Image# 12952530325			_	PAGE 1 / 116
	EPORT OF R ND DISBURS Other Than An Author	EMENTS		Office Use Only
	PE OR PRINT V	Example: If typing,	type 12FE4M5	
COMMITTEE (in full)		over the lines.	IZFE4M3	
UnitedHealth Group Incor	porated PAC (United	for Health)		
ADDRESS (number and street)	900 Bren Road East			
Check if different				
then providually	∕linnetonka		MN	55343
2. FEC IDENTIFICATION NUMB	ER V CITY		STATE 🔺	ZIP CODE
C C00274431	3. IS TH REPO		N OR (A	/ENDED )
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> <li>July 15 Quarterly Report (Q2)</li> <li>October 15 Quarterly Report (Q3)</li> <li>January 31 Year-End Report (YE)</li> <li>July 31 Mid-Year Report (Non-election Year Only) (MY)</li> </ul>	(b) Monthly Report Due On: (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election	(M3) Jun M4) X Jul Primary (12P) Convention (120	20 (M6) Sep 20 (M7) Oct General	(12S) in the State of
Termination Report (TER)	Report for the: Election or	M M / D	/ Y Y Y Y Y	in the State of
5. Covering Period	/ D D / Y Y Y Y Y 01 2012	through	M M / D D / 06 30	Y Y Y Y 2012
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of my Susan Sherwood	knowledge and beli	iet it is true, correct an	d complete.
Signature of Treasurer	rwood	[Electronically Fi	iled] Date 07	/ D D / Y Y Y Y 19 2012
NOTE: Submission of false, erroneous	, or incomplete information ma	y subject the person	signing this Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only				FEC FORM 3X Rev. 12/2004

#### 07/19/2012 18 : 30

6.

7.

8.

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name UnitedHealth Group Incorporated PAC (United for Health) M Y М D D M 06 01 2012 06 30 2012 Report Covering the Period: From: To: **COLUMN A** COLUMN B This Period **Calendar Year-to-Date** (a) Cash on Hand 184057.86 January 1, 2012 (b) Cash on Hand at 248872.31 Beginning of Reporting Period..... 410426.53 80112.08 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 328984.39 594484.39 6(a) and 6(c) for Column B)..... 76000.00 341500.00 Total Disbursements (from Line 31)..... Cash on Hand at Close of Reporting Period 252984.39 252984.39 (subtract Line 7 from Line 6(d)).....

		7 7 7	
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

#### For further information contact:

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

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

Х

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

## UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: 06	/ D D / Y Y Y Y 01 2012 To	b: 06 / 0 0 / 9 9 9 9 9 0 0 0 0 0 0 0 0 0 0 0
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	00400.40	070657.04
(i) Itemized (use Schedule A)	62402.12	278657.94
(ii) Unitemized	15009.96	67283.54
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	77412.08	345941.48
		0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		045044.40
Totals to Line 33, page 5)	77412.08	345941.48
. Transfers From Affiliated/Other		
Party Committees	0.00	54285.05
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures	7 7 7 7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	2500.00	10000.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	200.00	200.00
. Transfers from Non-Federal and Levin Funds	7 7 7	
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
, ,		
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Levin Funds (non Schedule 113)	/3 /3 /*	
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	80112.08	410426.53
. Total Federal Receipts		
(subtract Line 18(c) from Line 19) ►	80112.08	410426.53

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
<ul> <li>(c) Total Operating Expenditures</li> <li>(add 21(a)(i), (a)(ii), and (b))</li> </ul>	0.00	0.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees	72000.00	
and Other Political Committees		335500.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. 8441a(d))	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	1300.00
(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	1300.00
Other Disbursements	4000.00	4700.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	76000.00	341500.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	76000.00	341500.00

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### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
<ol> <li>Total Contributions (other than loans) (from Line 11(d), page 3)</li> </ol>	77412.08	345941.48
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	1300.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	77412.08	344641.48
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

#### SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check on	y one)			
II EIVIIZED KEGEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12	
Any information copied from such Reports a or for commercial purposes, other than using							
NAME OF COMMITTEE (In Full)	-						
> UnitedHealth Group Incorpo	rated PAC (I	Jnited for Health)					
Full Name (Last, First, Middle Initial) A. GEORGE DURKO			Date o	f Receipt			
Mailing Address 7029 KINGSBURY BLVD	)		M			YY	Y
City	State	Zip Code	06 Trans	0 saction ID		2012 1	
UNIVERSITY CITY	MO	63130		t of Each			
FEC ID number of contributing federal political committee.	С					400.	00
Name of Employer	Occupation	1					
United HealthCare Services Inc	SB VP Sale	es and Account Mgmt	_				
Receipt For:	Aggregate	Year-to-Date ▼					
Other (specify) ▼		400.00	1				
Full Name (Last, First, Middle Initial) ANTHONY J KAZLAUSKAS			Date o	f Receipt			
Mailing Address 11 CARNIVAL TERRACE			06	/ D		2012	Y
City WEST WARWICK	State RI	Zip Code 02893		action ID			}
FEC ID number of contributing		02093	Amoun	t of Each	Receipt tr		
federal political committee.	C			7	7	60.	00
Name of Employer United HealthCare Services Inc	Occupation Sr Medical						
Receipt For:		Year-to-Date ▼					
Primary General Other (specify) ▼	Aggregate	280.00	P/R Ded	uction (\$2	0.00 Bi-We	eekly)	
Full Name (Last, First, Middle Initial) C. CARLA M MUGGIO			Date o	f Receipt			
Mailing Address 3533 FAIR OAKS LANE			06	/ D 3		2012	Y
City LONGBOAT KEY	State FL	Zip Code		saction ID			8
		34228	Amoun	t of Each	Receipt th	nis Period	
FEC ID number of contributing federal political committee.	C			3		57.	69
Name of Employer	Occupation						
United HealthCare Services Inc Receipt For:		ontract Director	_				
Primary General	Aggregate	Year-to-Date ▼	P/R Dec	duction (\$1	9.23 Bi-W	eeklv)	
Other (specify)		269.22					
SUBTOTAL of Receipts This Page (optiona	l)	······ ]		- 7	7	517.	69
TOTAL This Period (last page this line num	ber only)			. , .			

