

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 07 01 2010 through 09 30 2010

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 Susan Sherwood

Signature of Treasurer Electronically Filed by Susan Sherwood Date 10 13 2010

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

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	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		177649.83
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	149423.59									
(c) Total Receipts (from Line 19)	110814.90	367113.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	260238.49	544763.49								
7. Total Disbursements (from Line 31)	177810.00	462335.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	82428.49	82428.49								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

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	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	95294.90	297558.17
(ii) Unitemized	10920.00	49955.49
(iii) TOTAL (add Lines 11(a)(i) and (ii)	106214.90	347513.66
(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)	106214.90	347513.66
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	4600.00	4600.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	15000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))	110814.90	367113.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	110814.90	367113.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	108500.00	336200.00
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.....	69310.00	126135.00
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))..	177810.00	462335.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	177810.00	462335.00

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)	106214.90	347513.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	106214.90	347513.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 120
(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial) Stephen J. Hemsley		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address 9900 Bren Road East MN008-8092		Transaction ID: 31976433
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer UnitedHealth Group, Inc.	Occupation President and Chief Operating Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.

Full Name (Last, First, Middle Initial) ANTHONY J KAZLAUSKAS		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 11 CARNIVAL TERRACE		Transaction ID: PR1159794624600
City WEST WARWICK	State RI	Zip Code 02893
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer UnitedHealth Group, Inc.	Occupation Sr Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial) CARLA M MUGGIO		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 3533 FAIR OAKS LANE		Transaction ID: PR1159798224600
City LONGBOAT KEY	State FL	Zip Code 34228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
Name of Employer UnitedHealth Group, Inc.	Occupation Network Contract Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.37	P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	5235.38
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 7 / 120
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
BRIAN 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 Occupation
UnitedHealth Group, Inc. Dir Bus Dvlp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1159803824600
Amount of Each Receipt this Period: 90.00
P/R Deduction (\$15.00 Bi-Weekly)

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

Mailing Address 122 SOUTH OAK POINTE DR

City State Zip Code
SENECA SC 29672

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1159805524600
Amount of Each Receipt this Period: 120.00
P/R Deduction (\$20.00 Bi-Weekly)

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

Mailing Address 6520 SHENANDOAH DR

City State Zip Code
LINCOLN NE 68510

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1159806024600
Amount of Each Receipt this Period: 150.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 360.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 120
(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 Occupation
UnitedHealth Group, Inc. Dir Tax

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.74

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1159809124600

Amount of Each Receipt this Period
80.76

P/R Deduction (\$13.46 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 Occupation
UnitedHealth Group, Inc. Senior Vice President

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3653.70

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1159812624600

Amount of Each Receipt this Period
1153.80

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 Occupation
United HealthGroup President Insurance Solutions

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1140.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1159812824600

Amount of Each Receipt this Period
360.00

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

SUBTOTAL of Receipts This Page (optional) ► **1594.56**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 120
(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 S WICHMANN

Mailing Address 7000 ANTRIM ROAD

City State Zip Code
EDINA MN 55439

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

Name of Employer Occupation
UnitedHealth Group, Inc. EVP & Pres UHG Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.70

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1159814724600

Amount of Each Receipt this Period
1153.80

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

B.

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

Mailing Address 2407 LAKE PLACE

City State Zip Code
MINNEAPOLIS MN 55405

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.70

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1159815924600

Amount of Each Receipt this Period
1153.80

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

C.

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

Mailing Address 8943 HIDDEN MEADOW R

City State Zip Code
WOODBURY MN 55125

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2140.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1159816424600

Amount of Each Receipt this Period
360.00

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

SUBTOTAL of Receipts This Page (optional) ► **2667.60**

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 10 / 120
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) WILLIAM A MUNSELL		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 2119 WINDSONG CIRCLE		Transaction ID: PR1159816624600
City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer UnitedHealth Group, Inc.	Occupation EVP UnitedHealth Group	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

B.

Full Name (Last, First, Middle Initial) JOHN S PENSHORN		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 120 BLACK OAKS LANE		Transaction ID: PR1159816924600
City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1153.80
Name of Employer UnitedHealth Group, Inc.	Occupation SVP UnitedHealth Group	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 ▼ 3099.90	

C.

Full Name (Last, First, Middle Initial) PAUL D KALLMEYER		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 468 HERALD DR		Transaction ID: PR1159817424600
City AMBLER	State PA	Zip Code 19002
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer United Health Group	Occupation Deputy General Counsel (Mgr)	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 ▼ 950.00	

SUBTOTAL of Receipts This Page (optional)	2053.80
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 120
(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 ▼ 361.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1159817924600
 Amount of Each Receipt this Period 114.00
 P/R Deduction (\$19.00 Bi-Weekly)

B.

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

Mailing Address 4307 BEECHWOOD LANE

City DALLAS State TX Zip Code 75220

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 ▼ 1407.68

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1159819124600
 Amount of Each Receipt this Period 600.00
 P/R Deduction (\$100.00 Bi-Weekly)

C.

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

Mailing Address 3501 ZENITH AVE SOUTH

City MINNEAPOLIS State MN Zip Code 55416

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.22

Date of Receipt 09 / 30 / 2010
Transaction ID: PR1159819824600
 Amount of Each Receipt this Period 692.28
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1406.28

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 12 / 120

(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 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 ▼ 237.50

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159820224600

Amount of Each Receipt this Period
75.00

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

B.

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. VP Gov't Relations

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

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159820724600

Amount of Each Receipt this Period
19.23

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

C.

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 ▼ 1096.30

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR1159821524600

Amount of Each Receipt this Period
346.20

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

SUBTOTAL of Receipts This Page (optional) ▶

440.43

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 13 / 120
(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 M HAWKINS

Mailing Address 11137 AMESITE TRAIL

City State Zip Code
AUSTIN TX 78726

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 219.26

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1159822024600
Amount of Each Receipt this Period: 69.24
P/R Deduction (\$11.54 Bi-Weekly)

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

Mailing Address 16907 49TH PLACE N

City State Zip Code
PLYMOUTH MN 55446

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1159823524600
Amount of Each Receipt this Period: 150.00
P/R Deduction (\$25.00 Bi-Weekly)

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

Mailing Address PO BOX 72

City State Zip Code
WAYZATA MN 55391

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1461.48

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1159827424600
Amount of Each Receipt this Period: 461.52
P/R Deduction (\$76.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 680.76

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

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

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

FOR LINE NUMBER: PAGE 14 / 120

(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)
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. Dir Customer Service

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 219.26

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1159828724600

Amount of Each Receipt this Period
69.24

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 UnitedHealth Group

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3653.70

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1159830024600

Amount of Each Receipt this Period
1153.80

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 RVP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.37

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1159830524600

Amount of Each Receipt this Period
115.38

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

SUBTOTAL of Receipts This Page (optional)

1338.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 120

(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)
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 Occupation
UnitedHealth Group, Inc. VP General Management

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1026.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1159840424600

Amount of Each Receipt this Period

324.00

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

B.

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 UnitedHealth Group

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3653.70

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1332013224600

Amount of Each Receipt this Period

1153.80

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

C.

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

Mailing Address 7214 EVANS MILL ROAD

City State Zip Code
MCLEAN VA 22101

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2884.65

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1530799224600

Amount of Each Receipt this Period

384.62

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

SUBTOTAL of Receipts This Page (optional)

1862.42

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 120
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
ROBERT 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) ▼ 2884.50

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1551005624600

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 121 W VIEW STREET

City State Zip Code
LOMBARD IL 60148

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Care Advocacy

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1551005724600

Amount of Each Receipt this Period
120.00

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

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

Mailing Address 19019 VOGEL FARM TRAIL

City State Zip Code
EDEN PRAIRIE MN 55347

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1145.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1551122524600

Amount of Each Receipt this Period
450.00

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

SUBTOTAL of Receipts This Page (optional) ► **954.60**

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 17 / 120

(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 R HOCK		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 215 WINDMILL HILL		Transaction ID: PR1551128924600
	City WETHERSFIELD	State CT	Zip Code 06109
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 69.24
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir General Management	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 ▼ 219.26		

B.	Full Name (Last, First, Middle Initial) LISA G G HOLUBEC		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1303 SALADO DRIVE		Transaction ID: PR1551129224600
	City ALLEN	State TX	Zip Code 75013
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Assoc Dir Med & Clinical Ops	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 ▼ 285.00		

C.	Full Name (Last, First, Middle Initial) JEFFREY W KAGAN		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 52 CRESTWOOD LANE		Transaction ID: PR1551132324600
	City FARMINGVILLE	State NY	Zip Code 11738
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP	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 ▼ 380.00		

SUBTOTAL of Receipts This Page (optional)

279.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 120
(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)
GERALD JOHN KNUTSON

Mailing Address 520 KIMBERLY LN N

City State Zip Code
PLYMOUTH MN 55447

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR1551132524600

Amount of Each Receipt this Period: 120.00

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

B.

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

Mailing Address 25 JEREMIAHS WAY

City State Zip Code
SOUTH GLASTONBURY CT 06073

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR1551133424600

Amount of Each Receipt this Period: 115.38

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

C.

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

Mailing Address 2119 E LAKE OF THE ISLES PKWY

City State Zip Code
MINNEAPOLIS MN 55405

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR1551160324600

Amount of Each Receipt this Period: 600.00

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

SUBTOTAL of Receipts This Page (optional) ► **835.38**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 120
(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 UnitedHealth Group, Inc. Occupation VP Recruitment Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1461.48

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1551161324600

Amount of Each Receipt this Period 461.52

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

B.

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

Mailing Address 10392 SHERMAN DRIVE

City State Zip Code
EDEN PRAIRIE MN 55347

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1026.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1551161424600

Amount of Each Receipt this Period 324.00

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 UnitedHealth Group, Inc. Occupation Regional Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1045.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1554323524600

Amount of Each Receipt this Period 330.00

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

SUBTOTAL of Receipts This Page (optional) ► 1115.52

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

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

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

FOR LINE NUMBER: PAGE 20 / 120
(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)
RICK M JELINEK

Mailing Address 5570 WOODSIDE LANE

City Shorewood State MN Zip Code 55331

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.70

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR1554323924600

Amount of Each Receipt this Period: 1153.80

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

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

Mailing Address 42820 VIOLA CT

City Leesburg State VA Zip Code 20176

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1026.00

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR1554324524600

Amount of Each Receipt this Period: 324.00

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

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

Mailing Address 3807 PLEASANT VALLEY DRIVE

City Missouri City State TX Zip Code 77459

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Business Process

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR1554324624600

Amount of Each Receipt this Period: 115.38

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

SUBTOTAL of Receipts This Page (optional) ► 1593.18

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 21 / 120
(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)
KIRK E STAPLETON

Mailing Address 3840 INGLEWOOD AVE S

City SAINT LOUIS PARK State MN Zip Code 55416

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1554324724600

Amount of Each Receipt this Period 300.00

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

B.

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

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1575957624600

Amount of Each Receipt this Period 1153.80

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

C.

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

Mailing Address 3062 COMFORT ROAD

City NEW HOPE State PA Zip Code 18938

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

Name of Employer UnitedHealth Group, Inc. Occupation Plan President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1461.48

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1575958124600

Amount of Each Receipt this Period 461.52

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

SUBTOTAL of Receipts This Page (optional) ► **1915.32**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 120
(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)
LEE D VALENTA

Mailing Address 4701 GOLF TERRACE

City EDINA State MN Zip Code 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 ▼ 3653.70

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1575958524600

Amount of Each Receipt this Period 1153.80

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

B.

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

Mailing Address 2006 QUEEN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55405

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1407.68

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1580864724600

Amount of Each Receipt this Period 600.00

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

C.

