="checkbox"/> Primary   <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">910.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y</span></p> <p><b>Transaction ID:</b> PR2145729718496</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">455.00</span></p> <p>P/R Deduction (\$35.00 Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1950.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 164  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
THOMAS A SINKIEWICZ  
Mailing Address 1525 STATE STREET  
City EAU CLAIRE State WI Zip Code 54701  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Director Operations  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 650.00  
Date of Receipt  /  /   
**Transaction ID:** PR2145729818496  
Amount of Each Receipt this Period 325.00  
P/R Deduction (\$25.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
DANNETTE L SMITH  
Mailing Address 5414 BYSCANE LANE  
City MINNETONKA State MN Zip Code 55345  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Deputy General Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1615.32  
Date of Receipt  /  /   
**Transaction ID:** PR2145729918496  
Amount of Each Receipt this Period 1115.34  
P/R Deduction (\$115.38 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
RANDALL SMITH  
Mailing Address 20607 BROADWATER DRIVE  
City LAND O'LAKES State FL Zip Code 34638  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Executive Director  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.04  
Date of Receipt  /  /   
**Transaction ID:** PR2145730018496  
Amount of Each Receipt this Period 150.02  
P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1590.36  
**TOTAL** This Period (last page this line 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 121 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
MARGARET W WEAR

Mailing Address 21 CRESCENT CITY

City State Zip Code  
IRVINE CA 92602

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Actuary - Pricing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2145730218496

Amount of Each Receipt this Period: 650.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
GARY E BACHER

Mailing Address 4302 THORNAPPLE ST

City State Zip Code  
CHEVY CHASE MD 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Govt Affairs & Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2162866818496

Amount of Each Receipt this Period: 650.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MARYNELL F BENSON

Mailing Address 604 ROCKBOURNE MILLS COURT

City State Zip Code  
WALLINGFORD PA 19086

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2162866918496

Amount of Each Receipt this Period: 130.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1430.00**

**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 122 / 164  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) ARLENE DAVIDSON</p> <p>Mailing Address 7528 NORTH 6TH PLACE</p> <hr/> <p>City State Zip Code PHOENIX AZ 85020</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Director Business Development</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 499.98</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p><b>Transaction ID:</b> PR2162867018496</p> <p>Amount of Each Receipt this Period 249.99</p> <p>P/R Deduction (\$19.23 Bi-Weekly)</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) SCOTT J FRIES</p> <p>Mailing Address 16393 MAYFIELD DRIVE</p> <hr/> <p>City State Zip Code EDEN PRAIRIE MN 55347</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Director Finance</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1999.92</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p><b>Transaction ID:</b> PR2162867118496</p> <p>Amount of Each Receipt this Period 999.96</p> <p>P/R Deduction (\$76.92 Bi-Weekly)</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) PATRICIA A KAPPAS-LARSON</p> <p>Mailing Address 157 SUMMIT POINT DRIVE</p> <hr/> <p>City State Zip Code HASTINGS MN 55033</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Director Operations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1300.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p><b>Transaction ID:</b> PR2162867218496</p> <p>Amount of Each Receipt this Period 650.00</p> <p>P/R Deduction (\$50.00 Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1899.95</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 / 164
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) THEODORE T PANTALEO III	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 10037 INDIGO DRIVE	<b>Transaction ID:</b> PR2162867518496
	City State Zip Code EDEN PRAIRIE MN 55437	Amount of Each Receipt this Period 520.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$40.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Director Networks Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1040.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) LINDA H WHITMAN	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 9900 Bren Road East MN008-T440	<b>Transaction ID:</b> PR2162867718496
	City State Zip Code Minnetonka MN 55343	Amount of Each Receipt this Period 38.46
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.46 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Business Administration Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 538.44	

<b>C.</b>	Full Name (Last, First, Middle Initial) CHRISTINE W GIBSON	Date of Receipt M M / D D / Y Y Y Y Y
	Mailing Address 8516 29TH AVE N	<b>Transaction ID:</b> PR2225166718496
	City State Zip Code NEW HOPE MN 55427	Amount of Each Receipt this Period 1269.18
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$115.38 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Chief Marketing Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1269.18	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1827.64</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 124 / 164  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
ANDREW M SLAVITT

Mailing Address 4908 ROLLING GREEN PARKWAY

City State Zip Code  
EDINA MN 55436

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.90

Date of Receipt  /  /

**Transaction ID:** PR2225167418496

Amount of Each Receipt this Period 4999.90

P/R Deduction (\$0.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
RICHARD H ANDERSON

Mailing Address 9900 Bren Road East  
MN008-T030

City State Zip Code  
Minnetonka MN 55343-9664

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt  /  /

**Transaction ID:** PR2225813018496

Amount of Each Receipt this Period 384.60

P/R Deduction (\$192.30 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JEAN-FRANCOIS BEAULE

Mailing Address 7 STRATFORD RD

City State Zip Code  
FARMINGTON CT 06032

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Chief Actuary

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 461.60

Date of Receipt  /  /

**Transaction ID:** PR2225813618496

Amount of Each Receipt this Period 461.60

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **5846.10**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL MCGUIRE  
Mailing Address 437 DRURY LANE  
City WYCKOFF State NJ Zip Code 07481  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Health Plan CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 461.60  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2225818818496  
Amount of Each Receipt this Period 461.60  
P/R Deduction (\$57.70 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ERIC S RANGEN  
Mailing Address 1376 MICHELLE DRIVE  
City EAGAN State MN Zip Code 55123  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Senior Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1538.40  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2225819318496  
Amount of Each Receipt this Period 1538.40  
P/R Deduction (\$192.30 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JOHN D RYAN  
Mailing Address 45 WESTMORELAND LN  
City NAPERVILLE State IL Zip Code 60540  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation VP Client Mgmt & Svc  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 307.68  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2225819618496  
Amount of Each Receipt this Period 307.68  
P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2307.68  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
ROY T SAILOR

Mailing Address 7705 MONTANE DRIVE

City State Zip Code  
COLORADO SPRINGS CO 80920

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Product Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 615.36