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

FOR LINE NUMBER:

(check only one)

PAGE 7 OF

			for each category of the Detailed Summary Page		-		111		11c	12	<u> </u>
	y information copied from such Reports and S for commercial purposes, other than using the							e of s			
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)								
 A.	Full Name (Last, First, Middle Initial) BRIAN R BELLOWS										
	Mailing Address 10 SHADOWOOD LANE				м м 06	/		30	/ Y	у у 2012	Y
	City TRUMBULL	State CT	Zip Code 06611							8038280	-
	FEC ID number of contributing federal political committee.	C			Amoun	t of	Eac	ch Reo	ceipt th	nis Perioo 4	d 5.00
	Name of Employer United HealthCare Services Inc	Occupation Dir Bus Dvl									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P	/R Ded	luctio	ion (	(\$15.00	0 Bi-We	eekly)	
В.	Full Name (Last, First, Middle Initial) KEITH W NOBLITT				Date o	f Re	eceip	pt			
	Mailing Address 122 SOUTH OAK POINTE D	२			м м 06	1	D	30	/ Y	у у 2012	Y
	City SENECA	State SC	Zip Code 29672							8055280 nis Perio	
	FEC ID number of contributing federal political committee.	С					,		J	6	0.00
	Name of Employer United HealthCare Services Inc	Occupation SCE 3 - Nat	I Accts Indiv Contr								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P	/R Ded	uctio	on (\$	\$20.00	) Bi-We	∍ekly)	
С.	Full Name (Last, First, Middle Initial) JAMES S WATSON III				Date o	f Re	eceip	pt			
	Mailing Address 6520 SHENANDOAH DR				м м 06	/		30	/ Y	у у 2012	Y
	City LINCOLN	State NE	Zip Code 68510	_						8060280	
	FEC ID number of contributing federal political committee.	С			Amoun	t of	Eac	ch Red	ceipt th	nis Perioo 7	d 5.00
	Name of Employer	Occupation		_							
	United HealthCare Services Inc	Associate C	General Counsel								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	P	P/R Dec	lucti	ion (	(\$25.0	0 Bi-W	eekly)	
s	UBTOTAL of Receipts This Page (optional)		•••••	-   -			5	-	- 1	180	0.00
Т	OTAL This Period (last page this line number	only)	••••••	•			7				

FOR LINE NUMBER:

PAGE 8 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check	only c	one)	L		
ILIVIIZED RECEIPIS		for each category of the Detailed Summary Page	X 11	a 🗌	11b	11c	12	
Any information copied from such Reports								
or for commercial purposes, other than us	ing the name and a	address of any political committe	e to solicit	contri	butions fr	om such	n committe	e.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (	United for Health)						
Full Name (Last, First, Middle Initial) A. WAYNE F COOK			Date	of R	eceipt			
Mailing Address 1200 PEBBLE HILL RC	DAD		м 0		/ D D 30	/ Y	ү ү 2012	Y
City DOYLESTOWN	State PA	Zip Code 18901			<b>tion ID : I</b> f Each Re		312828018 is Period	3
FEC ID number of contributing federal political committee.	C				7	7	180.	00
Name of Employer United HealthCare Services Inc	Occupation VP Operati							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 840.00	P/R D	educt	tion (\$60.0	00 Bi-We	eekly)	
Full Name (Last, First, Middle Initial) B. DAVID S WICHMANN			Date	of R	eceipt			
Mailing Address 7000 ANTRIM ROAD	01-11-	7. 0.1	0	6 N	/ D D D 30	/ Y	2012	Y
City EDINA	State MN	Zip Code 55439			tion ID : F f Each Re		314728018	<u>;</u>
FEC ID number of contributing federal political committee.	С						576.	90
Name of Employer United HealthCare Services Inc	Occupation EVP & Pres	u s UHG Operations						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2692.20	P/R D	educt	ion (\$192	.30 Bi-W	/eekly)	
Full Name (Last, First, Middle Initial) C. PATRICK J ERLANDSON			Date	of R	eceipt			
Mailing Address 1000 OLD LONG LAKE			0	6	/ D D 30	/ Y	2012	Y
City WAYZATA	State MN	Zip Code 55391			tion ID : I f Each Re		81592801 is Period	3
FEC ID number of contributing federal political committee.	C				7	7	576	90
Name of Employer United HealthCare Services Inc	Occupation SVP Busin	n ess Operations						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2692.20	P/R D	educt	tion (\$192	2.30 Bi-W	/eekly)	
SUBTOTAL of Receipts This Page (option	nal)						1333.	80
TOTAL This Period (last page this line nu	Imber only)							

### SCHEDULE A (FEC Form 3X) \_ \_ \_ \_

FOR LINE NUMBER:

PAGE 9 OF

		Use separate schedule(s)	(check only one)					
ILIVIIZED NECEIFIS		for each category of the Detailed Summary Page	<b>X</b> 11a	11a       11b       11c       12         13       14       15       14         15       14       15       14         16       the purpose of soliciting contributions from such commons       14       15         Date of Receipt       06       30       201         Transaction ID : PR1159816428       Amount of Each Receipt this Per		12		
Any information copied from such Reports and or for commercial purposes, other than using			erson for the	e purp	ose of s	oliciting		
NAME OF COMMITTEE (In Full)							Commit	
UnitedHealth Group Incorpora	ated PAC (	United for Health)						
Full Name (Last, First, Middle Initial) PATRICIA R SAURO			Date	of Rec	ceipt			
Mailing Address 8943 HIDDEN MEADOW R	R					/ Y	ү ү 2012	Y
City	State	Zip Code	Trar	nsactio	on ID : P		1642801	8
WOODBURY	MN	55125	Amou	nt of E	Each Red	ceipt thi	s Period	
FEC ID number of contributing federal political committee.	С				,	3	180	.00
Name of Employer	Occupation	1						
United HealthCare Services Inc	Business S	egment CAO						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		840.00	P/R De	ductio	n (\$60.00	0 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) B. WILLIAM A MUNSELL			Date	of Rec	eipt			
Mailing Address 2119 WINDSONG CIRCLE			M 06		30	/ Y	y y 2012	Y
City	State	Zip Code					1662801	8
WAYZATA	MN	55391	Amou	nt of E	Each Red	ceipt thi	s Period	
FEC ID number of contributing federal political committee.	С				,	7	300	.00
Name of Employer United HealthCare Services Inc	Occupation	n IHealth Group						
Receipt For:		Year-to-Date ▼						
Primary General Other (specify) ▼	Aggregate	1400.00	P/R De	duction	n (\$100.0	00 Bi-W	eekly)	
Full Name (Last, First, Middle Initial) C. JOHN S PENSHORN			Date	of Rec	ceipt			
Mailing Address 120 BLACK OAKS LANE			06		30	/ Y	y y 2012	Y
City	State	Zip Code	Trar	nsactio	on ID : P	R11598	1692801	8
WAYZATA	MN	55391	Amou	nt of E	Each Ree	ceipt thi	s Period	
FEC ID number of contributing federal political committee.	С				,	3	576	5.90
Name of Employer	Occupation	1						
United HealthCare Services Inc	SVP United	dHealth Group						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼		2692.20	P/R De	ductio	n (\$192.:	30 Bi-W	'eekly)	
SUBTOTAL of Receipts This Page (optional).						7	1056	.90