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

Mailing Address 4516 DREXEL AVENUE

City EDINA State MN Zip Code 55424

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 30 / 2010

Transaction ID: PR1580865324600

Amount of Each Receipt this Period 1153.80

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

SUBTOTAL of Receipts This Page (optional) ► 2907.60

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 23 / 120

(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 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 Occupation
UnitedHealth Group, Inc. VP Human Capital Dvlpmt

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1360.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1596304124600

Amount of Each Receipt this Period

600.00

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

B.

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

Mailing Address 11641 TANGLEWOOD DRIVE

City State Zip Code
EDEN PRAIRIE MN 55347

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2192.22

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1596304524600

Amount of Each Receipt this Period

692.28

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

C.

Full Name (Last, First, Middle Initial)
JAY S MATUSHAK

Mailing Address 9346 SHETLAND ROAD

City State Zip Code
EDEN PRAIRIE MN 55347

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 219.26

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1596304624600

Amount of Each Receipt this Period

69.24

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

SUBTOTAL of Receipts This Page (optional)

1361.52

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) GEORGE L MIKAN III	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4901 ROLLING GREEN PARKWAY	Transaction ID: PR1596304824600
	City State Zip Code EDINA MN 55436	Amount of Each Receipt this Period 1153.80
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: EVP CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 3653.70	P/R Deduction (\$192.30 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) CAROL B MORNESS	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 401 N 2ND ST UNIT 512	Transaction ID: PR1596304924600
	City State Zip Code MINNEAPOLIS MN 55401	Amount of Each Receipt this Period 230.76
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Underwriting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 730.74	P/R Deduction (\$38.46 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) SCOTT E THEISEN	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1950 MEADOWWOODS TRAIL	Transaction ID: PR1596305624600
	City State Zip Code LONG LAKE MN 55356	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Product Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.37	P/R Deduction (\$19.23 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A.	Full Name (Last, First, Middle Initial) THOMAS D LEWIS	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 306 CHIPPEWA AVENUE	Transaction ID: PR1596306924600
	City State Zip Code TAMPA FL 33606	Amount of Each Receipt this Period 230.76
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$38.46 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: Health Plan CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 730.74	

B.	Full Name (Last, First, Middle Initial) ROBERT W OBERRENDER	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4505 MOORLAND AVENUE	Transaction ID: PR1596307024600
	City State Zip Code EDINA MN 55424	Amount of Each Receipt this Period 660.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$110.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Treasurer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1610.00	

C.	Full Name (Last, First, Middle Initial) DIANE BEDNAR FLYNN	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3318 FOXRIDGE CIRCLE	Transaction ID: PR1596309724600
	City State Zip Code TAMPA FL 33618	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$25.00 Bi-Weekly)
	Name of Employer: UnitedHealth Group, Inc. Occupation: VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00	

SUBTOTAL of Receipts This Page (optional)	1040.76
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 120

(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) RAMON E COTO		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 14021 LEANING PINE DRIVE		Transaction ID: PR1596311524600
	City MIAMI LAKES	State FL	Zip Code 33014
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
Name of Employer UnitedHealth Group, Inc.		Occupation VP General Management	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 ▼ 365.37		

B.	Full Name (Last, First, Middle Initial) JEFFREY P DOOLEY		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 306 W MEADOWS LANE		Transaction ID: PR1596312124600
	City DANVILLE	State CA	Zip Code 94506
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 69.24
Name of Employer UnitedHealth Group, Inc.		Occupation KA VP Sales and Account Mgmt	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 ▼ 219.26		

C.	Full Name (Last, First, Middle Initial) STEVAN D GARCIA		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4675 DELAWARE DRIVE		Transaction ID: PR1596312924600
	City LARKSPUR	State CO	Zip Code 80118
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
Name of Employer UnitedHealth Group, Inc.		Occupation VP General Management	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 ▼ 365.37		

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 / 120

(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)
KURT A HEUMANN

Mailing Address 9825 GERALD DR

City State Zip Code
SAINT LOUIS MO 63128

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Finance

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1596313724600

Amount of Each Receipt this Period
120.00

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

B.

Full Name (Last, First, Middle Initial)
JOHN H RENNICK JR

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City State Zip Code
CHARLOTTE NC 28269

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

Name of Employer Occupation
UnitedHealth Group, Inc. Medical Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 365.37

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1596316824600

Amount of Each Receipt this Period
115.38

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

C.

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

Mailing Address 3455 CONGRESS STREET

City State Zip Code
FAIRFIELD CT 06824

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3653.70

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR1596317124600

Amount of Each Receipt this Period
1153.80

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

SUBTOTAL of Receipts This Page (optional)

1389.18

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 28 / 120
(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 109 SLEEPY HOLLOW LANE

City State Zip Code
ORINDA CA 94563

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 ▼ 365.37

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1596317324600
Amount of Each Receipt this Period: 115.38
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 Occupation
UnitedHealth Group, Inc. SVP Enterprise Clinical Alignm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1425.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1596317424600
Amount of Each Receipt this Period: 450.00
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 Occupation
UnitedHealth Group, Inc. Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1596317724600
Amount of Each Receipt this Period: 115.38
P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 680.76

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

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

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

FOR LINE NUMBER: PAGE 29 / 120
(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)
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. Product Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 219.26

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1596318924600
Amount of Each Receipt this Period: 69.24
P/R Deduction (\$11.54 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 National VP Account Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1596319524600
Amount of Each Receipt this Period: 115.38
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. Dir Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 237.50

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1596319624600
Amount of Each Receipt this Period: 75.00
P/R Deduction (\$12.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 259.62

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

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

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

FOR LINE NUMBER: PAGE 30 / 120
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1 ROXITICUS VIEW

City State Zip Code
CHESTER NJ 07930

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1600597324600
Amount of Each Receipt this Period: 120.00
P/R Deduction (\$20.00 Bi-Weekly)

B. 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: UnitedHealth Group, Inc. Occupation: VP Acquisitions & Integrations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1192.32

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1600598524600
Amount of Each Receipt this Period: 600.00
P/R Deduction (\$100.00 Bi-Weekly)

C. 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 ▼ 1725.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1600598724600
Amount of Each Receipt this Period: 600.00
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1320.00**

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 31 / 120
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 20595 SPENCER LANE

City State Zip Code
SHOREWOOD MN 55331

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1180.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1602669924600
Amount of Each Receipt this Period: 600.00
P/R Deduction (\$100.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
JEFFREY 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 Occupation
UnitedHealth Group, Inc. VP Operations - Evercare

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1826.85

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1613243524600
Amount of Each Receipt this Period: 576.90
P/R Deduction (\$96.15 Bi-Weekly)

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

Mailing Address 14 MYRA LN

City State Zip Code
BURLINGTON CT 06013

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1653443124600
Amount of Each Receipt this Period: 120.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1296.90

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 32 / 120

(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) STEVE R KOOREN		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 4444 ELLSWORTH DRIVE		Transaction ID: PR1653443224600
	City EDINA	State MN	Zip Code 55435
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1153.80
	Name of Employer UnitedHealth Group, Inc.	Occupation Business Segment CFO	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 ▼ 2846.04		

B.	Full Name (Last, First, Middle Initial) THOMAS J BELLAMY		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2743 THOMAS AVENUE SOUTH		Transaction ID: PR1653444324600
	City MINNEAPOLIS	State MN	Zip Code 55416
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 346.20
	Name of Employer UnitedHealth Group, Inc.	Occupation SB VP Sales and Account Mgmt	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1096.30		

C.	Full Name (Last, First, Middle Initial) ALISTAIR D JACQUES		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 645 OLD LONG LAKE ROAD		Transaction ID: PR1653445224600
	City ORONO	State MN	Zip Code 55391
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1153.80
	Name of Employer	Occupation	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 ▼ 2115.30		

SUBTOTAL of Receipts This Page (optional)	▶	2653.80
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) DANIEL T SULLIVAN	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 57 QUORN HUNT ROAD	Transaction ID: PR1653445824600
	City State Zip Code WEST SIMSBURY CT 06092	Amount of Each Receipt this Period 69.24
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$11.54 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. Dir IT Project Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 219.26	

B.	Full Name (Last, First, Middle Initial) Mr. MILES S SNOWDEN	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3568 REMBRANDT ROAD	Transaction ID: PR1746717824600
	City State Zip Code ATLANTA GA 30327	Amount of Each Receipt this Period 1153.80
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$192.30 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. SVP Health Advancement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3653.70	

C.	Full Name (Last, First, Middle Initial) ANN DESTWOLINSKI	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 19117 ARTESIAN COURT	Transaction ID: PR1806441624600
	City State Zip Code DERWOOD MD 20855	Amount of Each Receipt this Period 66.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$11.00 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. Assoc Dir Utilization Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 209.00	

SUBTOTAL of Receipts This Page (optional)	1289.04
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 34 / 120
(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 ▼ 380.00
 Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1806443224600
 Amount of Each Receipt this Period: 120.00
 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: Six Sigma Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 334.40
 Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1806444724600
 Amount of Each Receipt this Period: 105.60
 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: Dir Provider Svc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 219.26
 Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1806750124600
 Amount of Each Receipt this Period: 69.24
 P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 294.84
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 120
(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: UnitedHealth Group, Inc. Occupation: CEO Behavioral Solutions

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1806750224600
Amount of Each Receipt this Period: 210.00
P/R Deduction (\$35.00 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: UnitedHealth Group, Inc. Occupation: Business Segment CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.74

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1806750324600
Amount of Each Receipt this Period: 230.76
P/R Deduction (\$38.46 Bi-Weekly)

C.

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

Mailing Address 5115 SARATOGA LANE

City State Zip Code
PLYMOUTH MN 55442

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1882850624600
Amount of Each Receipt this Period: 240.00
P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **680.76**

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

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

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

FOR LINE NUMBER: PAGE 36 / 120
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
CATHERINE K ANDERSON
Mailing Address 37 W 2000 S

City State Zip Code
DRIGGS ID 83422

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1096.30

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1903550724600
Amount of Each Receipt this Period: 346.20
P/R Deduction (\$57.70 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
KATHLEEN L BISHOP
Mailing Address 145 COTTAGE RD

City State Zip Code
ENFIELD CT 06082

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Finance

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

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1903560824600
Amount of Each Receipt this Period: 120.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
ROBERT J DUFEK
Mailing Address 816 PROMONTORY PLACE

City State Zip Code
EAGAN MN 55123

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR1903577124600
Amount of Each Receipt this Period: 150.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 616.20

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 120

(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 B EDBERG		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 9727 WELLINGTON RIDGE		Transaction ID: PR1903578124600
	City WOODBURY	State MN	Zip Code 55125
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Customer Service	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00		

B.	Full Name (Last, First, Middle Initial) JOHN C SANTELLI		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 17498 GEORGE MORAN DRIVE		Transaction ID: PR1903622024600
	City EDEN PRAIRIE	State MN	Zip Code 55347
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
	Name of Employer UnitedHealth Group, Inc.	Occupation SVP & CIO	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1340.00		

C.	Full Name (Last, First, Middle Initial) PAUL D WEYMOUTH		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 128 WOODLAND RD		Transaction ID: PR1903636924600
	City COVENTRY	State CT	Zip Code 06238
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Finance	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 ▼ 365.37		

SUBTOTAL of Receipts This Page (optional)

1315.38

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 120
(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 JAMIAN
 Mailing Address 15316 COUTOLENC RD
 City State Zip Code
MAGALIA CA 95954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UnitedHealth Group, Inc. Dir Customer Service
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 219.26
 Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010
Transaction ID: PR1910417424600
 Amount of Each Receipt this Period
69.24
 P/R Deduction (\$11.54 Bi-Weekly)

B. 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. Sr Associate General Counsel
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 380.00
 Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010
Transaction ID: PR2119466824600
 Amount of Each Receipt this Period
120.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
RUSSELL A BENNETT
 Mailing Address 4 HALSEY AVE
 City State Zip Code
LAGUNA NIGUEL CA 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UnitedHealth Group, Inc. Dir Marketing Bus Dev
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 380.00
 Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010
Transaction ID: PR2119468024600
 Amount of Each Receipt this Period
120.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **309.24**
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 39 / 120
(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 LYNN BERKEL
Mailing Address 10 SHADOW GLEN
City IRVINE State CA Zip Code 92620
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation SVP Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3648.00
Date of Receipt 09 / 30 / 2010
Transaction ID: PR2119468124600
Amount of Each Receipt this Period 1152.00
P/R Deduction (\$192.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
KATHIE L BRYAN
Mailing Address 912 JOSHUA PLACE
City SAN DIEGO State CA Zip Code 92154
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Assoc Dir Mrkting Comm
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00
Date of Receipt 09 / 30 / 2010
Transaction ID: PR2119469424600
Amount of Each Receipt this Period 150.00
P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
COLLEEN CAMPBELL
Mailing Address 5753 E SANTA ANA CYN RD # G502
City ANAHEIM State CA Zip Code 92807
FEC ID number of contributing federal political committee. **C**
Name of Employer UnitedHealth Group, Inc. Occupation Assoc Dir Clinical Quality
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00
Date of Receipt 09 / 30 / 2010
Transaction ID: PR2119469924600
Amount of Each Receipt this Period 90.00
P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1392.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 40 / 120
(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 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. Dir Marketing Research

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

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2119470224600

Amount of Each Receipt this Period
120.00

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

B.