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR2225819718496

Amount of Each Receipt this Period 615.36

P/R Deduction (\$76.92 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
A R WEILER

Mailing Address 4512 EDINA BOULEVARD

City State Zip Code  
EDINA MN 55424

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Sales - Ingenix

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR2225820618496

Amount of Each Receipt this Period 320.00

P/R Deduction (\$40.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
KAREN A DIPALMO

Mailing Address 7533 PRAIRIE VIEW DR

City State Zip Code  
INDIANAPOLIS IN 46256

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Director Care Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt [M M] / [D D] / [Y Y Y Y Y Y]

**Transaction ID:** PR2231347218496

Amount of Each Receipt this Period 210.00

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1145.36

**TOTAL** This Period (last page this line 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 127 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
JEFFERY A DROZDA  
Mailing Address 4170 186TH ST  
City SHERIDAN State IN Zip Code 46069  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Public Policy Specialist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2231347418496  
Amount of Each Receipt this Period 350.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
GREG KOHNE  
Mailing Address 9653 SPRUCE LANE  
City FISHERS State IN Zip Code 46038  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation IB Director Inside Sales  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2231351018496  
Amount of Each Receipt this Period 350.00  
P/R Deduction (\$50.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
DARRELL S RICHEY  
Mailing Address 7244 TULIPTREE TRAIL  
City INDIANAPOLIS State IN Zip Code 46256  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Deputy General Counsel  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 560.00  
Date of Receipt [M M] / [D D] / [Y Y Y Y Y]  
**Transaction ID:** PR2231352318496  
Amount of Each Receipt this Period 560.00  
P/R Deduction (\$80.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1260.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 164

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
MICHAEL R CONNLY

Mailing Address 570 MONTCALM PL

City SAINT PAUL State MN Zip Code 55116

FEC ID number of contributing federal political committee. C

Name of Employer UnitedHealth Group, Inc. Occupation VP Information Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt M M / D D / Y Y Y Y Y

**Transaction ID:** PR2247625818496

Amount of Each Receipt this Period 240.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
JOYCE M RUDDOCK

Mailing Address 4 SPLIT ROCK ROAD

City NEWTOWN State CT Zip Code 06470

FEC ID number of contributing federal political committee. C

Name of Employer UnitedHealth Group, Inc. Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y Y

**Transaction ID:** PR2247626418496

Amount of Each Receipt this Period 300.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
JOSEPH R CARCIONE JR

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 UnitedHealth Group, Inc. Occupation Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 288.50

Date of Receipt M M / D D / Y Y Y Y Y

**Transaction ID:** PR2247626818496

Amount of Each Receipt this Period 288.50

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... 828.50

**TOTAL** This Period (last page this line 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 129 / 164  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
DONALD R GINTZIG

Mailing Address 1730 TWELVE OAKS

City State Zip Code  
MURFREESBORO TN 37127

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: CEO Military Health Svcs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.50

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2247626918496

Amount of Each Receipt this Period: 288.50

P/R Deduction (\$57.70 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
DENNIS P O'BRIEN

Mailing Address 61 LOUGHLIN AVE

City State Zip Code  
COS COB CT 06807

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Regional Network Mgmt Lead

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.50

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2247627318496

Amount of Each Receipt this Period: 288.50

P/R Deduction (\$57.70 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JEFFERY RICHARD VERNEY

Mailing Address 266 WESTLEDGE ROAD

City State Zip Code  
WEST SIMSBURY CT 06092

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: CEO United Retiree Solutions

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 288.50

Date of Receipt: M M / D D / Y Y Y Y Y Y

**Transaction ID:** PR2247627418496

Amount of Each Receipt this Period: 288.50

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **865.50**

**TOTAL** This Period (last page this line 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 130 / 164
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial) BARTLEY BRYT		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 44 S Broadway NY075-1000		<b>Transaction ID:</b> PR2247627718496
City White Plains	State NY	Zip Code 10601-4424
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00	
Name of Employer UnitedHealth Group, Inc.	Occupation Procurement	P/R Deduction (\$1000.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**B.**

Full Name (Last, First, Middle Initial) JACQUELINE B KOSECOFF		Date of Receipt M M / D D / Y Y Y Y Y
Mailing Address 1474 BIENVENEDA AVE		<b>Transaction ID:</b> PR2247627918496
City PACIFIC PALISADES	State CA	Zip Code 90272
FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 576.90	
Name of Employer UnitedHealth Group, Inc.	Occupation CEO Ovations Pharmacy Sltns	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 ▼ 576.90	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1576.90</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>210416.77</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Impact	Transaction ID: 26167981 Date of Disbursement 07 / 02 / 2007
	Mailing Address 509 Madison Ave. Suite 1902	Amount of Each Disbursement this Period 5000.00
	City New York State NY Zip Code 10022	
	Purpose of Disbursement Leadership PAC - Senator Chuck Schummer Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Leadership PAC - Senator Chuck Schummer

B.	Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones For Us Congress	Transaction ID: 26167982 Date of Disbursement 07 / 02 / 2007
	Mailing Address 3729 Silsby Rd	Amount of Each Disbursement this Period 2000.00
	City University Heights State OH Zip Code 44118	
	Purpose of Disbursement Re-election to US Congress Candidate Name Rep. Stephanie Tubbs Jones	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Re-election to US Congress

C.	Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc.	Transaction ID: 26233131 Date of Disbursement 07 / 16 / 2007
	Mailing Address PO Box 682185	Amount of Each Disbursement this Period 1000.00
	City Franklin State TN Zip Code 37068	
	Purpose of Disbursement Re-Elect to U.S. House Candidate Name Rep. Marsha Blackburn	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Re-Elect to U.S. House

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Rogers For Congress Mailing Address Post Office Box 581 City Brighton State MI Zip Code 48116 Purpose of Disbursement Re-elect to U.S. House Candidate Name Rep. Michael Rogers Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26233101 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
	Amount of Each Disbursement this Period 1000.00 Re-elect to U.S. House