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check of	nly or	ne)	L		
		for each category of the Detailed Summary Page	X 11a		11b	11c	12	<b>—</b>
Any information copied from such Report or for commercial purposes, other than u								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incor	porated PAC (I	Jnited for Health)						
Full Name (Last, First, Middle Initial) A. PAUL D KALLMEYER			Date	of Re	ceipt			
Mailing Address 468 HERALD DR			06		30	/ Y	2012	Y
City AMBLER	State PA	Zip Code 19002					<b>31742801</b> is Period	8
FEC ID number of contributing federal political committee.	C				5		150	.00
Name of Employer United HealthCare Services Inc	Occupation Deputy Ger	neral Counsel (Mgr)						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	P/R De	ductio	on (\$50.	00 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) B. TIMOTHY F RYAN	· ·		Date	of Re	ceipt			
Mailing Address 4913 BRUCE AVE	Ctoto	Zin Code	06	;	30		2012	
City EDINA	State MN	Zip Code 55424			-		31792801 is Period	8
FEC ID number of contributing federal political committee.	C							.00
Name of Employer United HealthCare Services Inc Receipt For:		egment Gen Counsel Year-to-Date ▼ 266.00	 P/R De	ductio	on (\$19.0	00 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) c. THOMAS J QUIRK			Date	of Re	ceipt			
Mailing Address 4307 BEECHWOOD	ANE		06		30	/ Y	y y 2012	Y
City DALLAS	State TX	Zip Code 75220					<b>81912801</b> is Period	8
FEC ID number of contributing federal political committee.	C				7	7	150	.00
Name of Employer United HealthCare Services Inc Receipt For:	Occupation Health Plar	n CEO						
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00	P/R De	∍ductio	on (\$50.	00 Bi-W€	ekly)	
SUBTOTAL of Receipts This Page (opti-	onal)				7	7	357.	.00
TOTAL This Period (last page this line r	number only)							Ē

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 11 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only	one)		
ILIVIIZED NECEIFIS		for each category of the Detailed Summary Page	<b>X</b> 11a		1c 12	
Any information copied from such Reports an	d Statements m	av not be sold or used by any n	erson for the r		5 16	17 17
or for commercial purposes, other than using						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	United for Health)				
Full Name (Last, First, Middle Initial) <b>A.</b> REED V TUCKSON M.D.			Date of	Receipt		
Mailing Address 3501 ZENITH AVE SOUT	4		м – м 06	/ D D / 30	Y Y Y	Y
City MINNEAPOLIS	State MN	Zip Code 55416		action ID : PR1 of Each Rece		
FEC ID number of contributing federal political committee.	С			3	34	46.14
Name of Employer United HealthCare Services Inc Receipt For: Primary General		umr Health & Med Care Year-to-Date ▼			D. Martha	
Other (specify)		1615.32	P/R Deal	iction (\$115.38	ВІ-VVeekiy)	
Full Name (Last, First, Middle Initial) B. WILLIAM C TRACY			Date of	Receipt		
Mailing Address 13016 CANTERBURY			M M 06	/ D D / 30	2012	Y
City LEAWOOD	State KS	Zip Code 66209		of Each Rece		
FEC ID number of contributing federal political committee.	С			,		3.10
Name of Employer United HealthCare Services Inc	Occupation Health Plan					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.80	P/R Dedu	ction (\$57.70 E	3i-Weekly)	
Full Name (Last, First, Middle Initial) C. RICHARD J MIGLIORI			Date of	Receipt		
Mailing Address PO BOX 72			м м 06	/ D D / 30	Y Y Y 2012	Y
City WAYZATA	State MN	Zip Code 55391		action ID : PR		
FEC ID number of contributing federal political committee.	С		Amount	of Each Rece		od 00.00
Name of Employer	Occupation	1				
United HealthCare Services Inc		nitiatives & Clin Aff				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1400.00	P/R Dedu	uction (\$100.00	Bi-Weekly)	
SUBTOTAL of Receipts This Page (optional)				-	, 81	9.24

#### SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 12 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)				
		for each category of the Detailed Summary Page	X 11a 11b 11c 12				
			13     14     15     16     17       person for the purpose of soliciting contributions     rom such committee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	-						
Full Name (Last, First, Middle Initial) A. JEANNINE M RIVET			Date of Receipt				
Mailing Address 4305 TRILLIUM WAY			M M / D D / Y Y Y Y Y 06 30 2012				
City MINNETRISTA	State MN	Zip Code 55364	Transaction ID : PR1159830028018           Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		576.90				
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify)		Health Group Year-to-Date ▼ 2692.20	P/R Deduction (\$192.30 Bi-Weekly)				
Full Name (Last, First, Middle Initial) JACK E SHUFF Mailing Address 360 ASPEN LANE			Date of Receipt				
City COVINGTON	State Zip Code GTON LA 70433						
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify)	Occupation SB RVP Aggregate	Year-to-Date ▼ 546.00	P/R Deduction (\$39.00 Bi-Weekly)				
Full Name (Last, First, Middle Initial) <u>JILL WINTERS</u> Mailing Address 16 SPOEDE LN			Date of Receipt				
City SAINT LOUIS	State MO	Zip Code 63141	06         30         2012           Transaction ID : PR1159840428018           Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		162.00				
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation VP Operation Aggregate		P/R Deduction (\$54.00 Bi-Weekly)				