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

Mailing Address 19021 POPPY HILL CIRCLE

City State Zip Code
HUNTINGTON BEACH CA 92648

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1824.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2119470324600

Amount of Each Receipt this Period
576.00

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

C.

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

Mailing Address PO BOX 1025

City State Zip Code
RANCHO SANTA FE CA 92067

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 570.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2119471324600

Amount of Each Receipt this Period
180.00

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

SUBTOTAL of Receipts This Page (optional) ► **876.00**

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 41 / 120
	<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	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 11361 DONOVAN ROAD	Transaction ID: PR2119471824600
	City State Zip Code ROSSMOOR CA 90720	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Deputy General Counsel (Mgr) Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00	P/R Deduction (\$25.00 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) KENNETH R DAVIS	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 7640 N 10TH AVE	Transaction ID: PR2119472524600
	City State Zip Code PHOENIX AZ 85021	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 380.00	P/R Deduction (\$20.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) LINDA M DAYAN	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 5364 E ABBEYFIELD ST	Transaction ID: PR2119472624600
	City State Zip Code LONG BEACH CA 90815	Amount of Each Receipt this Period 114.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: UnitedHealth Group, Inc. Occupation: Chief of Staff Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 361.00	P/R Deduction (\$19.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	384.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 42 / 120
(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)
TODD J DEMBROSKI
Mailing Address 1390 FINCH LN

City State Zip Code
GREEN BAY WI 54313

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y
09 30 2010

Transaction ID: PR2119472824600

Amount of Each Receipt this Period
90.00

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

B.

Full Name (Last, First, Middle Initial)
ANDREA E DILWEG
Mailing Address 2321 CARROLL PK SOUTH

City State Zip Code
LONG BEACH CA 90814

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 703.00

Date of Receipt
M M / D D / Y Y Y Y
09 30 2010

Transaction ID: PR2119472924600

Amount of Each Receipt this Period
222.00

P/R Deduction (\$37.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
ANGELO GIAMBRONE
Mailing Address 1821 PARK STREET

City State Zip Code
HUNTINGTON BEACH CA 92648

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1140.00

Date of Receipt
M M / D D / Y Y Y Y
09 30 2010

Transaction ID: PR2119475124600

Amount of Each Receipt this Period
360.00

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

SUBTOTAL of Receipts This Page (optional)

672.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 120
(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 J GILDERNICK

Mailing Address 2709 WILLIAMS GRANT

City State Zip Code
DE PERE WI 54115

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR2119475224600

Amount of Each Receipt this Period: 120.00

P/R Deduction (\$20.00 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: UnitedHealth Group, Inc. Occupation: Health Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2565.00

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR2119476724600

Amount of Each Receipt this Period: 675.00

P/R Deduction (\$135.00 Bi-Weekly)

C.

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

Mailing Address 4220 OCEAN DR

City State Zip Code
MANHATTAN BEACH CA 90266

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Market Grp Chief Clinical Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2276.60

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR2119477924600

Amount of Each Receipt this Period: 922.80

P/R Deduction (\$153.80 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1717.80

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 120 (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>A. Full Name (Last, First, Middle Initial) KEVIN D HOST</p> <p>Mailing Address 6119 W 120TH ST #14-144</p> <p>City State Zip Code OVERLAND PARK KS 66209</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Pharmacy Operations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 380.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010</p> <p>Transaction ID: PR2119478224600</p> <p>Amount of Each Receipt this Period 120.00</p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
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<p>B. Full Name (Last, First, Middle Initial) BRIAN JEFFREY</p> <p>Mailing Address 9 RIMROCK</p> <p>City State Zip Code IRVINE CA 92603</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: VP Network Contracting</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 475.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010</p> <p>Transaction ID: PR2119479124600</p> <p>Amount of Each Receipt this Period 150.00</p> <p>P/R Deduction (\$25.00 Bi-Weekly)</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) JOHN D JONES</p> <p>Mailing Address 3562 REDWOOD</p> <p>City State Zip Code IRVINE CA 92606</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: VP Govt Rel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1824.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010</p> <p>Transaction ID: PR2119479224600</p> <p>Amount of Each Receipt this Period 576.00</p> <p>P/R Deduction (\$96.00 Bi-Weekly)</p>
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SUBTOTAL of Receipts This Page (optional)	846.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 45 / 120
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MARK C KNUTSON

Mailing Address 13102 PALOMAR WAY

City State Zip Code
NORTH TUSTIN CA 92705

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2119480224600

Amount of Each Receipt this Period
90.00

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

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

Mailing Address 1208 COPRINUS DR

City State Zip Code
GREEN BAY WI 54313

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2119482224600

Amount of Each Receipt this Period
90.00

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

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

Mailing Address 13531 CARLTON OAKS

City State Zip Code
SAN ANTONIO TX 78232

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2119482524600

Amount of Each Receipt this Period
120.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **300.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 46 / 120

(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)
JEFFREY S MASON

Mailing Address 5670 SHEMIRAN ST

City State Zip Code
LA VERNE CA 91750

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

Name of Employer Occupation
UnitedHealth Group, Inc. Medical Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119483024600

Amount of Each Receipt this Period

90.00

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

B.

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

Mailing Address 3041 SAN LORENZO WAY

City State Zip Code
CARMICHAEL CA 95608

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1235.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119483924600

Amount of Each Receipt this Period

390.00

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

C.

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

Mailing Address PO BOX 1522

City State Zip Code
LOMITA CA 90717

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

Name of Employer Occupation
UnitedHealth Group, Inc. Community Developer - Sec Hor

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 228.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2119484224600

Amount of Each Receipt this Period

72.00

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

SUBTOTAL of Receipts This Page (optional)

552.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 / 120
(check only one)

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

A.

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

Mailing Address 12271 CHIANTI DRIVE

City State Zip Code
LOS ALAMITOS CA 90720

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR2119484324600

Amount of Each Receipt this Period: 300.00

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

B.

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

Mailing Address 1139 E OCEAN BOULEVARD #106

City State Zip Code
LONG BEACH CA 90802

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR2119485024600

Amount of Each Receipt this Period: 120.00

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

C.

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

Mailing Address 2839 TIMBER LANE

City State Zip Code
GREEN BAY WI 54313

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

Name of Employer UnitedHealth Group, Inc. Occupation Mgr Traffic/Workforce

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR2119485224600

Amount of Each Receipt this Period: 90.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **510.00**

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 48 / 120
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) CYNTHIA ANN OTTO		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1855 O LEARY ROAD		Transaction ID: PR2119485424600
	City NEENAH	State WI	Zip Code 54956
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Assoc Dir Case Mgmt	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 ▼ 285.00		

B.	Full Name (Last, First, Middle Initial) LYNDA A PAXSON		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3924 E GARNET PL		Transaction ID: PR2119485824600
	City HIGHLANDS RANCH	State CO	Zip Code 80126
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Service Account Manager	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

C.	Full Name (Last, First, Middle Initial) DIANA S PETE		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 9010 MORNINGSTAR DRIVE		Transaction ID: PR2119486324600
	City SUGAR LAND	State TX	Zip Code 77479
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 72.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Assoc Dir Utilization Mgmt	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 ▼ 228.00		

SUBTOTAL of Receipts This Page (optional)	▶	312.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 120
(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 LYNN PETERS		Date of Receipt 09 / 30 / 2010
Mailing Address 1128 COUNTRYSIDE DR		Transaction ID: PR2119486424600
City DE PERE	State WI	Zip Code 54115
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer UnitedHealth Group, Inc.	Occupation Assoc Dir Actuarial Services	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 ▼ 285.00	

B.

Full Name (Last, First, Middle Initial) AUSTIN T PITTMAN		Date of Receipt 09 / 30 / 2010
Mailing Address 14 LOCH RIDGE DRIVE		Transaction ID: PR2119486724600
City GREENSBORO	State NC	Zip Code 27408
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 810.00
Name of Employer UnitedHealth Group, Inc.	Occupation Chief Growth Officer	P/R Deduction (\$135.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2565.00	

C.

Full Name (Last, First, Middle Initial) CYNTHIA L POLICH		Date of Receipt 09 / 30 / 2010
Mailing Address 3401 E VIA PALOMITA		Transaction ID: PR2119486824600
City TUCSON	State AZ	Zip Code 85718
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 600.00
Name of Employer UnitedHealth Group, Inc.	Occupation Chief Strategy Officer	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	

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

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

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

FOR LINE NUMBER: PAGE 50 / 120
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
SHARON A RICCIUTI

Mailing Address 55 PERENNIAL

City IRVINE State CA Zip Code 92603

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2119487924600
Amount of Each Receipt this Period: 120.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MARILYNN D STYERS

Mailing Address 6485 WAYFINDERS CT

City CARLSBAD State CA Zip Code 92009

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2119490724600
Amount of Each Receipt this Period: 120.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
CHERYL TANIGAWA, MD

Mailing Address 5598 NAPLES CANAL

City LONG BEACH State CA Zip Code 90803

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2119491124600
Amount of Each Receipt this Period: 300.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **540.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 120
(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)
CHERYL A THOMSON

Mailing Address 222 FOREST DR

City State Zip Code
SOBIESKI WI 54171

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc Dir Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR2119491624600

Amount of Each Receipt this Period: 90.00

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

B.

Full Name (Last, First, Middle Initial)
STEVEN M TUCKER

Mailing Address 211 LOCKFORD

City State Zip Code
IRVINE CA 92602

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1824.00

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR2119492024600

Amount of Each Receipt this Period: 576.00

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

C.