<b>B.</b> Full Name (Last, First, Middle Initial) Texas Freedom Fund Mailing Address 104 East Hume Avenue City Alexandria State VA Zip Code 22301 Purpose of Disbursement Leadership PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26233090 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
	Amount of Each Disbursement this Period 2500.00 Leadership PAC

<b>C.</b> Full Name (Last, First, Middle Initial) Committee for a Democratic Majority Mailing Address 301 4th St. NE Suite 202 City Washington State DC Zip Code 20002 Purpose of Disbursement Leadership PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26233110 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 6 / 2 0 0 7
	Amount of Each Disbursement this Period 2000.00 Leadership PAC

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Crowley For Congress	Transaction ID: 26233084 Date of Disbursement 07 / 16 / 2007
	Mailing Address 422 C Street NE Lower Level	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Re-elect to US House Candidate Name Rep. Joseph Crowley	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Re-elect to US House

B.	Full Name (Last, First, Middle Initial) Citizens for Arlen Specter	Transaction ID: 26249229 Date of Disbursement 07 / 18 / 2007
	Mailing Address 300 I Street N.E. Suite 100B	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Re-election to U.S. Senate Candidate Name Arlen Specter	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Re-election to U.S. Senate

C.	Full Name (Last, First, Middle Initial) Citizens For Bunning	Transaction ID: 26313564 Date of Disbursement 07 / 25 / 2007
	Mailing Address 1717 Dixie Highway Suite 180	Amount of Each Disbursement this Period 1000.00
	City Ft Wright State KY Zip Code 41011	
	Purpose of Disbursement Re-election to the US Senate Candidate Name Sen. Jim Bunning	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Re-election to the US Senate

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement Re-Elect to US House</p> <p>Candidate Name Rep. Allyson Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26313587</p> <p>Date of Disbursement 07 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-Elect to US House</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) SNOW PAC</p> <p>Mailing Address 175 South West Temple suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement Leadership PAC Senator R Bennett</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26440215</p> <p>Date of Disbursement 08 / 15 / 2007</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Leadership PAC Senator R Bennett</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cummings for Congress</p> <p>Mailing Address P.O. Box 1631</p> <p>City Baltimore State MD Zip Code 21203-1631</p> <p>Purpose of Disbursement Re-Election to US Congress</p> <p>Candidate Name Elijah Cummings</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26462831</p> <p>Date of Disbursement 08 / 21 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Re-Election to US Congress</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) NorthStar Leadership PAC  Mailing Address PO Box 4365  City St. Paul State MN Zip Code 55104  Purpose of Disbursement Leadership PAC (Senator Norm Coleman) Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26482046 Date of Disbursement 08 / 30 / 2007  Amount of Each Disbursement this Period 5000.00  Leadership PAC (Senator Norm Coleman)	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) ERICPAC  Mailing Address 25 East Main Street, Suite 200  City Richmond State VA Zip Code 23219  Purpose of Disbursement Eric Cantor Leadership PAC Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26481610 Date of Disbursement 08 / 30 / 2007  Amount of Each Disbursement this Period 2500.00  Eric Cantor Leadership PAC	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends of Max Baucus  Mailing Address P.O. Box 586  City Helena State MT Zip Code 59624  Purpose of Disbursement Re-election to US Senate Candidate Name Max Baucus  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:  Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26498245 Date of Disbursement 09 / 10 / 2007  Amount of Each Disbursement this Period 1500.00  Re-election to US Senate	011 Category/ Type

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Davis For Congress/Friends Of Davis</p> <p>Mailing Address 5956 W. Race Avenue</p> <p>City Chicago State IL Zip Code 60644</p> <p>Purpose of Disbursement Re-Election to Congress</p> <p>Candidate Name Rep. Danny Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26498328 <b>Date of Disbursement</b> 09 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-Election to Congress</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Freedom Project</p> <p>Mailing Address 111 C Street SE</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Leadership PAC (MN Leader, John Boehner)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26533745 <b>Date of Disbursement</b> 09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Leadership PAC (MN Leader, John Boehner)</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kind for Congress</p> <p>Mailing Address P.O. Box 184</p> <p>City La Crosse State WI Zip Code 54603</p> <p>Purpose of Disbursement Re-election to US Congress</p> <p>Candidate Name Rep Ron Kind</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26533752 <b>Date of Disbursement</b> 09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-election to US Congress</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Tiberi For Congress</p> <p>Mailing Address 2021 East Dublin Granville Road Suite 2000</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement Re-election to US Congress.</p> <p>Candidate Name Rep. Patrick Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26533738 <b>Date of Disbursement</b> 09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Re-election to US Congress.</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Reynolds For Congress</p> <p>Mailing Address PO Box 15388 Pittsford</p> <p>City Rochester State NY Zip Code 14615</p> <p>Purpose of Disbursement Re-election to US Congress</p> <p>Candidate Name Rep. Thomas Reynolds</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26533755 <b>Date of Disbursement</b> 09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-election to US Congress</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dave Camp For Congress</p> <p>Mailing Address P.O. Box 423</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Re-election to US Congress</p> <p>Candidate Name Rep. David Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26533717 <b>Date of Disbursement</b> 09 / 14 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-election to US Congress</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Wally Herger For Congress Committee

Mailing Address P.O. Box 1500

City State Zip Code  
Chico CA 95927

Purpose of Disbursement  
Re-election to US Congress

Candidate Name  
Rep. Wally Herger

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: CA District: 02

Transaction ID: 26533751

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Re-election to US Congress

**B.** Full Name (Last, First, Middle Initial)  
Hawkeye PAC, The

Mailing Address PO Box 7255

City State Zip Code  
Des Moines IA 50309

Purpose of Disbursement  
Leadership PAC (Senator Chuck Grassley)

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: 26533711

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Leadership PAC (Senator Chuck Grassley)

**C.** Full Name (Last, First, Middle Initial)  
Tim Walz For Us Congress

Mailing Address PO Box 938

City State Zip Code  
Mankato MN 56002

Purpose of Disbursement  
Re-election to US Congress

Candidate Name  
Rep. Timothy Walz

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: MN District: 01

Transaction ID: 26533739

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Re-election to US Congress

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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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)