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(ch	eck only	y or	ne)			
	VILLED RECEIPIS		for each category of the Detailed Summary Page		<b>〈</b> 11a		11b	11c	12	
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	commercial purposes, other than using the									
	AME OF COMMITTEE (In Full)									
/ U	InitedHealth Group Incorporate	ed PAC (l	United for Health)							
- 8	III Name (Last, First, Middle Initial)									
· · · _					Date of	Re	· ·	_		
IVI	ailing Address 919 SAIGON ROAD				м м м	1	30	р / Ү	2012	Y
Ci	-	State	Zip Code			acti		PR1332	01322801	8
M	ICLEAN	VA	22102		Amount	of	Each F	leceipt th	nis Period	
	EC ID number of contributing	С			· · ·				576	6.90
feo	deral political committee.	•				-	7	7		
Na	ame of Employer	Occupation								
	hited HealthCare Services Inc	EVP United	Health Group							
Re	eceipt For: Primary General	Aggregate	Year-to-Date ▼				(\$40	0 00 D' V		
-	Other (specify)		2692.20	1   '	P/R Deal	UCTIO	on (\$19	2.30 Bi-V	veeкiy)	
L			J J							
	II Name (Last, First, Middle Initial)				Date of	Re	ceipt			
Ma	ailing Address 121 W VIEW STREET				м м 06	/	30	/ Y	2012	Y
Ci		State	Zip Code		Trans	acti	on ID :	PR1551	00572801	8
	OMBARD	IL	60148		Amount	of	Each F	leceipt th	nis Period	
	EC ID number of contributing deral political committee.	С					y	7	60	.00
	ame of Employer	Occupation								
	hited HealthCare Services Inc	Dir Care Ad	vocacy							
Re	eceipt For: Primary General	Aggregate	Year-to-Date ▼							
	Other (specify)		280.00	]   「	P/R Dedu	uctio	on (\$20.	.00 Bi-We	∍ekly)	
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Ma	ailing Address 52 CRESTWOOD LANE				M M	/	D E	) / Y	Y Y	Y
0	L.	01-1-1	7		06	L.	30		2012	
Ci E	ty ARMINGVILLE	State NY	Zip Code 11738						13232801 nis Period	
FF	EC ID number of contributing				Amount			ieceipi ii		_
	deral political committee.	С			L.,		7	7	60	0.00
Na	ame of Employer	Occupation								
-	nited HealthCare Services Inc	VP, Produc	t							
			Year-to-Date ▼							
	Other (specify)		280.00	]   '	P/R Ded	ucti	on (\$20	.00 Bi-W	eekly)	
SUE	TOTAL of Receipts This Page (optional)			<u> </u>					696	.90
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Use separate schedule(s)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12			
Any information canied from such Departure	nd Statements		13	14	15	16	17		
Any information copied from such Reports a or for commercial purposes, other than using	g the name and a	address of any political committee	e to solicit co	purpose of ontributions	from such	n committe	ee.		
NAME OF COMMITTEE (In Full)									
> UnitedHealth Group Incorpor	ated PAC (I	United for Health)							
Full Name (Last, First, Middle Initial)			_						
A. GERALD JOHN KNUTSON Mailing Address 520 KIMBERLY LN N				of Receipt					
Maning Address 520 KIMBERET EN N			06	30		2012	Ŷ		
City	State	Zip Code		saction ID :			8		
PLYMOUTH	MN	55447	Amour	it of Each F	Receipt th	is Period	_		
FEC ID number of contributing federal political committee.	C					60.	.00		
Name of Employer	Occupation	1							
United HealthCare Services Inc	Business S	egment CFO							
Receipt For:	Aggregate	Year-to-Date ▼		duction (\$20		ockly)			
Other (specify)		280.00		duction (\$20	.00 DI-996	SCRIY)			
		,	-						
Full Name (Last, First, Middle Initial) B. MICHAEL C MATTEO			Date c	of Receipt					
Mailing Address 25 JEREMIAHS WAY			M N		D / Y	Y Y	Y		
City	State	Zip Code	06	30		2012			
SOUTH GLASTONBURY	CT	06073		saction ID : It of Each F			3		
FEC ID number of contributing federal political committee.	С				7	57.	69		
Name of Employer	Occupation	1							
United HealthCare Services Inc	Chief Grow	th Officer							
Receipt For:	Aggregate	Year-to-Date ▼		_					
Other (specify) ▼		269.22	P/R Dec	luction (\$19	.23 Bi-We	ekly)			
Full Name (Last, First, Middle Initial) C. DAWN M OWENS			Date o	of Receipt					
Mailing Address 2119 E LAKE OF THE IS	LES PKWY		M	. / D		Y Y	Y		
City	State	Zip Code	06 Tran	30 saction ID :		2012 16032801	8		
MINNEAPOLIS	MN	55405		it of Each F			0		
FEC ID number of contributing federal political committee.	С					300	.00		
Name of Employer	Occupation	1							
United HealthCare Services Inc	Business S	Segment CEO							
Receipt For:	Aggregate	Year-to-Date ▼		duation (@4.0					
Other (specify) ▼		1400.00		duction (\$10	0.00 BI-V	veeкiy)			
SUBTOTAL of Receipts This Page (optiona	l)					417.	69		
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PAGE 15 OF

ITEMIZED RECEIPTS		Use separate schedule(s)			(check only one)					
11			for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12	
•		0			13		14	15	16	17
	y information copied from such Reports and a for commercial purposes, other than using th									
$\overline{)}$	NAME OF COMMITTEE (In Full)									
$\Big\rangle$	UnitedHealth Group Incorporat	ed PAC (l	Jnited for Health)							
Α.	Full Name (Last, First, Middle Initial) THOMAS J VALERIUS				Date of	Re	ceipt			
	Mailing Address 2820 DEER RUN TRAIL				M M	/	D D	/ Y	Y Y	Y
	01	01-11-	7		06		30		2012	
	City LONG LAKE	State MN	Zip Code 55356						16132801	8
	FEC ID number of contributing	_		_	Amount	OT	Each Re	ceipt tr	nis Period	_
	federal political committee.	С			L.		7	- 7	230	.76
	Name of Employer	Occupation								
	United HealthCare Services Inc	SVP Recrui								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			104 <sup>:</sup> -	n (**** *	או ים כו		
	Other (specify)		1076.88	11.	P/R Dedu	ucuc	אין (שיס.פ	02 DI-VV6	эекіу)	
				1.						
в.	Full Name (Last, First, Middle Initial) LOIS T WEIHRAUCH				Date of	Re	ceipt			
	Mailing Address 10392 SHERMAN DRIVE				M M 06	1	D D D 30	/ Y	у у 2012	Y
	City	State	Zip Code						16142801	8
	EDEN PRAIRIE	MN	55347	_	Amount	of	Each Re	eceipt th	nis Period	
	FEC ID number of contributing federal political committee.	С					7		180	.00
	Name of Employer	Occupation	I							
	United HealthCare Services Inc	VP General	Management							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				(0.0.0.0			
	Other (specify) ▼		840.00	]  '	P/R Dedu	uctio	on (\$60.0	0 Bi-We	ekly)	
— c.	Full Name (Last, First, Middle Initial) JOHN O ENDERLE	I			Date of	Re	ceipt			
	Mailing Address 31 ANDREIS TRAIL				M M	/		/ Y	Y Y	Y
	City	State	Zip Code		06 Trans	acti	30 on ID · F	PR1554	2012 <b>32352801</b>	8
	SOUTH WINDSOR	СТ	06074				-		nis Period	•
	FEC ID number of contributing federal political committee.	С					7		165	.00
	Name of Employer	Occupation		_						
	United HealthCare Services Inc	Regional E	xecutive							
Receipt For: Aggregate Year-to-Date			Year-to-Date ▼							
	Primary General Other (specify) ▼		770.00	] '	P/R Dedu	uctio	on (\$55.0	00 Bi-We	eekly)	
s	UBTOTAL of Receipts This Page (optional)	<u> </u>							575.	76
	OTAL This Period (last page this line number			_	<u> </u>		,	- 7		
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PAGE 16 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12					
			13     14     15     16       erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)	-							
UnitedHealth Group Incorp	orated PAC (	United for Health)						
Full Name (Last, First, Middle Initial) A. RICK M JELINEK			Date of Receipt					
Mailing Address 5570 WOODSIDE LAN	E		M = M / D = D / Y = Y = Y					
			06 30 2012					
City SHOREWOOD	State MN	Zip Code 55331	Transaction ID : PR1554323928018           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		576.90					
Name of Employer	Occupation	1						
United HealthCare Services Inc	Business S	egment CEO						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2692.20	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name (Last, First, Middle Initial) <b>B. MICHAEL RADU</b>			Date of Receipt					
Mailing Address 42820 VIOLA CT			06 30 Y Y Y Y Y Y					
City	State VA	Zip Code	Transaction ID : PR1554324528018					
		20176	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		162.00					
Name of Employer United HealthCare Services Inc	Occupation		_					
Receipt For:		borative Care	_					
Primary General	Aggregate	Year-to-Date ▼	P/R Deduction (\$54.00 Bi-Weekly)					
Other (specify)		756.00						
Full Name (Last, First, Middle Initial) C. CATHERINE E SPILLANE			Date of Receipt					
Mailing Address 3807 PLEASANT VAL	EY DRIVE		M = M / D = D / Y = Y = Y					
City	State	Zip Code	06 30 2012 Transaction ID : PR1554324628018					
MISSOURI CITY	ТХ	77459	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		57.69					
Name of Employer	Occupation	1						
United HealthCare Services Inc	Dir Busines	ss Process	_					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.22	P/R Deduction (\$19.23 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optio	ا nal)		796.59					
TOTAL This Period (last page this line n	umber only)							