Full Name (Last, First, Middle Initial)
SUSAN VANASTEN

Mailing Address W313 GOLDEN GLOW RD

City State Zip Code
KAUKAUNA WI 54130

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Site Dir Medicare Inside Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 760.00

Date of Receipt: 09 / 30 / 2010

Transaction ID: PR2119492624600

Amount of Each Receipt this Period: 240.00

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

SUBTOTAL of Receipts This Page (optional) ► 906.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 52 / 120

(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) SCOTT B WESTPHAL		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010		
	Mailing Address 4536 ROCKY RUN LN		Transaction ID: PR2119493224600		
	City OCOONTO	State WI	Zip Code 54153	Amount of Each Receipt this Period 69.24	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$11.54 Bi-Weekly)		
Name of Employer UnitedHealth Group, Inc.		Occupation Dir Actuarial Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 219.26			

B.	Full Name (Last, First, Middle Initial) LINDA D DAUGHERTY		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010		
	Mailing Address 15442 NORTH 19TH WAY		Transaction ID: PR2119493524600		
	City PHOENIX	State AZ	Zip Code 85022	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)		
Name of Employer UnitedHealth Group, Inc.		Occupation Associate General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 380.00			

C.	Full Name (Last, First, Middle Initial) GREGORY WRIGHT		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010		
	Mailing Address 13901 MAUVE DRIVE		Transaction ID: PR2119494124600		
	City SANTA ANA	State CA	Zip Code 92705	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)		
Name of Employer UnitedHealth Group, Inc.		Occupation Dir General Management			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 475.00			

SUBTOTAL of Receipts This Page (optional)	339.24
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 53 / 120
(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

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 ▼ 285.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2119494424600
Amount of Each Receipt this Period: 90.00
P/R Deduction (\$15.00 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. President PS Labor & Trust

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1360.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2133132424600
Amount of Each Receipt this Period: 600.00
P/R Deduction (\$100.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
WILLIAM R COLEMAN

Mailing Address 831 RATLEY ROAD

City State Zip Code
WEST SUFFIELD CT 06093

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

Name of Employer Occupation
Assoc Dir Network A&R

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 228.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2133132524600
Amount of Each Receipt this Period: 72.00
P/R Deduction (\$12.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ **762.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 54 / 120
(check only one)

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

A.

Full Name (Last, First, Middle Initial)
DANIEL M CUMMINGS

Mailing Address 1929 FAIRMOUNT AVE

City SAINT PAUL State MN Zip Code 55105

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

Name of Employer UnitedHealth Group, Inc. Occupation Dir Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR2133132624600

Amount of Each Receipt this Period 90.00

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

B.

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

Mailing Address 4133 WHITE OAK LN

City EXCELSIOR State MN Zip Code 55331

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

Name of Employer UnitedHealth Group, Inc. Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.92

Date of Receipt 09 / 30 / 2010

Transaction ID: PR2133133124600

Amount of Each Receipt this Period 229.86

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

C.

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

Mailing Address 408 22ND ST

City GOLDEN State CO Zip Code 80401

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

Name of Employer UnitedHealth Group, Inc. Occupation Regional Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.74

Date of Receipt 09 / 30 / 2010

Transaction ID: PR2133133224600

Amount of Each Receipt this Period 230.76

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

SUBTOTAL of Receipts This Page (optional) ▶ **550.62**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 55 / 120

(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)
CAROLYN MAGILL HANSON

Mailing Address 100 CHRISTOPHER COLUMBUS DRIVE
#304

City State Zip Code
NEW JERSEY NJ 07302

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Product

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 365.37

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2133133524600

Amount of Each Receipt this Period
115.38

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

B.

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

Mailing Address 6209 CRESCENT DRIVE

City State Zip Code
EDINA MN 55436

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

Name of Employer Occupation
UnitedHealth Group, Inc. Regional Executive

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 665.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2133133624600

Amount of Each Receipt this Period
210.00

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

C.

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

Mailing Address 238 ARDMORE ROAD

City State Zip Code
DES PLAINES IL 60016

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2850.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2133133824600

Amount of Each Receipt this Period
900.00

P/R Deduction (\$150.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	1225.38
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 56 / 120
(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)
KIMBERLY ALLENE NETTLETON

Mailing Address 5003 DARNELL

City HOUSTON State TX Zip Code 77096

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2133133924600
Amount of Each Receipt this Period: 90.00
P/R Deduction (\$15.00 Bi-Weekly)

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

Mailing Address 303 ELMWOOD PLACE WEST

City MINNEAPOLIS State MN Zip Code 55419

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.70

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2133134224600
Amount of Each Receipt this Period: 1153.80
P/R Deduction (\$192.30 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
DIANE M SCHIMMELBUSCH

Mailing Address 2203 RIVER FALLS DRIVE

City KINGWOOD State TX Zip Code 77339

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2133134624600
Amount of Each Receipt this Period: 150.00
P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1393.80

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 57 / 120

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) ROBERT C FALKENBERG		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 6069 WEATHERED OAK CT		Transaction ID: PR2145728424600
	City WESTERVILLE	State OH	Zip Code 43082
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.76
Name of Employer UnitedHealth Group, Inc.		Occupation Health Plan CEO	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.74		

B.	Full Name (Last, First, Middle Initial) ROB FARAHANI		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address PO BOX 704		Transaction ID: PR2145728524600
	City HUNTINGTON	State NY	Zip Code 11743
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.76
Name of Employer UnitedHealth Group, Inc.		Occupation Dir IT	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.74		

C.	Full Name (Last, First, Middle Initial) CARL T KIDD		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 12210 OYSTER COVE COURT		Transaction ID: PR2145728824600
	City STAFFORD	State TX	Zip Code 77477
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 173.10
Name of Employer UnitedHealth Group, Inc.		Occupation Dir Client Svc Acct Mgt	P/R Deduction (\$28.85 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 548.15		

SUBTOTAL of Receipts This Page (optional) ▶

634.62

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 58 / 120
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
NANCY 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 Dir Acct Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR2145728924600

Amount of Each Receipt this Period 120.00

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

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

Mailing Address 19521 SIERRA SOTO RD

City IRVINE State CA Zip Code 92603

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR2145729224600

Amount of Each Receipt this Period 120.00

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

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

Mailing Address 12100 TRAUTWEIN ROAD

City AUSTIN State TX Zip Code 78737

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR2145729524600

Amount of Each Receipt this Period 90.00

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

SUBTOTAL of Receipts This Page (optional) ► 330.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 120

(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 P SCHWARZ

Mailing Address 13935 WOODRIDGE PATH

City State Zip Code
SAVAGE MN 55378

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir IT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 665.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2145729724600

Amount of Each Receipt this Period

210.00

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

B.

Full Name (Last, First, Middle Initial)
DANNETTE L SMITH

Mailing Address 5414 BYSCANE LANE

City State Zip Code
MINNETONKA MN 55345

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2192.22

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2145729924600

Amount of Each Receipt this Period

692.28

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

C.

Full Name (Last, First, Middle Initial)
RANDALL SMITH

Mailing Address 20607 BROADWATER DRIVE

City State Zip Code
LAND O LAKES FL 34638

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

Name of Employer Occupation
UnitedHealth Group, Inc. Plan President

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 219.26

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2145730024600

Amount of Each Receipt this Period

69.24

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

SUBTOTAL of Receipts This Page (optional)

971.52

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 60 / 120
(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 44 TOPANGA

City State Zip Code
IRVINE CA 92602

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2145730224600
Amount of Each Receipt this Period 300.00
P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ARLENE DAVIDSON

Mailing Address 7528 NORTH 6TH PLACE

City State Zip Code
PHOENIX AZ 85020

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2162867024600
Amount of Each Receipt this Period 115.38
P/R Deduction (\$19.23 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
DAVID A SPIVACK

Mailing Address 37 HIDDEN TRAIL

City State Zip Code
IRVINE CA 92603

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.70

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2162867624600
Amount of Each Receipt this Period 1153.80
P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1569.18

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 61 / 120
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
KURT C LEWIS

Mailing Address 961 RIVER FOREST DRIVE

City MAINEVILLE State OH Zip Code 45039

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 219.26

Date of Receipt 09 / 30 / 2010

Transaction ID: PR2203967524600

Amount of Each Receipt this Period 69.24

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

B.

Full Name (Last, First, Middle Initial)
CHRISTINE W GIBSON

Mailing Address 8516 29TH AVE N

City NEW HOPE State MN Zip Code 55427

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

Name of Employer UnitedHealth Group, Inc. Occupation Market Grp Chief Mktg Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.22

Date of Receipt 09 / 30 / 2010

Transaction ID: PR2225166724600

Amount of Each Receipt this Period 692.28

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

C.

Full Name (Last, First, Middle Initial)
ANDREW M SLAVITT

Mailing Address 5125 MIRROR LAKES DRIVE

City EDINA State MN Zip Code 55436

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3250.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR2225167424600

Amount of Each Receipt this Period 1500.00

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

SUBTOTAL of Receipts This Page (optional) ► 2261.52

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 120
(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)
JEAN-FRANCOIS BEAULE

Mailing Address 7 STRATFORD RD

City State Zip Code
FARMINGTON CT 06032

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1096.30

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2225813624600

Amount of Each Receipt this Period
346.20

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

B.

Full Name (Last, First, Middle Initial)
DANIEL M HARRIS

Mailing Address 51 REALITY ROAD

City State Zip Code
OXFORD CT 06478

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 365.37

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2225817524600

Amount of Each Receipt this Period
115.38

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

C.

Full Name (Last, First, Middle Initial)
NANCY S MACK

Mailing Address 10140 26TH AVENUE NORTH

City State Zip Code
PLYMOUTH MN 55441

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2225818424600

Amount of Each Receipt this Period
90.00

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

SUBTOTAL of Receipts This Page (optional) ► **551.58**

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

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

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

FOR LINE NUMBER: PAGE 63 / 120
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
MICHAEL MCGUIRE
 Mailing Address 437 DRURY LANE
 City State Zip Code
WYCKOFF NJ 07481
 Date of Receipt
09 / 30 / 2010
Transaction ID: PR2225818824600
 Amount of Each Receipt this Period
120.00
 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) ▼ 380.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
ERIC S RANGEN
 Mailing Address 15348 RED OAKS ROAD SE
 City State Zip Code
PRIOR LAKE MN 55372
 Date of Receipt
09 / 30 / 2010
Transaction ID: PR2225819324600
 Amount of Each Receipt this Period
1153.80
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UnitedHealth Group, Inc. SVP Chief Accounting Officer
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3653.70
 P/R Deduction (\$192.30 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JOHN D RYAN
 Mailing Address 45 WESTMORELAND LN
 City State Zip Code
NAPERVILLE IL 60540
 Date of Receipt
09 / 30 / 2010
Transaction ID: PR2225819624600
 Amount of Each Receipt this Period
230.76
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
UnitedHealth Group, Inc. RVP Client Mgmt & Svc
 Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 730.74
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1504.56
TOTAL This Period (last page this line number 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 / 120
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
KAREN A DIPALMO

Mailing Address 7533 PRAIRIE VIEW DR

City State Zip Code
INDIANAPOLIS IN 46256

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

Name of Employer Occupation
UnitedHealth Group, Inc. Dir Network Programs

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 570.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2231347224600

Amount of Each Receipt this Period
180.00

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

B. Full Name (Last, First, Middle Initial)
JEFFERY A DROZDA

Mailing Address 321 HERITAGE POINT DRIVE

City State Zip Code
SIMPSONVILLE SC 29681

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 760.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2231347424600

Amount of Each Receipt this Period
240.00

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

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

Mailing Address 4396 CREEKSIDE PASS

City State Zip Code
ZIONSVILLE IN 46077

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

Name of Employer Occupation
UnitedHealth Group, Inc. VP UHO Sales

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 285.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2231349724600

Amount of Each Receipt this Period
90.00

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

SUBTOTAL of Receipts This Page (optional) ► **510.00**

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 / 120
(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 M MUDGETT

Mailing Address 8131 LAKE POINT WAY

City State Zip Code
INDIANAPOLIS IN 46256

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2231351924600
Amount of Each Receipt this Period: 120.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
DARRELL S RICHEY

Mailing Address 7244 TULIPTREE TRAIL

City State Zip Code
INDIANAPOLIS IN 46256

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

Name of Employer: UnitedHealth Group, Inc. Occupation: Deputy General Counsel (Mgr)

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1520.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2231352324600
Amount of Each Receipt this Period: 480.00
P/R Deduction (\$80.00 Bi-Weekly)

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

Mailing Address 3202 BABSON CT

City State Zip Code
INDIANAPOLIS IN 46268

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2231352424600
Amount of Each Receipt this Period: 90.00
P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ▶ 690.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 120
(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)
MICHAEL R CONNLY

Mailing Address 570 MONTCALM PL

City SAINT PAUL State MN Zip Code 55116

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1420.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR2247625824600

Amount of Each Receipt this Period 600.00

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

B.