A.	Full Name (Last, First, Middle Initial) Hoosiers For Hill	Transaction ID: 26533723 Date of Disbursement 09 / 14 / 2007
	Mailing Address PO Box 1071	Amount of Each Disbursement this Period 2000.00
	City Seymour State IN Zip Code 47274	
	Purpose of Disbursement Re-election to US Congress Candidate Name Rep. Baron Hill Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 09 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type Re-election to US Congress

B.	Full Name (Last, First, Middle Initial) OrrinPAC	Transaction ID: 26533757 Date of Disbursement 09 / 14 / 2007
	Mailing Address 175 S West Temple Suite 650	Amount of Each Disbursement this Period 2000.00
	City Salt Lake City State UT Zip Code 84101	
	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type

C.	Full Name (Last, First, Middle Initial) Larson for Congress	Transaction ID: 26567176 Date of Disbursement 09 / 21 / 2007
	Mailing Address 6282 Occoquan Forest Dr c/o Lori LaFave	Amount of Each Disbursement this Period 1000.00
	City Manassas State VA Zip Code 20112	
	Purpose of Disbursement Re-election to Congress Candidate Name John B. Larson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	011 Category/ Type Re-election to Congress

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Ron Lewis For Congress	Transaction ID: 26567173 Date of Disbursement 09 / 21 / 2007
	Mailing Address PO Box 307	Amount of Each Disbursement this Period 1000.00
	City Elizabethtown State KY Zip Code 42702	
	Purpose of Disbursement Re-elect to US Congress Candidate Name Rep. Ron Lewis Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KY District: 02	Re-elect to US Congress

B.	Full Name (Last, First, Middle Initial) Stephanie Tubbs Jones For Us Congress	Transaction ID: 26567169 Date of Disbursement 09 / 21 / 2007
	Mailing Address 3729 Silsby Rd	Amount of Each Disbursement this Period 2500.00
	City University Heights State OH Zip Code 44118	
	Purpose of Disbursement Re-election to US House Candidate Name Rep. Stephanie Tubbs Jones Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 11	Re-election to US House

C.	Full Name (Last, First, Middle Initial) Larson for Congress	Transaction ID: 26730751 Date of Disbursement 09 / 24 / 2007
	Mailing Address 6282 Occoquan Forest Dr c/o Lori LaFave	Amount of Each Disbursement this Period -1000.00
	City Manassas State VA Zip Code 20112	
	Purpose of Disbursement Void - Larson for Congress Candidate Name John B. Larson Category/Type 011	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 01	Void - Larson for Congress

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Nelson For U S Senate  Mailing Address PO Box 540154  City Omaha State NE Zip Code 68154  Purpose of Disbursement Re-election to U.S. Senate  Candidate Name Sen. Ben Nelson  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District:  Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26568267 Date of Disbursement 09 / 24 / 2007  Amount of Each Disbursement this Period 1000.00  011 Category/ Type  Re-election to U.S. Senate
B.	Full Name (Last, First, Middle Initial) Friends Of Jay Rockefeller  Mailing Address PO Box 1909  City Charleston State WV Zip Code 25327  Purpose of Disbursement Re-elect to US Senate  Candidate Name Sen. John Rockefeller, IV  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WV District:  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26621184 Date of Disbursement 10 / 02 / 2007  Amount of Each Disbursement this Period 1000.00  011 Category/ Type  Re-elect to US Senate
C.	Full Name (Last, First, Middle Initial) Hobson For Congress  Mailing Address 82 West Columbia St.  City Springfield State OH Zip Code 45502  Purpose of Disbursement Re-election to US Congress  Candidate Name David L. Hobson  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07  Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26660617 Date of Disbursement 10 / 09 / 2007  Amount of Each Disbursement this Period 1000.00  011 Category/ Type  Re-election to US Congress

SUBTOTAL of Disbursements This Page (optional) ..... ▶

3000.00

TOTAL This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Citizens For Rush	Transaction ID: 26660829 Date of Disbursement 10 / 09 / 2007
	Mailing Address 3 First Natl. Plaza, 70 W. Madison	Amount of Each Disbursement this Period 2000.00
	City Chicago State IL Zip Code 60616	
	Purpose of Disbursement Re-election to US Congress Candidate Name Bobby L. Rush Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-election to US Congress

B.	Full Name (Last, First, Middle Initial) Friends for Harry Reid	Transaction ID: 26661024 Date of Disbursement 10 / 09 / 2007
	Mailing Address P.O. Box 85223	Amount of Each Disbursement this Period 5000.00
	City Las Vegas State NV Zip Code 89185	
	Purpose of Disbursement Re-elect to US Senate Candidate Name Harry Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to US Senate

C.	Full Name (Last, First, Middle Initial) Friends for Harry Reid	Transaction ID: 26661033 Date of Disbursement 10 / 09 / 2007
	Mailing Address P.O. Box 85223	Amount of Each Disbursement this Period 5000.00
	City Las Vegas State NV Zip Code 89185	
	Purpose of Disbursement Re-election to US Senate Candidate Name Harry Reid Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-election to US Senate