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 17 OF

ITEMIZED RECEIPTS	Use separate schedule(s)	(check only one)					
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Any information copied from such Reports and	d Statements m	av not be sold or used by any n	erson for the	14 purpos		a contribut	17 tions
or for commercial purposes, other than using							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	United for Health)					
Full Name (Last, First, Middle Initial) <b>A.</b> KIRK E STAPLETON			Date of	of Recei	pt		
Mailing Address 3840 INGLEWOOD AVE S	5		06	VI /	ого / Ү 30	2012	Y
City SAINT LOUIS PARK	State MN	Zip Code 55416			ID:PR1554 ch Receipt tl	32472801	8
FEC ID number of contributing federal political committee.	C					150	.00
Name of Employer United HealthCare Services Inc Receipt For:		n ic Initiatives Year-to-Date ▼	_				
Primary General Other (specify) ▼		700.00	P/R De	duction	(\$50.00 Bi-W	eekly)	
Full Name (Last, First, Middle Initial) <b>B.</b> KAREN L ERICKSON			Date of	of Recei	pt		
Mailing Address 15348 RED OAKS ROAD S			06	VI / I	30 / Y	2012	Y
City PRIOR LAKE	State MN	Zip Code 55372			ID: PR1575 ch Receipt tl		8
FEC ID number of contributing federal political committee.	C			1 01 24		576	.90
Name of Employer United HealthCare Services Inc	Occupation Market Gro						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2692.20	P/R De	duction (	(\$192.30 Bi-V	Veekly)	
Full Name (Last, First, Middle Initial) C. ERNEST MONFILETTO			Date of	of Recei	pt		
Mailing Address 3062 COMFORT ROAD			06	М /	30 / Y	2012	Y
City NEW HOPE	State PA	Zip Code 18938			ID : PR1575		8
FEC ID number of contributing federal political committee.	С			nt of Ea	ch Receipt tl	230 230	.76
Name of Employer	Occupation	1					
United HealthCare Services Inc	Plan Presid						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1076.88	P/R De	duction	(\$76.92 Bi-W	eekly)	
SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line numb				7		957.	.66

Use separate schedule(s)

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PAGE 18 OF

ITEMIZED RECEIPTS		Use separate schedule(s)	(check only one)					
		for each category of the Detailed Summary Page	X 11a 11b 11c 12					
			13     14     15     16     17       berson for the purpose of soliciting contributions       to solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	-							
Full Name (Last, First, Middle Initial) A. LEE D VALENTA			Date of Receipt					
Mailing Address 4701 GOLF TERRACE			06 30 2012					
City EDINA	State MN	Zip Code 55424	Transaction ID : PR1575958528018 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		576.90					
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify)		ife Sciences Year-to-Date ▼ 2692.20	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name (Last, First, Middle Initial) THOMAS S PAUL			Date of Receipt					
Mailing Address 2006 QUEEN AVENUE			06 / Y Y Y Y Y 2012					
City MINNEAPOLIS	State MN	Zip Code 55405	Transaction ID : PR1580864728018 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		300.00					
Name of Employer United HealthCare Services Inc Receipt For:		egment CEO Year-to-Date ▼ 1400.00	P/R Deduction (\$100.00 Bi-Weekly)					
Full Name (Last, First, Middle Initial) C. ROBERT THOMAS WEBB			Date of Receipt					
Mailing Address 4516 DREXEL AVENUE	State	Zip Code						
EDINA	MN	55424	Transaction ID : PR1580865328018           Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C		576.90					
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) v	Occupation CEO Care Aggregate		P/R Deduction (\$192.30 Bi-Weekly)					

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ITEMIZED RECEIPTS		Use separate schedule(s)			(check only one)					
116			for each category of the Detailed Summary Page		11a		11b	11c	12	
					13		14	15	16	17
	v information copied from such Reports and S or commercial purposes, other than using the									
	NAME OF COMMITTEE (In Full)									
	UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)							
	Full Name (Last, First, Middle Initial) RICHARD J HUGHES				Date of	Re	ceipt			
-	Mailing Address 735 SAINT MORITZ				M – M	/	D D	/ Y	YY	Y
-	2:h/	State	Zin Codo		06	١.,	30		2012	
	City VICTORIA	MN	Zip Code 55386						30412801 nis Period	8
-	FEC ID number of contributing				Amount	01		eceipi ii		
	iederal political committee.	С					7	J	300	.00
	Name of Employer	Occupation								
	United HealthCare Services Inc		n Capital Dvlpmt							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				m (@400	<u>مر : م</u>		
	Other (specify)		1400.00		/R Deal	UCTIC	on (\$100	0.00 Bi-V	/еекіу)	
			/J /J // //							
	Full Name (Last, First, Middle Initial) THAD C JOHNSON				Date of	Re	ceipt			
	Mailing Address 16848 STIRRUP LN				м м 06	/	30	/ Y	2012	Y
	City	State	Zip Code		Transa	acti	on ID : I	PR1596	30432801	8
-	EDEN PRAIRIE	MN	55347		Amount	of	Each Re	eceipt th	nis Period	
	FEC ID number of contributing rederal political committee.	С					,		300.	.00
	Name of Employer	Occupation	 							
	Jnited HealthCare Services Inc	Market Gro	up General Counsel							
I	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		1400.00	] P.	/R Dedu	uctic	n (\$100	.00 Bi-W	/eekly)	
	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt			
-	Mailing Address 11641 TANGLEWOOD DRIV	E			M M	/	D D	/ Y	Y Y	Y
					06		30		2012	
(	City EDEN PRAIRIE	State MN	Zip Code 55347						30452801	8
-		IVIIN	55547		Amount	of	Each Re	eceipt th	nis Period	
	FEC ID number of contributing rederal political committee.	С					,		346	.14
]	Name of Employer	Occupation								
	United HealthCare Services Inc	General Counsel								
l	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify)		1615.32	7   P	/R Dedu	uctio	on (\$115	5.38 Bi-V	√eekly)	
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รเ	JBTOTAL of Receipts This Page (optional)								946.	14
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Use separate schedule(s)