Full Name (Last, First, Middle Initial)
CAROLYN B KERR

Mailing Address 3456 ROSENDALE ROAD

City NISKAYUNA State NY Zip Code 12309

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 437.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR2247626224600

Amount of Each Receipt this Period 138.00

P/R Deduction (\$23.00 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 ▼ 1096.30

Date of Receipt 09 / 30 / 2010

Transaction ID: PR2247626824600

Amount of Each Receipt this Period 346.20

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

SUBTOTAL of Receipts This Page (optional) ► 1084.20

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 67 / 120
(check only one)

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

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

A.

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

Mailing Address 7031 HALSTEAD DRIVE

City State Zip Code
MINNETRISTA MN 55364

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2247627024600

Amount of Each Receipt this Period
150.00

P/R Deduction (\$25.00 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 Occupation
UnitedHealth Group, Inc. RVP Network Mgmt

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1096.30

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2247627324600

Amount of Each Receipt this Period
346.20

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 Occupation
UnitedHealth Group, Inc. VP General Management

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1096.30

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2247627424600

Amount of Each Receipt this Period
346.20

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

SUBTOTAL of Receipts This Page (optional) ► **842.40**

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 68 / 120

(check only one)

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

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

A.

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

Mailing Address 425 QUEENSLAND LANE NORTH

City State Zip Code
PLYMOUTH MN 55447

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1096.30

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2247627624600

Amount of Each Receipt this Period

346.20

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

B.

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

Mailing Address 282 MIDDAUGH

City State Zip Code
CLARENDON HILLS IL 60514

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

Name of Employer Occupation
UnitedHealth Group, Inc. COO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 730.74

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2247627824600

Amount of Each Receipt this Period

230.76

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

C.

Full Name (Last, First, Middle Initial)
JACQUELINE B KOSECOFF

Mailing Address 1474 BIENVENEDA AVE

City State Zip Code
PACIFIC PALISADES CA 90272

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 3653.70

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2247627924600

Amount of Each Receipt this Period

1153.80

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

SUBTOTAL of Receipts This Page (optional)

1730.76

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 120
	(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)

A.	Full Name (Last, First, Middle Initial) DANIEL L OHMAN		Date of Receipt
	Mailing Address 8970 MOOR PARK RUN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	DULUTH	GA	30097
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2247628024600
Name of Employer UnitedHealth Group, Inc.		Occupation Region 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 ▼ 511.48	161.52
			P/R Deduction (\$26.92 Bi-Weekly)

B.	Full Name (Last, First, Middle Initial) JOHN M PRINCE		Date of Receipt
	Mailing Address 546 HARRINGTON ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	WAYZATA	MN	55391
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2259738424600
Name of Employer UnitedHealth Group, Inc.		Occupation Business Segment COO	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 ▼ 1387.00	582.00
			P/R Deduction (\$97.00 Bi-Weekly)

C.	Full Name (Last, First, Middle Initial) DAWN M SIGGETT		Date of Receipt
	Mailing Address 5500 NICHOLSON RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 30 / 2010
	City	State	Zip Code
	FOWLerville	MI	48836
	FEC ID number of contributing federal political committee. C		Transaction ID: PR2270335124600
Name of Employer UnitedHealth Group, Inc.		Occupation Govt Rel Dir	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 ▼ 280.00	20.00
			P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)	763.52
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 70 / 120
(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)
CHRIS CRONN

Mailing Address 1611 W 5TH ST APT 232

City State Zip Code
AUSTIN TX 78703

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 730.74

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2270522924600

Amount of Each Receipt this Period
230.76

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

B.

Full Name (Last, First, Middle Initial)
JEFFREY D ALTER

Mailing Address 3 WOODLAND ROAD

City State Zip Code
BELLE TERRE NY 11777

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

Name of Employer Occupation
Region CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 281.01

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2402315224600

Amount of Each Receipt this Period
88.74

P/R Deduction (\$14.79 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
JANI H DANIEL

Mailing Address PO BOX 507

City State Zip Code
FAYETTEVILLE GA 30214

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

Name of Employer Occupation
Assoc Dir General Management

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2402315824600

Amount of Each Receipt this Period
25.00

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

SUBTOTAL of Receipts This Page (optional) ▶ **344.50**

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 71 / 120
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JEANNE M DE SA		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010		
	Mailing Address 3000 TILDEN STREET NW #204-1		Transaction ID: PR2402315924600		
	City WASHINGTON	State DC	Zip Code 20008	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$50.00 Bi-Weekly)		
	Name of Employer UnitedHealth Group, Inc.	Occupation Govt Rel Dir	Aggregate Year-to-Date 950.00		

B.	Full Name (Last, First, Middle Initial) LISA M HARRELL		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010		
	Mailing Address 1741 CAMBRIDGE AVENUE		Transaction ID: PR2402316924600		
	City FLOSSMOOR	State IL	Zip Code 60422	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)		
	Name of Employer	Occupation VP	Aggregate Year-to-Date 475.00		

C.	Full Name (Last, First, Middle Initial) SCOTT E HENDERSON		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010		
	Mailing Address 749 PEARSON POINT PLAGE		Transaction ID: PR2402317024600		
	City ANNAPOLIS	State MD	Zip Code 21401	Amount of Each Receipt this Period 210.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$35.00 Bi-Weekly)		
	Name of Employer UnitedHealth Group, Inc.	Occupation Govt Rel Dir	Aggregate Year-to-Date 665.00		

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

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

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

FOR LINE NUMBER: PAGE 72 / 120
(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)
ANGELA DAWN KEPLEY CARRIER

Mailing Address 3219 PENINSULA DRIVE

City State Zip Code
JAMESTOWN NC 27282

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

Name of Employer Occupation
Assoc Dir Case Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2402317724600
Amount of Each Receipt this Period: 120.00
P/R Deduction (\$20.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
MARILYN LEVI-BAUMGARTEN

Mailing Address 4800 W 27TH ST

City State Zip Code
SAINT LOUIS PARK MN 55416

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

Name of Employer Occupation
Dir Network Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2402317924600
Amount of Each Receipt this Period: 120.00
P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JAKE LOGAN

Mailing Address 5520 CHEERY LYNN ROAD

City State Zip Code
PHOENIX AZ 85018

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

Name of Employer Occupation
Govt Rel Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2402318224600
Amount of Each Receipt this Period: 150.00
P/R Deduction (\$25.00 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 73 / 120

(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)
MARIA MCCAULEY

Mailing Address 15916 MARSHFIELD DRIVE

City State Zip Code
TAMPA FL 33624

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

Name of Employer Occupation
Sr Project Manager II

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

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2402318424600

Amount of Each Receipt this Period
120.00

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

B.

Full Name (Last, First, Middle Initial)
STACY S MCGRATH

Mailing Address 5625 CHOWEN AVE S

City State Zip Code
EDINA MN 55410

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

Name of Employer Occupation
Sr Project Manager II

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2402318524600

Amount of Each Receipt this Period
90.00

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

C.

Full Name (Last, First, Middle Initial)
JILL RIVERS

Mailing Address 6648 DASHER COURT

City State Zip Code
COLUMBIA MD 21045

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

Name of Employer Occupation
Managing Dir HHS Consulting

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2402319524600

Amount of Each Receipt this Period
150.00

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

SUBTOTAL of Receipts This Page (optional)

360.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 74 / 120
(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 K SWEERE

Mailing Address 11826 GERMAINE TERRACE

City State Zip Code
EDEN PRAIRIE MN 55347

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1510.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2402320224600
Amount of Each Receipt this Period: 600.00
P/R Deduction (\$100.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
KELLY WARREN

Mailing Address 1312 BOB HARRISON DR

City State Zip Code
AUSTIN TX 78702

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

Name of Employer Occupation
Dir Bus Dvlp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2402320524600
Amount of Each Receipt this Period: 150.00
P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
JAY M ANLIKER

Mailing Address 4306 MOUNTAIN LANE

City State Zip Code
WAUSAU WI 54401

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

Name of Employer Occupation
CEO TPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2402445024600
Amount of Each Receipt this Period: 120.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **870.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 120

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
JAMES C COLEMAN

Mailing Address 4135 ETHAN DRIVE

City State Zip Code
EAGAN MN 55123

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

Name of Employer Occupation
Occupation
VP Employee Relations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2402445224600

Amount of Each Receipt this Period
600.00

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

B.

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

Mailing Address 2816 MONTREAUX DRIVE

City State Zip Code
FRISCO TX 75034

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
1235.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2402445324600

Amount of Each Receipt this Period
390.00

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

C.

Full Name (Last, First, Middle Initial)
JOHN L LARSEN

Mailing Address 11688 TANGLEWOOD DRIVE

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation
Occupation
President Evercare

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2402445624600

Amount of Each Receipt this Period
300.00

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

SUBTOTAL of Receipts This Page (optional)

1290.00

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 / 120

(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)
KARA J RIOS

Mailing Address 5116 DUGGAN PLAZA

City State Zip Code
EDINA MN 55439

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 3250.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2402445724600

Amount of Each Receipt this Period

1500.00

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

B.

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

Mailing Address 2208 ELM AVENUE

City State Zip Code
MANHATTAN BEACH CA 90266

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

Name of Employer Occupation
Govt Rel Dir

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 570.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2402446224600

Amount of Each Receipt this Period

180.00

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

C.

Full Name (Last, First, Middle Initial)
SOHINI G JINDAL

Mailing Address 19513 MILL DAM PLACE

City State Zip Code
LANSDOWNE VA 20176

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

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

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1420.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2402446324600

Amount of Each Receipt this Period

600.00

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

SUBTOTAL of Receipts This Page (optional)

2280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 77 / 120
(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)
RUSSELL C PETRELLA

Mailing Address 4612 MOORLAND AVENUE

City State Zip Code
EDINA MN 55424

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

Name of Employer: UnitedHealth Group, Inc. Occupation: President Americhoice

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1810.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2402446424600
Amount of Each Receipt this Period: 600.00
P/R Deduction (\$100.00 Bi-Weekly)

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

Mailing Address 801 E TIMBER BRANCH PKWY

City State Zip Code
ALEXANDRIA VA 22302

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2402446524600
Amount of Each Receipt this Period: 360.00
P/R Deduction (\$60.00 Bi-Weekly)

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

Mailing Address 4203 BRADLEY LANE

City State Zip Code
CHEVY CHASE MD 20815

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.70

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2405428824600
Amount of Each Receipt this Period: 1153.80
P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 2113.80

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 78 / 120

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) JOSEPH R STEVENS		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1621 BERKSHIRE RD		Transaction ID: PR2405429124600
	City COLUMBUS	State OH	Zip Code 43221
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 285.60
	Name of Employer UnitedHealth Group, Inc.	Occupation Govt Rel Dir	P/R Deduction (\$47.60 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.40		

B.	Full Name (Last, First, Middle Initial) RODNEY CHARLES ARMSTEAD		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address ONE HARBORSIDE PLACE UNIT 701		Transaction ID: PR2405430224600
	City JERSEY CITY	State NJ	Zip Code 07311
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
	Name of Employer	Occupation VP Operations	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 760.00		

C.	Full Name (Last, First, Middle Initial) KAREN ANN SAELENS		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 105 N FLORENCE AVE		Transaction ID: PR2408544824600
	City LITCHFIELD PARK	State AZ	Zip Code 85340
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
	Name of Employer	Occupation	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 ▼ 380.00		

SUBTOTAL of Receipts This Page (optional) ▶

645.60

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 79 / 120
(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)
KATHLYN G WEE

Mailing Address 4118 38TH ST NW

City WASHINGTON State DC Zip Code 20016

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR2408545024600

Amount of Each Receipt this Period 120.00

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

B.