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	12000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee To Re-Elect Ed Towns</p> <p>Mailing Address 438 Lewis Avenue</p> <p>City Brooklyn State NY Zip Code 11233</p> <p>Purpose of Disbursement Re-election to US Congress</p> <p>Candidate Name Rep. Edolphus Towns</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 10</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26660964 <b>Date of Disbursement</b> 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Re-election to US Congress</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Meek For Congress</p> <p>Mailing Address 111 Nw 183rd Street Suite 325</p> <p>City Miami State FL Zip Code 33169</p> <p>Purpose of Disbursement Re-election to US Congress</p> <p>Candidate Name Rep. Kendrick Meek</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 17</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26660730 <b>Date of Disbursement</b> 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Re-election to US Congress</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Citizens For Eleanor Holmes Norton</p> <p>Mailing Address 2201 Wisconsin Avenue Nw Suite 320</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Re-election to US Congress</p> <p>Candidate Name Del. Eleanor Norton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DC District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26660731 <b>Date of Disbursement</b> 10 / 09 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-election to US Congress</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Friends Of Jim Clyburn <hr/> Mailing Address Post Office Box 12567 <hr/> City Columbia State SC Zip Code 29211 <hr/> Purpose of Disbursement Re-election to US Congress <hr/> Candidate Name Rep. James Clyburn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26660728 Date of Disbursement 10 / 09 / 2007 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Re-election to US Congress
B.	Full Name (Last, First, Middle Initial) Porter For Congress <hr/> Mailing Address PO Box 26087 <hr/> City Las Vegas State NV Zip Code 89126 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Jon Porter <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 03 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26661012 Date of Disbursement 10 / 09 / 2007 <hr/> Amount of Each Disbursement this Period 5000.00 <hr/> Re-election to US Congress
C.	Full Name (Last, First, Middle Initial) Mel Watt For Congress Committee <hr/> Mailing Address PO Box 36831 <hr/> City Charlotte State NC Zip Code 28236 <hr/> Purpose of Disbursement Re-election to US Congress <hr/> Candidate Name Rep. Melvin Watt <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 12 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 26661036 Date of Disbursement 10 / 09 / 2007 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> Re-election to US Congress

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)

A.	Full Name (Last, First, Middle Initial) Gene Green Congressional Campaign	Transaction ID: 26660729 Date of Disbursement 10 / 09 / 2007
	Mailing Address P.O. Box 16128	Amount of Each Disbursement this Period 2000.00
	City Houston State TX Zip Code 77222-6128	
	Purpose of Disbursement Re-election to Congress Candidate Name Gene Green Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-election to Congress

B.	Full Name (Last, First, Middle Initial) Wynn For Congress	Transaction ID: 26660998 Date of Disbursement 10 / 09 / 2007
	Mailing Address P.O. Box 39139	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20016	
	Purpose of Disbursement Re-election to US Congress Candidate Name Rep. Albert Wynn Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 04	011 Category/Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-election to US Congress

C.	Full Name (Last, First, Middle Initial) The Grassley Committee, Inc.	Transaction ID: 26725209 Date of Disbursement 10 / 18 / 2007
	Mailing Address P.O. Box 6193	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22306-0193	
	Purpose of Disbursement Re-elect to US Senate Candidate Name Charles E. Grassley Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to US Senate

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rogers For Congress</p> <p>Mailing Address Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement Re-election to US House of Representatives</p> <p>Candidate Name Rep. Michael Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26725208 <b>Date of Disbursement</b> 10 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-election to US House of Representatives</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Battle Born Political Action Committee</p> <p>Mailing Address PO Box 40366 Suite 300</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Leadership PAC Senator John Ensign</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26725207 <b>Date of Disbursement</b> 10 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p> <p>Leadership PAC Senator John Ensign</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) America's Leadership PAC</p> <p>Mailing Address c/o Guy Selden 426 C Street, N.E.</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Leadership PAC (Senator Debbie Stabenow)</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26747972 <b>Date of Disbursement</b> 10 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Leadership PAC (Senator Debbie Stabenow)</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Hobson For Congress	Transaction ID: 27160478 Date of Disbursement 10 / 25 / 2007
	Mailing Address 82 West Columbia St.	Amount of Each Disbursement this Period -1000.00
	City Springfield State OH Zip Code 45502	
	Purpose of Disbursement Void - Hobson For Congress	011 Category/ Type
	Candidate Name David L. Hobson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Hobson For Congress

B.	Full Name (Last, First, Middle Initial) Pioneer PAC	Transaction ID: 26791398 Date of Disbursement 11 / 07 / 2007
	Mailing Address 1212 North Vernon St.	Amount of Each Disbursement this Period 2000.00
	City Arlington State VA Zip Code 22201	
	Purpose of Disbursement Leadership PAC (David Hobson)	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Leadership PAC (David Hobson)

C.	Full Name (Last, First, Middle Initial) Hoosiers Supporting Buyer For Congress	Transaction ID: 26791401 Date of Disbursement 11 / 07 / 2007
	Mailing Address 200 North Main St PO Box 712	Amount of Each Disbursement this Period 2000.00
	City Monticello State IN Zip Code 47960	
	Purpose of Disbursement Re-election to Congress	011 Category/ Type
	Candidate Name Steve Buyer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Re-election to Congress

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Larson for Congress</p> <p>Mailing Address 6282 Occoquan Forest Dr c/o Lori LaFave</p> <p>City Manassas State VA Zip Code 20112</p> <p>Purpose of Disbursement Re-election to Congress</p> <p>Candidate Name John B. Larson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CT District: 01</p>	<p>Transaction ID: 26791391</p> <p>Date of Disbursement 11 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-election to Congress</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Adam Smith For Congress</p> <p>Mailing Address 27030 47th Ave S #104</p> <p>City Kent State WA Zip Code 98032</p> <p>Purpose of Disbursement Re-elect to Congress</p> <p>Candidate Name Adam Smith</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 09</p>	<p>Transaction ID: 26791394</p> <p>Date of Disbursement 11 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Re-elect to Congress</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Ike Skelton For Congress Committee</p> <p>Mailing Address P.O. Box A</p> <p>City Harrisonville State MO Zip Code 64701</p> <p>Purpose of Disbursement Re-election to Congress</p> <p>Candidate Name Rep. Ike Skelton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MO District: 04</p>	<p>Transaction ID: 26791395</p> <p>Date of Disbursement 11 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p> <p>Re-election to Congress</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Hoyer For Congress	Transaction ID: 26791397 Date of Disbursement 11 / 07 / 2007
	Mailing Address 7905 Malcolm Road Suite 102	Amount of Each Disbursement this Period 1000.00
	City Clinton State MD Zip Code 20735	
	Purpose of Disbursement Re-election to Congress Candidate Name Rep. Steny Hoyer Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-election to Congress