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	Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b 11c	12	_	
Any information copied from such Reports	and Statements ma		erson for the	14 15 purpose of soliciti	16 ing contributi	17 ions	
or for commercial purposes, other than usin							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (L	Inited for Health)					
Full Name (Last, First, Middle Initial) CAROL B MORNESS			Date of	Receipt			
Mailing Address 401 N 2ND ST UNIT 51	2		м м 06	/ D D / 30	y y y y 2012	Y	
City MINNEAPOLIS	State MN	Zip Code 55401		action ID : PR159 of Each Receipt		;	
FEC ID number of contributing federal political committee.	С				115.:	38	
Name of Employer United HealthCare Services Inc Receipt For: Primary General	Occupation Dir Underwr Aggregate	iting Year-to-Date ▼		votion (\$20,40 Di )			
Other (specify)		538.44	P/R Dedi	uction (\$38.46 Bi-\	леекіу)		
Full Name (Last, First, Middle Initial) B. <u>SCOTT E THEISEN</u>			Date of	Receipt			
Mailing Address 1950 MEADOWWOODS			м м 06	/ D D / 30	y y y 2012	Y	
City LONG LAKE	State MN	Zip Code 55356		action ID : PR159 of Each Receipt			
FEC ID number of contributing federal political committee.	С				57.6	69	
Name of Employer United HealthCare Services Inc	Occupation Business Se	gment CFO	_				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.22	P/R Dedu	uction (\$19.23 Bi-\	Veekly)		
Full Name (Last, First, Middle Initial) C. THOMAS D LEWIS			Date of	Receipt			
Mailing Address 306 CHIPPEWA AVENU	JE		м м 06	/ D D / 30	y y y 2012	Y	
City TAMPA	State FL	Zip Code 33606		action ID : PR159 of Each Receipt		3	
FEC ID number of contributing federal political committee.	С				115.	38	
Name of Employer	Occupation						
United HealthCare Services Inc Receipt For:	Health Plan		_				
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 538.44	P/R Ded	uction (\$38.46 Bi-'	Weekly)		
SUBTOTAL of Receipts This Page (option	al)				288.4	45	
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### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of th Detailed Summary Pag				
or for commercial purposes, other than using		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (United for Health)				
Full Name (Last, First, Middle Initial) A. ROBERT W OBERRENDER		Date of Receipt			
Mailing Address 4505 MOORLAND AVEN		M M / D D / Y Y Y Y 06 30 2012			
EDINA	State Zip Code MN 55424	Transaction ID : PR1596307028018 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	330.00			
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation SVP Treasurer Aggregate Year-to-Date ▼ 1540.	00 P/R Deduction (\$110.00 Bi-Weekly)			
Full Name (Last, First, Middle Initial) B. DIANE BEDNAR FLYNN		Date of Receipt			
Mailing Address 3318 FOXRIDGE CIRCLE		06 30 2012			
City TAMPA	State Zip Code FL 33618	Transaction ID : PR1596309728018 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	e e e e e e e e e e e e e e e e e e e				
Name of Employer United HealthCare Services Inc	Occupation VP, Medical & Clinical Ops				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 546.	00 P/R Deduction (\$39.00 Bi-Weekly)			
Full Name (Last, First, Middle Initial) C. LISA M BEHNKE		Date of Receipt			
Mailing Address 19647 CASA VERDE WA	Y	06 30 2012			
City FORT MYERS	State Zip Code FL 33967	Transaction ID : PR1596309828018 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	291.00			
Name of Employer	Occupation				
United HealthCare Services Inc	Medical Director				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 778.	.00 P/R Deduction (\$97.00 Bi-Weekly)			
SUBTOTAL of Receipts This Page (optional TOTAL This Period (last page this line num					

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

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1121	WIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
or fo	r commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.	
	AME OF COMMITTEE (In Full) InitedHealth Group Incorporate	ed PAC (l	Jnited for Health)		
	ull Name (Last, First, Middle Initial) RAMON E COTO			Date of Receipt	
	ailing Address 14021 LEANING PINE DRIVE			06 / Y Y Y Y Y 06 30 2012	
Ci	ty 1IAMI LAKES	State FL	Zip Code 33014	Transaction ID : PR1596311528018	
FE	EC ID number of contributing deral political committee.	C	33014	Amount of Each Receipt this Period	
	ame of Employer nited HealthCare Services Inc	Occupation VP General	Management		
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.22	P/R Deduction (\$19.23 Bi-Weekly)	
	ull Name (Last, First, Middle Initial) STEVAN D GARCIA			Date of Receipt	
	ailing Address 28115 BOULDER BRIDGE DR			06 30 2012	
Ci S	ty HOREWOOD	State MN	Zip Code 55331	Transaction ID : PR1596312928018 Amount of Each Receipt this Period	
	EC ID number of contributing deral political committee.	political committee.			
	ame of Employer hited HealthCare Services Inc	Occupation SVP Operation			
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.22	P/R Deduction (\$19.23 Bi-Weekly)	
	ull Name (Last, First, Middle Initial)			Date of Receipt	
	ailing Address 9825 GERALD DR			06 30 / Y Y Y Y Y	
Ci S	ty SAINT LOUIS	State MO	Zip Code 63128	Transaction ID : PR1596313728018 Amount of Each Receipt this Period	
	EC ID number of contributing deral political committee.	С		60.00	
Na	ame of Employer	Occupation	I		
U	nited HealthCare Services Inc	VP Finance	9		
R	eceipt For:	Aggregate	Year-to-Date ▼		
-	Primary General Other (specify)		280.00	P/R Deduction (\$20.00 Bi-Weekly)	
SUE	TOTAL of Receipts This Page (optional)			. 175.38	
тот	AL This Period (last page this line number	only)			

## SCHEDULE A (FEC Form 3X) ITEMIZED RECEIRTS

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

PAGE 23 OF

	IMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$	
or f	or commercial purposes, other than using the			rson for the purpose of soliciting contributions	
\	VAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	d PAC (l	Jnited for Health)		
۲ ۸.	Full Name (Last, First, Middle Initial) JOHN H RENNICK JR			Date of Receipt	
_	Mailing Address 3220 LAKEWOOD EDGE DRI			06 30 2012	
		State NC	Zip Code 28269	Transaction ID : PR1596316828018	
F	CHARLOTTE FEC ID number of contributing ederal political committee.	C		Amount of Each Receipt this Period	
	Name of Employer Jnited HealthCare Services Inc	Occupation Medical Dire		_	
_	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.22	P/R Deduction (\$19.23 Bi-Weekly)	
	Full Name (Last, First, Middle Initial)			Date of Receipt	
ľ	Aailing Address 3455 CONGRESS STREET			06 30 2012	
	Dity FAIRFIELD	State CT	Zip Code 06824-2036	Transaction ID : PR1596317128018 Amount of Each Receipt this Period	
	EC ID number of contributing ederal political committee.	ů – L			
	Name of Employer Inited HealthCare Services Inc			_	
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2499.90	P/R Deduction (\$192.30 Bi-Weekly)	
	Full Name (Last, First, Middle Initial)			Date of Receipt	
ľ	Mailing Address 109 SLEEPY HOLLOW LANE			M M / D D / Y Y Y Y 06 30 2012	
	Dity ORINDA	State CA	Zip Code 94563	Transaction ID : PR1596317328018	
F	EC ID number of contributing ederal political committee.	C		Amount of Each Receipt this Period	
1	Name of Employer	Occupation	I	_	
	Jnited HealthCare Services Inc	Health Plan	CEO		
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 269.22	P/R Deduction (\$19.23 Bi-Weekly)	
	BTOTAL of Receipts This Page (optional)			499.98	