Full Name (Last, First, Middle Initial)
GAIL KOZIARA BOUDREAUX

Mailing Address 841 HOLDEN COURT

City LAKE FOREST State IL Zip Code 60045

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 09 / 30 / 2010

Transaction ID: PR2437119524600

Amount of Each Receipt this Period 0.00

P/R Deduction (\$0.00 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
JEFFREY SEAN CORZINE

Mailing Address 7649 EARLINGTON PARKWAY

City DUBLIN State OH Zip Code 43017

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 30 / 2010

Transaction ID: PR2437119724600

Amount of Each Receipt this Period 120.00

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

SUBTOTAL of Receipts This Page (optional) ► **240.00**

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 80 / 120
	<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) RITA FAYE JOHNSON-MILLS		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 9727 SKY LANE		Transaction ID: PR2437120124600
	City EDEN PRAIRIE	State MN	Zip Code 55347
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
	Name of Employer	Occupation	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 ▼ 285.00		

B.	Full Name (Last, First, Middle Initial) DAVID K LIVINGSTON		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 24570 RIDGE POLE COURT		Transaction ID: PR2437120224600
	City SOUTH LYON	State MI	Zip Code 48178
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer	Occupation	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

C.	Full Name (Last, First, Middle Initial) JACK S WEISS		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 6245 NORTH 75 STREET		Transaction ID: PR2437120524600
	City SCOTTSDALE	State AZ	Zip Code 85250
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
	Name of Employer	Occupation	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 475.00		

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 81 / 120
(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 JOSEPH BALTHAZOR

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City State Zip Code
BROOKLYN PARK MN 55443

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
660.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2437120724600

Amount of Each Receipt this Period

360.00

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

B.

Full Name (Last, First, Middle Initial)
KELLY L CLARK

Mailing Address 13540 BIRCHWOOD AVENUE

City State Zip Code
ROSEMOUNT MN 55068

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.74

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2437121324600

Amount of Each Receipt this Period

230.76

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

C.

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

Mailing Address 10550 PINNACLE WAY

City State Zip Code
WOODBURY MN 55129

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
380.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2437121524600

Amount of Each Receipt this Period

120.00

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

SUBTOTAL of Receipts This Page (optional) ▶

710.76

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

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

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

FOR LINE NUMBER: PAGE 82 / 120
(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)
ROBIN E LIPPERT

Mailing Address 522 4 STREET SOUTH EAST

City WASHINGTON State DC Zip Code 20003

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2439928024600
 Amount of Each Receipt this Period 300.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
STEPHEN M HEYMAN

Mailing Address 5300 SHERRILL AVENUE

City CHEVY CHASE State MD Zip Code 20815

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2444265724600
 Amount of Each Receipt this Period 600.00
 P/R Deduction (\$100.00 Bi-Weekly)

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

Mailing Address 19705 LAKEVIEW AVENUE

City DEEPHAVEN State MN Zip Code 55331

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 09 / 30 / 2010
Transaction ID: PR2445015324600
 Amount of Each Receipt this Period 1153.80
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 2053.80

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 / 120

(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)
DONALD S LANGER

Mailing Address 177 SOUTHBOROUGH ROAD

City State Zip Code
SOUTHINGTON CT 06489

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2445015424600

Amount of Each Receipt this Period

120.00

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

B.

Full Name (Last, First, Middle Initial)
CHARLES L WILKINS

Mailing Address 10827 MOUNT CURVE ROAD

City State Zip Code
EDEN PRAIRIE MN 55347

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2445016624600

Amount of Each Receipt this Period

600.00

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

C.

Full Name (Last, First, Middle Initial)
SABRINA FERGUSON

Mailing Address 204 CHESTNUT DRIVE

City State Zip Code
BRANDON MS 39047

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2445017224600

Amount of Each Receipt this Period

120.00

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

SUBTOTAL of Receipts This Page (optional) ▶

840.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 84 / 120
(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)
EILEEN J LIVERANI

Mailing Address 100 BOSTOCK ROAD

City State Zip Code
SHOKAN NY 12481

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
304.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR2460167224600

Amount of Each Receipt this Period
166.20

P/R Deduction (\$27.70 Bi-Weekly)

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

Mailing Address 3918 HAVEN ROAD

City State Zip Code
MINNETONKA MN 55345

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR2460167624600

Amount of Each Receipt this Period
300.00

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

C. Full Name (Last, First, Middle Initial)
SHELBY P SOLOMON

Mailing Address 5702 BLAKE ROAD

City State Zip Code
EDINA MN 55436

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1265.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	1	0

Transaction ID: PR2460167924600

Amount of Each Receipt this Period
690.00

P/R Deduction (\$115.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► **1156.20**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 120
(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)
JELKA S PETROVIC

Mailing Address 4454 PEPPER MILL LANE

City ORION State MI Zip Code 48359

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2460168024600
 Amount of Each Receipt this Period: 120.00
 P/R Deduction (\$20.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
LARRY C RENFRO

Mailing Address 5 DOVE LANE

City ANDOVER State MA Zip Code 01810

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2115.30

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2460168124600
 Amount of Each Receipt this Period: 1153.80
 P/R Deduction (\$192.30 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
DAVID B ORBUCH

Mailing Address 3370 SYCAMORE LANE

City PLYMOUTH State MN Zip Code 55441

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 423.50

Date of Receipt: 09 / 30 / 2010
Transaction ID: PR2460168224600
 Amount of Each Receipt this Period: 231.00
 P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional) ► 1504.80

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 120

(check only one)

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

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

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

A.

Full Name (Last, First, Middle Initial)
ERIC J WEXLER

Mailing Address 7220 WILLOW OAK DR

City State Zip Code
WEST BLOOMFIELD MI 48324

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
288.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2463723124600

Amount of Each Receipt this Period

192.00

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

B.

Full Name (Last, First, Middle Initial)
ERIC A SCHUTT

Mailing Address 2675 TOWER ROAD

City State Zip Code
MCFARLAND WI 53558

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
562.50

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2463724124600

Amount of Each Receipt this Period

375.00

P/R Deduction (\$62.50 Bi-Weekly)

C.

Full Name (Last, First, Middle Initial)
SUE SCHICK

Mailing Address 100 EAST PENN SQUARE SUITE 410

City State Zip Code
PHILADELPHIA PA 19107

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2480620524600

Amount of Each Receipt this Period

750.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1317.00

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 / 120

(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)
JO ANNE M ANDERSON

Mailing Address 6236 KNOLL DRIVE

City State Zip Code
EDINA MN 55436

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
497.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2484541624600

Amount of Each Receipt this Period

426.00

P/R Deduction (\$71.00 Bi-Weekly)

B.

Full Name (Last, First, Middle Initial)
MATTHEW A BURNS

Mailing Address 250 6TH STREET EAST
APT 407

City State Zip Code
ST PAUL MN 55101

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2484541724600

Amount of Each Receipt this Period

300.00

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

C.

Full Name (Last, First, Middle Initial)
JAMES F COPPENS

Mailing Address 5965 LAKE LINDEN COURT

City State Zip Code
SHOREWOOD MN 55331

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
442.05

Date of Receipt

M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: PR2484541924600

Amount of Each Receipt this Period

378.90

P/R Deduction (\$63.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

1104.90

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 88 / 120

(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) LILLIAN R HECKMAN		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010
	Mailing Address 552 DEER LAKE CIRCLE		Transaction ID: PR2484542124600
	City BLUE BELL	State PA	Zip Code 19422
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
	Name of Employer	Occupation	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00		

B.	Full Name (Last, First, Middle Initial) KEVIN KNARR		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010
	Mailing Address 3138 O STREET NW		Transaction ID: PR2484542324600
	City WASHINGTON	State DC	Zip Code 20007
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 230.76
	Name of Employer	Occupation	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22		

C.	Full Name (Last, First, Middle Initial) CHRISTOPHER J PAULISON		Date of Receipt M M / D D / Y Y Y Y 09 / 30 / 2010
	Mailing Address 4601 DREXEL AVE		Transaction ID: PR2486698024600
	City EDINA	State MN	Zip Code 55424
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1041.65
	Name of Employer	Occupation	P/R Deduction (\$208.33 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.65		

SUBTOTAL of Receipts This Page (optional)	▶	1452.41
TOTAL This Period (last page this line number 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 / 120
(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)
DIRK C MCMAHON

Mailing Address 1608 SUMMIT OAKS CT

City State Zip Code
BURNSVILLE MN 55337

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2491457024600

Amount of Each Receipt this Period
300.00

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

B. Full Name (Last, First, Middle Initial)
DAVID A REY

Mailing Address 15 WINDSONG WAY

City State Zip Code
LAFAYETTE CA 94549

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2491457124600

Amount of Each Receipt this Period
2500.00

P/R Deduction (\$2500.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
DONALD H NATHAN

Mailing Address 275 GREENWICH STREET #30

City State Zip Code
NEW YORK NY 10007

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: PR2491457324600

Amount of Each Receipt this Period
1000.00

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

SUBTOTAL of Receipts This Page (optional) ► **3800.00**

TOTAL This Period (last page this line number only) ► **95294.90**

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 120
(check only one)

<input 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 checked="" 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)
Citizens for Arlen Specter

Mailing Address 300 I Street N.E.
Suite 100B

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 1 0

Transaction ID: 32196870

Amount of Each Receipt this Period
2000.00

B. Full Name (Last, First, Middle Initial)
Citizens for Arlen Specter

Mailing Address 300 I Street N.E.
Suite 100B

City Washington State DC Zip Code 20002

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 1 0

Transaction ID: 32196875

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Bennett Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

FEC ID number of contributing federal political committee. **C** C00343327

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 2 / 2 0 1 0

Transaction ID: 32199186

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **4000.00**

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 / 120
 (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)
Friends of Roger Kahn for Senate

Mailing Address P.O. Box 1627

City State Zip Code
Saginaw MI 48605

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

Name of Employer Occupation

Receipt For: 2010
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 03 / 2010

Transaction ID: 32420979

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	4600.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Adam Smith For Congress	Transaction ID: 31976230 Date of Disbursement 07 / 09 / 2010
	Mailing Address 27030 47th Ave S #104	Amount of Each Disbursement this Period 2500.00
	City Kent State WA Zip Code 98032	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Adam Smith	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 09	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Democratic Party of Wisconsin	Transaction ID: 31976289 Date of Disbursement 07 / 09 / 2010
	Mailing Address 222 W. Washington Avenue, Suite 15	Amount of Each Disbursement this Period 2500.00
	City Madison State WI Zip Code 53703	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Childers For Congress	Transaction ID: 32074568 Date of Disbursement 07 / 27 / 2010
	Mailing Address PO Box 177	Amount of Each Disbursement this Period 2500.00
	City Booneville State MS Zip Code 38829	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Travis Wayne Childers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7500.00
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) Minnick For Congress	Transaction ID: 32079555 Date of Disbursement
	Mailing Address 8150 West Emerald, Ste. 170	<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Boise State ID Zip Code 83704	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Rep. Walter Minnick	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Democratic Party of Wisconsin	Transaction ID: 32196474 Date of Disbursement
	Mailing Address 222 W. Washington Avenue, Suite 15	<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Madison State WI Zip Code 53703	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Forward Together PAC	Transaction ID: 32196477 Date of Disbursement
	Mailing Address 10 G Street, NE Suite 570	<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement Void - Forward Together PAC	<input type="text" value="-2500.00"/>
	Candidate Name Forward Together PAC	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Void - Forward Together PAC