B.	Full Name (Last, First, Middle Initial) John Kerry For Senate	Transaction ID: 26791400 Date of Disbursement 11 / 07 / 2007
	Mailing Address 10 G Street Ne Suite 710	Amount of Each Disbursement this Period 2000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Re-election to US Senate Candidate Name Sen. John Kerry Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MA District:	011 Category/ Type
	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-election to US Senate

C.	Full Name (Last, First, Middle Initial) Salazar For Senate	Transaction ID: 26791438 Date of Disbursement 11 / 08 / 2007
	Mailing Address PO Box 600	Amount of Each Disbursement this Period 2000.00
	City Denver State CO Zip Code 80201	
	Purpose of Disbursement Re-elect to US Senate Candidate Name Sen. Ken Salazar Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Re-elect to US Senate

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Salazar For Senate</p> <p>Mailing Address PO Box 600</p> <p>City Denver State CO Zip Code 80201</p> <p>Purpose of Disbursement Re-elect to US Senate</p> <p>Candidate Name Sen. Ken Salazar</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26791439</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3000.00"/></p> <p>Re-elect to US Senate</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) The Blue Dog PAC</p> <p>Mailing Address 227 Massachusetts Ave Suite 101</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement House Moderate Democrats</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26801461</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="5000.00"/></p> <p>House Moderate Democrats</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) OrrinPAC</p> <p>Mailing Address 175 S West Temple Suite 650</p> <p>City Salt Lake City State UT Zip Code 84101</p> <p>Purpose of Disbursement Senator Orrin Hatch Leadership PAC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26801450</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Senator Orrin Hatch Leadership PAC</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ryan for Congress Committee</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547-1919</p> <p>Purpose of Disbursement Re-election to U.S. House</p> <p>Candidate Name Paul Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: WI District: 01</p>	<p><b>Transaction ID:</b> 26892095</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Re-election to U.S. House</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hall For Congress Committee (Ralph Hall - Rockwall)</p> <p>Mailing Address Post Office Box 711</p> <p>City Rockwall State TX Zip Code 75087</p> <p>Purpose of Disbursement Re-election to U.S. House</p> <p>Candidate Name Rep. Ralph Hall</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 04</p>	<p><b>Transaction ID:</b> 26892097</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Re-election to U.S. House</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael Burgess For Congress</p> <p>Mailing Address 101 N. Elm, Suite 201-D</p> <p>City Denton State TX Zip Code 76201</p> <p>Purpose of Disbursement Re-elect to U.S. House</p> <p>Candidate Name Mr. Michael Burgess</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: TX District: 26</p>	<p><b>Transaction ID:</b> 26892090</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="7"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1000.00"/></p> <p>Re-elect to U.S. House</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p><input type="text" value="3000.00"/></p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<p><input type="text" value=""/></p>

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Collins For Senate</p> <p>Mailing Address PO Box 1096</p> <p>City Bangor State ME Zip Code 04402</p> <p>Purpose of Disbursement Re-elect to U.S. Senate</p> <p>Candidate Name Susan Collins</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ME District:</p>	<p><b>Transaction ID:</b> 26934951</p> <p>Date of Disbursement 12 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-elect to U.S. Senate</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Re-election to US Congress</p> <p>Candidate Name Rep. Henry Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: CA District: 30</p>	<p><b>Transaction ID:</b> 26935449</p> <p>Date of Disbursement 12 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Re-election to US Congress</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Heller For Congress</p> <p>Mailing Address 7840 Red Leaf Drive</p> <p>City Las Vegas State NV Zip Code 89131</p> <p>Purpose of Disbursement Re-elect to US Congress</p> <p>Candidate Name Rep. Dean Heller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: NV District: 02</p>	<p><b>Transaction ID:</b> 26935452</p> <p>Date of Disbursement 12 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p> <p>Re-elect to US Congress</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 7000.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 153 / 164

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

Heather Wilson For Senate

Mailing Address P.O. Box 14070

City State Zip Code  
Albuquerque NM 87191

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Heather Wilson

Office Sought:  House  
 Senate  
 President

Disbursement For: 2008  
 Primary  General  
 Other (specify) ▼

State: NM District:

Transaction ID: 26946561

Date of Disbursement

/   /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ..... ►

TOTAL This Period (last page this line number only) ..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Armstrong for Senate Committee</p> <p>Mailing Address 129 Augusta Drive</p> <p>City Annville State PA Zip Code 17003</p> <p>Purpose of Disbursement Gibson Armstrong, STATE SENATE PA</p> <p>Candidate Name Senator Gibson Armstrong</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26276178</p> <p>Date of Disbursement 07 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Gibson Armstrong, STATE SENATE PA</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Bob Mellow</p> <p>Mailing Address 524 Main Street PO Box B</p> <p>City Peckville State PA Zip Code 18452</p> <p>Purpose of Disbursement Robert Mellow, STATE SENATE PA</p> <p>Candidate Name Senator Robert Mellow</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26276179</p> <p>Date of Disbursement 07 / 20 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Robert Mellow, STATE SENATE PA</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Angerer Leadership Fund PAC</p> <p>Mailing Address PO Box 10025</p> <p>City Lansing State MI Zip Code 48901</p> <p>Purpose of Disbursement Democrat Leadership Committee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26313584</p> <p>Date of Disbursement 07 / 25 / 2007</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Democrat Leadership Committee</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Friends of Senator Don White	Transaction ID: 26388556 Date of Disbursement 08 / 09 / 2007
	Mailing Address PO Box 363	Amount of Each Disbursement this Period 1000.00
	City Indiana State PA Zip Code 15701	
	Purpose of Disbursement Donald White, STATE SENATE PA	011 Category/ Type
	Candidate Name Senator Donald White	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Donald White, STATE SENATE PA

B.	Full Name (Last, First, Middle Initial) Bill DeWeese Campaign Committee	Transaction ID: 26568280 Date of Disbursement 09 / 24 / 2007
	Mailing Address PO Box 2000	Amount of Each Disbursement this Period 1000.00
	City Waynesburg State PA Zip Code 15370	
	Purpose of Disbursement H. William DeWeese, STATE HOUSE 50th PA	011 Category/ Type
	Candidate Name Representa H. William DeWeese	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 50	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		H. William DeWeese, STATE HOUSE 50th PA

C.	Full Name (Last, First, Middle Initial) Bishop Majority Fund	Transaction ID: 26661014 Date of Disbursement 10 / 09 / 2007
	Mailing Address State Capitol PO Box 30038	Amount of Each Disbursement this Period -1000.00
	City Lansing State MI Zip Code 48909-7536	
	Purpose of Disbursement Void - Senate Majority Leader Michael Bishop	011 Category/ Type
	Candidate Name MI Sen. Michael Bishop	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Void - Senate Majority Le- ader Michael Bishop

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Bishop Majority Fund	Transaction ID: 26661017 Date of Disbursement 10 / 09 / 2007
	Mailing Address State Capitol PO Box 30038	Amount of Each Disbursement this Period 1000.00
	City Lansing	State MI
	Zip Code 48909-7536	
	Purpose of Disbursement Michael Bishop, STATE SENATE 12th MI	011 Category/ Type
	Candidate Name MI Sen. Michael Bishop	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MI District:	Michael Bishop, STATE SENATE 12th MI

B.	Full Name (Last, First, Middle Initial) Citizens for Priscilla Tyson	Transaction ID: 26661155 Date of Disbursement 10 / 09 / 2007
	Mailing Address 1465 E Broad St	Amount of Each Disbursement this Period 250.00
	City Columbus	State OH
	Zip Code 43205	
	Purpose of Disbursement Priscilla Tyson, Columbus City Council OH	011 Category/ Type
	Candidate Name Priscilla Tyson	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	Priscilla Tyson, Columbus City Council OH

C.	Full Name (Last, First, Middle Initial) Citizens for Tavares	Transaction ID: 26661157 Date of Disbursement 10 / 09 / 2007
	Mailing Address 1257 Medford Road	Amount of Each Disbursement this Period 250.00
	City Columbus	State OH
	Zip Code 43209	
	Purpose of Disbursement Charleta Tavares, Columbus City Council OH	011 Category/ Type
	Candidate Name Charleta B Tavares	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	Charleta Tavares, Columbus City Council OH

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
O'Shaughnessy Maryellen Committee

Mailing Address 405 E Town St

City Columbus State OH Zip Code 5

Purpose of Disbursement  
Maryellen O'Shaughnessy, City Council OH

Candidate Name  
Maryellen O'Shaughnessy

Office Sought:  House  Senate  President

Disbursement For: 2007  
 Primary  General  Other (specify) ▼

State: District:

Transaction ID: 26663139

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

250.00

Maryellen O'Shaughnessy, City Council OH

**B.** Full Name (Last, First, Middle Initial)  
Mentel for Council Committee

Mailing Address 3886 N High St

City Columbus State OH Zip Code 43214

Purpose of Disbursement  
Mike Mentel, City Council OH

Candidate Name  
Mike Mentel

Office Sought:  House  Senate  President

Disbursement For: 2007  
 Primary  General  Other (specify) ▼

State: District:

Transaction ID: 26663140

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

500.00

Mike Mentel, City Council OH

**C.** Full Name (Last, First, Middle Initial)  
Friends for Ginther

Mailing Address 405 E Town St

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Andrew Ginther, City Council OH

Candidate Name  
Andrew J Ginther

Office Sought:  House  Senate  President

Disbursement For: 2007  
 Primary  General  Other (specify) ▼

State: District:

Transaction ID: 26663214

Date of Disbursement

10 / 09 / 2007

Amount of Each Disbursement this Period

250.00

Andrew Ginther, City Council OH

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Hearcel Craig for Council	Transaction ID: 26663304 Date of Disbursement 10 / 09 / 2007
	Mailing Address 550 E Walnut St	Amount of Each Disbursement this Period 250.00
	City Columbus State OH Zip Code 43214	
	Purpose of Disbursement Hearcel Craig, City Council OH	011 Category/ Type
	Candidate Name Hearcel F Craig	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Hearcel Craig, City Council OH

B.	Full Name (Last, First, Middle Initial) Coleman for Columbus	Transaction ID: 26663305 Date of Disbursement 10 / 09 / 2007
	Mailing Address PO Box 1596	Amount of Each Disbursement this Period 2000.00
	City Columbus State OH Zip Code 43216	
	Purpose of Disbursement Michael Coleman, MAYOR OH	011 Category/ Type
	Candidate Name Michael Coleman	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Michael Coleman, MAYOR OH

C.	Full Name (Last, First, Middle Initial) Paula Brooks Committee	Transaction ID: 26663307 Date of Disbursement 10 / 09 / 2007
	Mailing Address PO Box 1446	Amount of Each Disbursement this Period 1500.00
	City Columbus State OH Zip Code 43216	
	Purpose of Disbursement Paula Brooks, County Commissioner OH	011 Category/ Type
	Candidate Name Paula Brooks	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Paula Brooks, County Commissioner OH

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Kevin L. Boyce for City Council Committee

Mailing Address 250 West St

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Kevin Boyce, City Council OH

Candidate Name  
Kevin L Boyce

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2007  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 26663498

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

500.00

Kevin Boyce, City Council  
OH

**B.** Full Name (Last, First, Middle Initial)  
Friends of Marilyn Brown

Mailing Address 34 Poplar Ave #205

City Columbus State OH Zip Code 43215

Purpose of Disbursement  
Marilyn Brown, County Commissioner OH

Candidate Name  
Marilyn Brown

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2007  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 26663500

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

1500.00

Marilyn Brown, County Com-  
missioner OH

**C.** Full Name (Last, First, Middle Initial)  
Winburn Safety First Committee

Mailing Address 7811 Hamilton Ave

City Cincinnati State OH Zip Code 45231

Purpose of Disbursement  
Charles Winburn, City Council OH

Candidate Name  
Charles E Winburn

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2007  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 26663509