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) Forward Together PAC	Transaction ID: 32196498 Date of Disbursement
	Mailing Address 10 G Street, NE Suite 570	<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Forward Together PAC	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of John Boehner	Transaction ID: 32231813 Date of Disbursement
	Mailing Address 7908-I Cincinnati Dayton Road	<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2010"/>
	City West Chester State OH Zip Code 45069	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name John A. Boehner	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wasserman-Schultz For Congress	Transaction ID: 32240247 Date of Disbursement
	Mailing Address 1071 Twin Branch Ln	<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2010"/>
	City Weston State FL Zip Code 33326	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Wasserman Schultz Debbie	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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>A.</p> <p>Full Name (Last, First, Middle Initial) Glacier PAC</p> <p>Mailing Address 818 Connecticut Ave. NW Suite 1100</p> <p>City Washington State DC Zip Code 20006</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Glacier PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: 32249503 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">5000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	4	/	2	0	1	0	5000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9	/	1	4	/	2	0	1	0													
5000.00																						
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Frank Kratovil For Congress</p> <p>Mailing Address 222 Main Sail Drive PO Box 518</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Frank M. Kratovil, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: MD District: 01</p>	<p>Transaction ID: 32249764 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	4	/	2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9	/	1	4	/	2	0	1	0													
2500.00																						
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Earl Pomeroy for Congress</p> <p>Mailing Address P.O. Box 75214</p> <p>City Washington State DC Zip Code 20013-5214</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: ND District: 01</p>	<p>Transaction ID: 32250476 Date of Disbursement <table border="1" style="width: 100%;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> </p> <p>Amount of Each Disbursement this Period <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">2500.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9	/	1	4	/	2	0	1	0	2500.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9	/	1	4	/	2	0	1	0													
2500.00																						

SUBTOTAL of Disbursements This Page (optional)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">10000.00</td></tr></table>	10000.00
10000.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Arcuri For Congress</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Michael A. Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32250986 Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Arcuri For Congress</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement Void - Arcuri For Congress</p> <p>Candidate Name Rep. Michael A. Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32253594 Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Arcuri For Congress</p>
<p>C. Full Name (Last, First, Middle Initial) Arcuri For Congress</p> <p>Mailing Address P.O. Box 8508</p> <p>City Utica State NY Zip Code 13505</p> <p>Purpose of Disbursement</p> <p>Candidate Name Rep. Michael A. Arcuri</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 24</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32254399 Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Citizens For Altmire	Transaction ID: 32255610 Date of Disbursement 09 / 14 / 2010
	Mailing Address P.O. Box 1776	Amount of Each Disbursement this Period 5000.00
	City Freedom State PA Zip Code 15042	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Jason Altmire	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Kevin Mccarthy For Congress	Transaction ID: 32259965 Date of Disbursement 09 / 14 / 2010
	Mailing Address PO Box 12667	Amount of Each Disbursement this Period 5000.00
	City Bakersfield State CA Zip Code 93389	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. Kevin McCarthy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of John Barrasso	Transaction ID: 32263242 Date of Disbursement 09 / 14 / 2010
	Mailing Address PO Box 52008	Amount of Each Disbursement this Period 2500.00
	City Casper State WY Zip Code 82605	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Mr. John Barrasso	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WY District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	12500.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Dawg PAC</p> <p>Mailing Address 3422 Porter Street, NW</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Dawg PAC</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: 32276775 Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Adler For Congress</p> <p>Mailing Address 14 Knightswood Drive</p> <p>City Marlton State NJ Zip Code 08053</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. John Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District: 03</p>	<p>Transaction ID: 32276807 Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Upton For All Of Us</p> <p>Mailing Address P.O. Box 490</p> <p>City St. Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Frederick Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 06</p>	<p>Transaction ID: 32276810 Date of Disbursement 09 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Hoosiers For Rokita	Transaction ID: 32276818 Date of Disbursement 09 / 14 / 2010
	Mailing Address 7643 East U.S. 36	Amount of Each Disbursement this Period 1000.00
	City Avon State IN Zip Code 46123	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Theodore Rokita	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ERICPAC	Transaction ID: 32307396 Date of Disbursement 09 / 17 / 2010
	Mailing Address 25 East Main Street, Suite 200	Amount of Each Disbursement this Period 2000.00
	City Richmond State VA Zip Code 23219	
	Purpose of Disbursement	011 Category/Type
	Candidate Name ERICPAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Portman For Senate Committee	Transaction ID: 32309237 Date of Disbursement 09 / 17 / 2010
	Mailing Address 8331 Little Harbor Drive	Amount of Each Disbursement this Period 5000.00
	City Cincinnati State OH Zip Code 45244	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Rob Portman	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8000.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Manchin For West Virginia</p> <p>Mailing Address PO Box 5202</p> <p>City Charleston State WV Zip Code 25361</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Joe Manchin</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WV District:</p>	<p>Transaction ID: 32309266 Date of Disbursement 09 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Dan Boren for U.S. Congress</p> <p>Mailing Address P.O. Box 149</p> <p>City Okemah State OK Zip Code 74859</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Dan Boren</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OK District: 28</p>	<p>Transaction ID: 32315312 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Bright For Congress</p> <p>Mailing Address P.O.Box 2106</p> <p>City Montgomery State AL Zip Code 36102</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. Bobby Bright</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AL District: 02</p>	<p>Transaction ID: 32315869 Date of Disbursement 09 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Hagan For Us Senate Inc	Transaction ID: 32315977 Date of Disbursement 09 / 21 / 2010
	Mailing Address PO Box 29103	Amount of Each Disbursement this Period 2500.00
	City Greensboro State NC Zip Code 27429	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Kay Hagan	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Prosperity PAC	Transaction ID: 32316407 Date of Disbursement 09 / 22 / 2010
	Mailing Address 429 North Saint Asaph	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Prosperity PAC	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Walden for Congress	Transaction ID: 32316423 Date of Disbursement 09 / 22 / 2010
	Mailing Address PO Box 1091	Amount of Each Disbursement this Period 1000.00
	City Hood River State OR Zip Code 97031	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Greg Walden	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4500.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Heath Shuler for Congress</p> <p>Mailing Address 38 Ivy Street, SE</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement</p> <p>Candidate Name Heath Shuler for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32316435 Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Heath Shuler for Congress</p> <p>Mailing Address 38 Ivy Street, SE</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement Void - Heath Schuler for Congress</p> <p>Candidate Name Heath Shuler for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32319468 Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period -3000.00</p> <p>011 Category/ Type</p> <p>Void - Heath Schuler for Congress</p>
<p>C. Full Name (Last, First, Middle Initial) Heath Shuler for Congress</p> <p>Mailing Address 38 Ivy Street, SE</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement</p> <p>Candidate Name Heath Shuler for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32319522 Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

<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) Issa PAC	Transaction ID: 32319526 Date of Disbursement 09 / 23 / 2010
	Mailing Address PO Box 368	Amount of Each Disbursement this Period 1500.00
	City Falls Church State VA Zip Code 22040	
	Purpose of Disbursement	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Jason Chaffetz	Transaction ID: 32319528 Date of Disbursement 09 / 23 / 2010
	Mailing Address 315 Westfield Circle	Amount of Each Disbursement this Period 1000.00
	City Alpine State UT Zip Code 84004	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Jason Chaffetz	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Lone Star Leadership PAC	Transaction ID: 32319542 Date of Disbursement 09 / 23 / 2010
	Mailing Address 7315 Wisconsin Avenue Suite 310 East	Amount of Each Disbursement this Period 1000.00
	City Bethesda State MD Zip Code 30814	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Lone Star Leadership PAC	
	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) ▼

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Roskam for Congress Committee</p> <p>Mailing Address 5006 Washington Ave.</p> <p>City Downers Grove State IL Zip Code 60515</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Peter Roskam</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 00</p>	<p>Transaction ID: 32319557 Date of Disbursement: 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Rep. David Lee Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04</p>	<p>Transaction ID: 32319563 Date of Disbursement: 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Bass Victory Committee</p> <p>Mailing Address PO Box 3451</p> <p>City Concord State NH Zip Code 03302</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name Charles Bass</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NH District: 02</p>	<p>Transaction ID: 32320667 Date of Disbursement: 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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)
Ike Skelton For Congress Committee

Mailing Address P.O. Box A

City Harrisonville State MO Zip Code 64701

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Ike Skelton

Office Sought: House Senate President
State: MO District: 04
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 32320668
Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Marsha Blackburn For Congress Inc.

Mailing Address PO Box 682185

City Franklin State TN Zip Code 37068

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Marsha Blackburn

Office Sought: House Senate President
State: TN District: 07
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 32320669
Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Wally Herger For Congress Committee

Mailing Address PO Box 1007

City Willows State CA Zip Code 95988

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Wally Herger

Office Sought: House Senate President
State: CA District: 02
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 32320670
Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Kline For Congress</p> <p>Mailing Address 101 W Burnsville Pkwy Suite 104 Suite 104</p> <p>City Burnsville State MN Zip Code 55337</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Mr. John Kline</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 02</p>	<p>Transaction ID: 32320671 Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress</p> <p>Mailing Address Box 137</p> <p>City Spokane State WA Zip Code 99210</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. Cathy McMorris Rodgers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 05</p>	<p>Transaction ID: 32321043 Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Volunteers For Shimkus</p> <p>Mailing Address PO Box 5458</p> <p>City Springfield State IL Zip Code 62705</p> <p>Purpose of Disbursement 011 Category/ Type</p> <p>Candidate Name Rep. John M. Shimkus</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 19</p>	<p>Transaction ID: 32321044 Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Pioneer PAC Mailing Address 1212 North Vernon St. City Arlington State VA Zip Code 22201 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32321045 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) Ben Chandler For Congress Mailing Address P. O. Box 12678 City Lexington State KY Zip Code 40508 Purpose of Disbursement Candidate Name Rep. Benjamin Chandler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 06 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32321050 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
C.	Full Name (Last, First, Middle Initial) Lincoln Davis For Congress Mailing Address PO Box 350 City Jamestown State TN Zip Code 38556 Purpose of Disbursement Candidate Name Rep. Lincoln Davis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32321053 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 4 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional)		3000.00	
TOTAL This Period (last page this line number only)			

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Friends Of Kelly Ayotte</p> <p>Mailing Address PO Box 233</p> <p>City Nashua State NH Zip Code 03061</p> <p>Purpose of Disbursement</p> <p>Candidate Name Kelly Ayotte</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32321548 Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Dan Coats For Indiana</p> <p>Mailing Address PO Box 301141</p> <p>City Indianapolis State IN Zip Code 46230</p> <p>Purpose of Disbursement</p> <p>Candidate Name Mr. Daniel Coats</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32321554 Date of Disbursement 09 / 24 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) Bass Victory Committee</p> <p>Mailing Address PO Box 3451</p> <p>City Concord State NH Zip Code 03302</p> <p>Purpose of Disbursement Void - Bass Victory '96 Committee</p> <p>Candidate Name Charles Bass</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32335089 Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p> <p>Void - Bass Victory '96 Committee</p>

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)