Date of Disbursement

10 / 10 / 2007

Amount of Each Disbursement this Period

500.00

Charles Winburn, City Cou-  
ncil OH

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens for Thomas</p> <p>Mailing Address 515 Clinton Springs Ave</p> <p>City Cincinnati State OH Zip Code 45217</p> <p>Purpose of Disbursement Cecil Thomas, City Council OH</p> <p>Candidate Name Cecil Thomas</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26663527</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Cecil Thomas, City Council OH</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens for Qualls</p> <p>Mailing Address 811 Race St. #300</p> <p>City Cincinnati State OH Zip Code 45202</p> <p>Purpose of Disbursement Roxanne Qualls, City Council OH</p> <p>Candidate Name Roxanne Qualls</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26663539</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Roxanne Qualls, City Council OH</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens for Monzel</p> <p>Mailing Address 7769 Bennington Drive</p> <p>City Cincinnati State OH Zip Code 45241</p> <p>Purpose of Disbursement Chris Monzel, City Council OH</p> <p>Candidate Name Chris Monzel</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26663543</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Chris Monzel, City Council OH</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Leslie Ghiz Mailing Address 30 Garfield Place City Cincinnati State OH Zip Code 45202 Purpose of Disbursement Leslie Ghiz, City Council OH Candidate Name Leslie Ghiz Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 26663544 Date of Disbursement 10 / 10 / 2007
	Amount of Each Disbursement this Period 500.00 Leslie Ghiz, City Council OH

<b>B.</b> Full Name (Last, First, Middle Initial) Crowley for Council Committee Mailing Address 2198 Victory Parkway City Cincinnati State OH Zip Code 45206 Purpose of Disbursement David Crowley, City Council OH Candidate Name David Crowley Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 26663550 Date of Disbursement 10 / 10 / 2007
	Amount of Each Disbursement this Period 500.00 David Crowley, City Council OH

<b>C.</b> Full Name (Last, First, Middle Initial) Cranley for Council Mailing Address 37 W. 7th St #805 City Cincinnati State OH Zip Code 45202 Purpose of Disbursement John Cranley, City Council OH Candidate Name John Cranley Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 26663588 Date of Disbursement 10 / 10 / 2007
	Amount of Each Disbursement this Period 500.00 John Cranley, City Council OH

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens for Laketa Cole</p> <p>Mailing Address 1415 Joseph St</p> <p>City Cincinnati State OH Zip Code 45237</p> <p>Purpose of Disbursement Laketa Cole, City Council OH</p> <p>Candidate Name Laketa Cole</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26663595</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Laketa Cole, City Council OH</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Bortz for Council</p> <p>Mailing Address 811 Race St. #300</p> <p>City Cincinnati State OH Zip Code 45202</p> <p>Purpose of Disbursement Chris Bortz, City Council OH</p> <p>Candidate Name Chris Bortz</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26663607</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Chris Bortz, City Council OH</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Berding for Cincinnati Committee</p> <p>Mailing Address 5001 Shatuc Ave.</p> <p>City Cincinnati State OH Zip Code 45208</p> <p>Purpose of Disbursement Jeff Berding, City Council OH</p> <p>Candidate Name Jeff Berding</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2007 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 26663676</p> <p>Date of Disbursement 10 / 10 / 2007</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>Jeff Berding, City Council OH</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Federation of IA Insurers PAC	Transaction ID: 26725210 Date of Disbursement 10 / 18 / 2007
	Mailing Address 314 6th Avenue, Suite 740	Amount of Each Disbursement this Period 2200.00
	City Des Moines State IA Zip Code 50309	
	Purpose of Disbursement Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Committee to Re-elect Joe Manchin	Transaction ID: 26725205 Date of Disbursement 10 / 18 / 2007
	Mailing Address P.O. Box 5202	Amount of Each Disbursement this Period 1000.00
	City Charleston State WV Zip Code 25361	
	Purpose of Disbursement Candidate Name Joe Manchin	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Joe Manchin, GOVERNOR WV

C.	Full Name (Last, First, Middle Initial) Friends of Joe Scarnati	Transaction ID: 26747971 Date of Disbursement 10 / 24 / 2007
	Mailing Address PO Box 177	Amount of Each Disbursement this Period 1000.00
	City Brockway State PA Zip Code 15824	
	Purpose of Disbursement Candidate Name Senator Joseph Scarnati, III	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Joseph Scarnati, STATE SENATE 25th PA

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4200.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Rendell for Governor	Transaction ID: 26801437 Date of Disbursement 11 / 14 / 2007
	Mailing Address 123 South Broad Street	Amount of Each Disbursement this Period 5000.00
	City Philadelphia State PA Zip Code 19109	
	Purpose of Disbursement Edward Rendell, GOVERNOR PA	011 Category/Type
	Candidate Name Edward G. Rendell	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Edward Rendell, GOVERNOR PA
	State: District:	

B.	Full Name (Last, First, Middle Initial) DeLuca for Legislature Committee	Transaction ID: 26892086 Date of Disbursement 11 / 30 / 2007
	Mailing Address 1438 Homestead Road	Amount of Each Disbursement this Period 500.00
	City Verona State PA Zip Code 15147	
	Purpose of Disbursement Anthony DeLuca, STATE HOUSE 32nd PA	011 Category/Type
	Candidate Name Representa Anthony DeLuca	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Anthony DeLuca, STATE HOUSE 32nd PA
	State: PA District: 32	

C.	Full Name (Last, First, Middle Initial) Tom Corbett for Attorney General	Transaction ID: 27007613 Date of Disbursement 12 / 18 / 2007
	Mailing Address PO Box 1056	Amount of Each Disbursement this Period 2500.00
	City Glenside State PA Zip Code 19038	
	Purpose of Disbursement Tom Corbett, ATTORNEY GENERAL PA	011 Category/Type
	Candidate Name Tom Corbett	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Tom Corbett, ATTORNEY GENERAL PA
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8000.00
<b>TOTAL</b> This Period (last page this line number only) .....	28450.00