A.	Full Name (Last, First, Middle Initial) Bass Victory Committee	Transaction ID: 32335091 Date of Disbursement
	Mailing Address PO Box 3451	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Concord State NH Zip Code 03302	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Charles Bass	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mike Ross for Congress	Transaction ID: 32335213 Date of Disbursement
	Mailing Address 227 Massachusetts Ave N.E. Ste 101	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Michael Avery Ross	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of Glenn Nye	Transaction ID: 32335227 Date of Disbursement
	Mailing Address PO Box 68444	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
	City Virginia Beach State VA Zip Code 23471	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3000.00"/>
	Candidate Name Mr. Glenn Nye	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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) Mike McMahon For Congress <hr/> Mailing Address 66 Arnold Street <hr/> City Staten Island State NY Zip Code 10301 <hr/> Purpose of Disbursement 011 Candidate Name Mr. Michael McMahon Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 13	Transaction ID: 32335230 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	8		2	0	1	0													
B.	Full Name (Last, First, Middle Initial) Gillibrand For Senate <hr/> Mailing Address 313 C Street Ne <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Kirsten Gillibrand Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 20	Transaction ID: 32335245 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	8		2	0	1	0													
C.	Full Name (Last, First, Middle Initial) Stephanie Herseth Sandlin For South Dakota <hr/> Mailing Address PO Box 2009 <hr/> City Sioux Falls State SD Zip Code 57101 <hr/> Purpose of Disbursement 011 Candidate Name Rep. Stephanie Herseth Sandlin Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: 01	Transaction ID: 32335803 Date of Disbursement <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>9</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <hr/> Amount of Each Disbursement this Period <div style="border: 1px solid black; text-align: center; padding: 5px;">1000.00</div>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		2	8		2	0	1	0													

SUBTOTAL of Disbursements This Page (optional) ▶	<div style="border: 1px solid black; padding: 5px; font-weight: bold;">3000.00</div>
TOTAL This Period (last page this line number only) ▶	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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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) Big Easy Committee <hr/> Mailing Address 10 G Street, NE Suite 570 <hr/> City Washington State DC Zip Code 20002 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32335826 Date of Disbursement 09 / 28 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) JOE PAC <hr/> Mailing Address 84-56 Grand Avenue Elmhurst <hr/> City New York State NY Zip Code 11373 <hr/> Purpose of Disbursement <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32348560 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) Yoder For Congress <hr/> Mailing Address PO Box 26742 <hr/> City Overland Park State KS Zip Code 66225 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Kevin Yoder <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32376876 Date of Disbursement 09 / 30 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> 011 Category/ Type

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)

A. Full Name (Last, First, Middle Initial) Yoder For Congress Mailing Address PO Box 26742 City Overland Park State KS Zip Code 66225 Purpose of Disbursement Void - Yoder For Congress Candidate Name Mr. Kevin Yoder Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32376887 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period -1000.00 Void - Yoder For Congress
B. Full Name (Last, First, Middle Initial) Yoder For Congress Mailing Address PO Box 26742 City Overland Park State KS Zip Code 66225 Purpose of Disbursement Candidate Name Mr. Kevin Yoder Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KS District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32376907 Date of Disbursement 09 / 30 / 2010
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

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

108500.00

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

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

FOR LINE NUMBER:
(check only one)

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<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)
Coleman for Ohio (Michael Coleman)

Mailing Address 90 West Broad Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 32196475

Date of Disbursement

08 / 25 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
Friends of Armond Budish

Mailing Address 23240 Chargin Blvd #450

City Beachwood State OH Zip Code 44122

Purpose of Disbursement
Armond Budish, STATE HOUSE 8th OH

Candidate Name
OH Rep. Armond Budish

Office Sought: House Senate President
State: OH District: 08

Disbursement For: 2010 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 32196476

Date of Disbursement

08 / 25 / 2010

Amount of Each Disbursement this Period

1000.00

Armond Budish, STATE HOUSE
8th OH

C.

Full Name (Last, First, Middle Initial)
Segal for Michigan

Mailing Address 108 Pinehurst Lane

City Battle Creek State MI Zip Code 49015

Purpose of Disbursement
Kate Segal, STATE HOUSE 62nd MI

Candidate Name
MI Rep. Kate Segal

Office Sought: House Senate President
State: MI District: 62

Disbursement For: 2010 Primary General Other (specify) ▼

011
Category/
Type

Transaction ID: 32196499

Date of Disbursement

08 / 25 / 2010

Amount of Each Disbursement this Period

500.00

Kate Segal, STATE HOUSE
62nd MI

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)

A.	Full Name (Last, First, Middle Initial) Campaign to Elect Julie Denton <hr/> Mailing Address 1708 Golden Leaf Way <hr/> City Louisville State KY Zip Code 40245 <hr/> Purpose of Disbursement Julie Denton, STATE SENATE 36th KY Candidate Name Senator Julie Denton <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32237907 Date of Disbursement 09 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 350.00 <hr/> Julie Denton, STATE SENATE 36th KY
B.	Full Name (Last, First, Middle Initial) Citizens to Elect John Patrick Carney <hr/> Mailing Address 357 E Torrence Road <hr/> City Columbus State OH Zip Code 43214 <hr/> Purpose of Disbursement John Carney, STATE HOUSE 22nd OH Candidate Name OH Rep. John Carney <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32238539 Date of Disbursement 09 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 500.00 <hr/> John Carney, STATE HOUSE 22nd OH
C.	Full Name (Last, First, Middle Initial) Ohio House Republican Organizational Committee <hr/> Mailing Address 4679 Winterset Drive <hr/> City Columbus State OH Zip Code 43220 <hr/> Purpose of Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32239734 Date of Disbursement 09 / 07 / 2010 <hr/> Amount of Each Disbursement this Period 1750.00 <hr/> Category/Type 011

SUBTOTAL of Disbursements This Page (optional) ▶	2600.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Campaign Fund of Robert Damron Mailing Address 231 Fairway West City Nicholasville State KY Zip Code 40356 Purpose of Disbursement Robert Damron, STATE HOUSE 39th KY Candidate Name Representa Robert Damron Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 39 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32240881 Date of Disbursement 09 / 08 / 2010
	Amount of Each Disbursement this Period 350.00 Robert Damron, STATE HOUSE 39th KY

B. Full Name (Last, First, Middle Initial) Citizens for Lehner Mailing Address 533 Lockerbie Lane City Kettering State OH Zip Code 45429 Purpose of Disbursement Peggy Lehner, STATE HOUSE 37th OH Candidate Name OH Rep. Peggy Lehner Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 37 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32240883 Date of Disbursement 09 / 08 / 2010
	Amount of Each Disbursement this Period 500.00 Peggy Lehner, STATE HOUSE 37th OH

C. Full Name (Last, First, Middle Initial) United for Health of Texas (UnitedHealth Group Inc, PAC of Texas) Mailing Address 9900 Bren Road East City Minnetonka State MN Zip Code 55343 Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32308326 Date of Disbursement 09 / 17 / 2010
	Amount of Each Disbursement this Period 29000.00

SUBTOTAL of Disbursements This Page (optional) ▶	29850.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

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

FOR LINE NUMBER:
(check only one)

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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) UnitedHealth Group Inc Political Action Committee of Iowa	Transaction ID: 32308328
	Mailing Address 9900 Bren Road East	Date of Disbursement MM / DD / YYYY 09 / 17 / 2010
	City Minnetonka State MN Zip Code 55343	Amount of Each Disbursement this Period 4500.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) UnitedHealth Group Inc Political Action Committee of Iowa	Transaction ID: 32316084
	Mailing Address 9900 Bren Road East	Date of Disbursement MM / DD / YYYY 09 / 22 / 2010
	City Minnetonka State MN Zip Code 55343	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) United for Health of Texas (UnitedHealth Group Inc, PAC of Texas)	Transaction ID: 32320657
	Mailing Address 9900 Bren Road East	Date of Disbursement MM / DD / YYYY 09 / 23 / 2010
	City Minnetonka State MN Zip Code 55343	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Tom Buford, STATE SENATE 22nd KY	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) ▼

SUBTOTAL of Disbursements This Page (optional)	9500.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) United for Health of Texas (UnitedHealth Group Inc, PAC of Texas)</p> <p>Mailing Address 9900 Bren Road East</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement Void - United for Health of Texas (UnitedHealth Group Inc, PAC of Texas)</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>Transaction ID: 32320658</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period -2000.00</p> <p>Void - United for Health of Texas (UnitedHealth Group Inc, PAC of Texas)</p>
<p>B. Full Name (Last, First, Middle Initial) United for Health of Texas (UnitedHealth Group Inc, PAC of Texas)</p> <p>Mailing Address 9900 Bren Road East</p> <p>City Minnetonka State MN Zip Code 55343</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32320659</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) Kentucky Senate Republican Caucus</p> <p>Mailing Address PO Box 1068</p> <p>City Frankfort State KY Zip Code 40602</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32320662</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2400.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2400.00

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)
Keep State Representative Jeff Greer

Mailing Address 2125 Hwy 79

City State Zip Code
Brandenburg KY 40108

Purpose of Disbursement
Jeff Greer, STATE HOUSE 27th KY

Candidate Name
KY Rep. Jeff Greer

011
Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 27

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 32320664
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Jeff Greer, STATE HOUSE
27th KY

B. Full Name (Last, First, Middle Initial)
Friends of Linda Bolon

Mailing Address 43 Pueblo Lane

City State Zip Code
Columbiana OH 44408

Purpose of Disbursement
Linda Bolon, STATE HOUSE 1st OH

Candidate Name
OH Rep. Linda Bolon

011
Category/
Type

Office Sought: House
 Senate
 President
State: OH District: 01

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 32321115
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Linda Bolon, STATE HOUSE
1st OH

C. Full Name (Last, First, Middle Initial)
Gregory D. Stumbo for the House

Mailing Address PO Box 1473

City State Zip Code
Prestonburg KY 41653

Purpose of Disbursement
Greg Stumbo, STATE HOUSE 95th KY

Candidate Name
KY Rep. Greg Stumbo

011
Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 95

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: 32321117
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Greg Stumbo, STATE HOUSE
95th KY

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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>A. Full Name (Last, First, Middle Initial) Aiming Higher PAC</p> <p>Mailing Address 47 South Meridian Street 2nd Floor</p> <p>City Indianapolis State IN Zip Code 46205</p> <p>Purpose of Disbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32335829 Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) Matt Lehman for State Representative</p> <p>Mailing Address 663 Lehman</p> <p>City Berne State IN Zip Code 46711</p> <p>Purpose of Disbursement Matthew Lehman, STATE HOUSE 79th IN</p> <p>Candidate Name IN Rep. Matthew Lehman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 79</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32335833 Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Matthew Lehman, STATE HOUSE 79th IN</p>
<p>C. Full Name (Last, First, Middle Initial) Torr for State Representative</p> <p>Mailing Address 11944 Esty Way</p> <p>City Carmel State IN Zip Code 46033</p> <p>Purpose of Disbursement Gerald Torr, STATE HOUSE 39th IN</p> <p>Candidate Name Representa Gerald Torr</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 39</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 32335835 Date of Disbursement 09 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Gerald Torr, STATE HOUSE 39th IN</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)

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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 Bruce Borders	Transaction ID: 32335841 Date of Disbursement 09 / 28 / 2010
	Mailing Address P.O. Box 174B	Amount of Each Disbursement this Period 550.00
	City Jasonville State IN Zip Code 47438	
	Purpose of Disbursement Bruce Borders, STATE HOUSE 45th IN	011 Category/ Type
	Candidate Name Bruce Borders	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 45	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Bruce Borders, STATE HOUSE 45th IN

B.	Full Name (Last, First, Middle Initial) Christine Scanlan for Colorado	Transaction ID: 32350665 Date of Disbursement 09 / 30 / 2010
	Mailing Address 46 Legend Circle	Amount of Each Disbursement this Period 350.00
	City Dillon State CO Zip Code 80435	
	Purpose of Disbursement Christine Scanlan, STATE HOUSE 56th CO	011 Category/ Type
	Candidate Name CO Rep. Christine Scanlan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 56	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Christine Scanlan, STATE HOUSE 56th CO

C.	Full Name (Last, First, Middle Initial) United for Health PAC of Tennessee	Transaction ID: 32354238 Date of Disbursement 09 / 30 / 2010
	Mailing Address 9900 Bren Road East	Amount of Each Disbursement this Period 12000.00
	City Minnetonka State MN Zip Code 55343	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	12900.00
TOTAL This Period (last page this line number only)	68500.00