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 24 OF

		Use separate schedule(s)	(check on	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12					
Any information copied from such Reports and	d Statements ma	ay not be sold or used by any p	erson for the	14 purpose o	15 of soliciting	16 contribut	ions				
or for commercial purposes, other than using	ine name and a	address of any political committee	e to solicit co	ntributions	from suc	n committe	ee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (	United for Health)									
Full Name (Last, First, Middle Initial) <b>.</b> KEVIN J RUTH			Date c	of Receipt							
Mailing Address 16621 ALEXANDER MANC	DR DRIVE		M N 06	/ D 3		ү ү 2012	Y				
City SILVER SPRING	State MD	Zip Code 20905		saction ID It of Each			8				
FEC ID number of contributing federal political committee.	С					225.	00				
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify)	·	o prise Clinical Alignm Year-to-Date ▼ 1050.00	P/R Dec	duction (\$7	5.00 Bi-We	eekly)					
Full Name (Last, First, Middle Initial) B. DAVID C STURKEY Mailing Address 1625 CONE FLOWER WAY	Y		M			YY	Y				
City	State	Zip Code		3 saction ID	: PR1596		3				
SUWANEE	GA	30024	Amour	t of Each	Receipt th	nis Period					
FEC ID number of contributing federal political committee.	С				7	117.	00				
Name of Employer United HealthCare Services Inc	Occupation KA VP Sale	n es and Account Mgmt									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 468.00	P/R Dec	luction (\$3	9.00 Bi-We	eekly)					
Full Name (Last, First, Middle Initial) C. JEFFREY ALAN TODD			Date c	of Receipt							
Mailing Address 467 PRAIRIE WAY SOUTH	1		06		D / Y 0	y y 2012	Y				
City BAYPORT	State MN	Zip Code 55003		saction ID			8				
FEC ID number of contributing federal political committee.	С		Amour	it of Each	Receipt th		.00				
Name of Employer	Occupation	1	_								
United HealthCare Services Inc	VP Underw	riting									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	P/R Dec	duction (\$2	25.00 Bi-W	eekly)					
SUBTOTAL of Receipts This Page (optional). TOTAL This Period (last page this line numb						417.	00				

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 25 OF

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11	-	11b		11c	12		_	
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements ma the name and a	ay not be sold or used by any pendotes of any political committee	erson for the solicit	the pu	14 urpose ibutior	of soli	15 iciting such	contrib commi	ution	17 IS	
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora											
Full Name (Last, First, Middle Initial) A. MLAURIE WASSERSTEIN			Dat	e of F	Receipt	t					
Mailing Address 92 GOODWIN CIRCLE			M M / D D / Y Y Y Y Y 06 30 2012								
City HARTFORD	State CT	Zip Code 06105			action ID : PR1596319528018 of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С				7		7	5	57.69		
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify)		I VP Account Mgmt Year-to-Date ▼ 288.45	P/R I	Deduc	tion (\$	319.23 I	Bi-We	ekly)			
Full Name (Last, First, Middle Initial) MYRON R WERLEY Mailing Address 4260 FOXBERRY COURT			М	e of F D6		t 30	Y	y y 2012	Y	]	
City MEDINA	State MN	Zip Code 55340						<b>196280</b> is Perio			
FEC ID number of contributing federal political committee.	С				7		7		60.00		
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify)	Occupation Dir Underwin Aggregate		 P/R [	Deduc	tion (\$	20.00 E	3i-We	ekly)			
Full Name (Last, First, Middle Initial) C. JOHN P DODDY			Dat	e of F	Receipt	t					
Mailing Address 1 ROXITICUS VIEW				м 06		30	Y	үүү 2012	Y		
City CHESTER	State NJ	Zip Code 07930						5 <b>973280</b> is Perio			
FEC ID number of contributing federal political committee.	С				7		7	11	7.00		
Name of Employer United HealthCare Services Inc Receipt For:		tion Technology Year-to-Date ▼	_								
Primary General Other (specify) ▼		546.00	P/R	Deduc	ction (\$	39.00	Bi-We	ekly)			
SUBTOTAL of Receipts This Page (optional).					7		7	23	4.69	2	

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check on	ly one)	L						
IL LIVILLED RECEIP 13		for each category of the Detailed Summary Page	X 11a	11b	11c	12					
Any information copied from such Reports an or for commercial purposes, other than using											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	United for Health)									
Full Name (Last, First, Middle Initial)  A. MICHAEL D MICHAUX			Date of Receipt								
Mailing Address 742 GOODRICH AVE			06	/ D D 30	/ Y	2012	Y				
City SAINT PAUL	State MN	Zip Code 55105		saction ID : it of Each R			8				
FEC ID number of contributing federal political committee.	С					300.	.00				
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation VP & GM P Aggregate		P/R Dec	duction (\$10	0.00 Bi-W	'eekly)					
Full Name (Last, First, Middle Initial) B. LEWIS G SANDY Mailing Address 4800 SUNNYSLOPE ROA	D E		Date o	f Receipt	/ Y	Y Y	Y				
City	State	Zip Code		30 saction ID :			3				
EDINA	MN	55424	Amoun	t of Each R	leceipt th	is Period					
FEC ID number of contributing federal political committee.	С				,	300.	00				
Name of Employer United HealthCare Services Inc	Occupation SVP Clinica	n al Advancement									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00	P/R Ded	luction (\$100	0.00 Bi-W	eekly)					
Full Name (Last, First, Middle Initial) C. MATTHEW W PETERSON			Date o	f Receipt							
Mailing Address 20595 SPENCER LANE			м м 06	/ D D	) / Y	y y 2012	Y				
City SHOREWOOD	State MN	Zip Code 55331		saction ID : It of Each R			8				
FEC ID number of contributing federal political committee.	С				,	300	.00				
Name of Employer	Occupation	1									
United HealthCare Services Inc	Market Gro	oup CAO									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00	P/R Dec	duction (\$10	0.00 Bi-W	/eekly)					
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## SCHEDULE A (FEC Form 3X) \_ \_ \_ \_ \_ \_

Use separate schedule(s)

FOR LINE NUMBER:

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	MIZED RECEIPTS		Use separate schedule(s) for each category of the				ie)					
			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17		
Any or fo	information copied from such Reports and St r commercial purposes, other than using the	atements ma	ny not be sold or used by any pe ddress of any political committee	erson f	for the	purp ntrib	oose of	soliciting	g contribu	tions		
	AME OF COMMITTEE (In Full) JnitedHealth Group Incorporate	d PAC (l	Jnited for Health)									
	ull Name (Last, First, Middle Initial) JEFFREY W MALONEY											
M	ailing Address 18076 CLEAR SPRING LANE				06 30 / Y Y Y Y Y							
	ity DEN PRAIRIE	State MN	Zip Code 55347						24352801 nis Period			
	EC ID number of contributing deral political committee.	С					7	т т.	288	3.45		
U	ame of Employer nited HealthCare Services Inc eceipt For:	Occupation VP General	Management									
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1346.10	P	/R Ded	uctio	on (\$96.	15 Bi-We	eekly)			
	ull Name (Last, First, Middle Initial) DANIEL S WALLER				Date of	Re	ceipt					
_	ailing Address 17034 BAINBRIDGE DR				м м 06	/	30	/ Y	2012	Y		
	ity DEN PRAIRIE	State MN	Zip Code 55347						36002801 nis Period			
	EC ID number of contributing deral political committee.	С					9		90	.00		
U	ame of Employer nited HealthCare Services Inc	Occupation Dir Finance										
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	P	/R Dedi	uctic	on (\$30.)	00 Bi-We	eekly)			
	ull Name (Last, First, Middle Initial) WILLIAM F KENNEDY				Date of	Re	ceipt					
Μ	ailing Address 14 MYRA LN				м м 06	/	D D 30	/ Y	y y 2012	Y		
	ity BURLINGTON	State CT	Zip Code 06013						<b>4431280</b> 1 nis Period			
	EC ID number of contributing deral political committee.	С					9		60	0.00		
N	ame of Employer	Occupation										
	nited HealthCare Services Inc	Dir IT										
R	eceipt For: Primary General Other (specify) <del>V</del>	Aggregate	Year-to-Date ▼ 280.00	P	/R Ded	uctio	on (\$20.	.00 Bi-W	eekly)			
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### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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PAGE 28 OF

		Detailed Summary Page		11a		11b	11c	12	
				13		14	15	16	17
Any information copied from such Reports and or for commercial purposes, other than using t	d Statements mathematical statements and a	ay not be sold or used by any p ddress of any political committee	erson f	or the	purı <sub>Ətrib</sub>	pose of outions fr	soliciting	contribu	tions ee.
NAME OF COMMITTEE (In Full)							Juur		
UnitedHealth Group Incorpora	ited PAC (I	Jnited for Health)							
			_		_				_
Full Name (Last, First, Middle Initial) STEVE R KOOREN			г	Date of	· Re	ceint			
Mailing Address 4444 ELLSWORTH DRIVE							/	YY	Y
				06		30	, Y	2012	
City	State	Zip Code			acti		PR16534	4322801	8
EDINA	MN	55435		\mount	t of	Each Re	eceipt thi	is Period	
FEC ID number of contributing	С			-				576	90
federal political committee.				_	_	7	- 7	576	
Name of Employer	Occupation	1	$\neg$						
United HealthCare Services Inc		egment CFO							
Receipt For:		Year-to-Date ▼	$\neg$						
Primary General			P/	'R Ded	uctio	on (\$192	2.30 Bi-W	'eekly)	
Other (specify)		2692.20	<u> </u>					- /	
			-						
Full Name (Last, First, Middle Initial)				)ot-					
			<sup>I</sup>	Date of					-
Mailing Address 2743 THOMAS AVENUE S	UUIH			м м 06	/	30	/ Y	2012	Y
City	State	Zip Code	-  I		2012 4432801	3			
MINNEAPOLIS	MN	55416						is Period	
FEC ID number of contributing	~								
federal political committee.	С				_	7		173	.10
Name of Employer	Occupation								
United HealthCare Services Inc	SB RVP								
Receipt For:	1	Vear-to Data 🕊	_						
Primary General	Aggregate	Year-to-Date ▼	p/	R Ded	uctio	on (\$57 7	70 Bi-We	eklv)	
Other (specify)		807.80		Deu	ມບເປ	<sub>(Ψ</sub> υτ.ι		y/	
		, , , , , , , , , , , , , , , , , , , ,							
Full Name (Last, First, Middle Initial)									
ALISTAIR D JACQUES			<sup>[</sup>	Date of			_		
Mailing Address 645 OLD LONG LAKE ROA	٩D			M M	/	30	/ Y	Y Y 2012	Y
City	State	Zip Code	$\dashv$	06 Trans	acti	30 ion ID : 1	PR16524	2012 14522801	8
ORONO	MN	55391						is Period	
FEC ID number of contributing			<b></b>				pr ul		
federal political committee.	С					7		576	i.90
Name of Employer	Occupation		_  "						
		egment CIO							
United HealthCare Services Inc Receipt For:		0	_						
Primary General	Aggregate	Year-to-Date ▼		/R Dod	uctiv	on (\$100	2.30 Bi-W	eekly)	
Other (specify)		2692.20		Deu	เเ			Jonry)	
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SUBTOTAL of Receipts This Page (optional).			•		j,			1326.	90
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Use separate schedule(s)

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	<b>AIZED RECEIPTS</b>	Use separate schedule(s)				/ on	ie)						
			for each category of the Detailed Summary Page		< 11a		11b	11c	12				
	nformation copied from such Reports and s commercial purposes, other than using the												
	ME OF COMMITTEE (In Full)												
	nitedHealth Group Incorporate	ed PAC (l	Jnited for Health)										
<b>A</b> E	II Name (Last, First, Middle Initial) LIZABETH DARCIE D. CORBIN				Date of	Re	ceipt						
Ma	ailing Address 7985 LEA CIRCLE			M M / D D / Y Y Y Y 06 30 2012									
Ci	-	State	Zip Code		Trans	acti		PR1669	4322280	18			
B	LOOMINGTON	MN	55438		Amount	of	Each R	eceipt t	nis Perio	d			
	C ID number of contributing deral political committee.	С					7		30	0.00			
Na	me of Employer	Occupation											
-	ited HealthCare Services Inc	VP Health C	Care Initiatives										
Re	Primary Canaral	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼		1400.00	]   '	P/R Dedu	uctio	on (\$100	).00 Bi-\	Veekly)				
	ll Name (Last, First, Middle Initial) Ir. MILES S SNOWDEN				Date of	Ro	ceint						
	ailing Address 4349 FREMONT AVE S					/	30	/ Y	2012	Y			
Ci	iy	State	Zip Code			acti		PR1746	7178280 <sup>-</sup>	18			
М	INNEAPOLIS	MN	55409		Amount	of	Each R	eceipt t	nis Perio	d			
	C ID number of contributing leral political committee.	С				_	7		57	6.90			
	me of Employer	Occupation											
Ur	ited HealthCare Services Inc	Chief Medic	al Officer										
Re	eceipt For:	Aggregate	Year-to-Date 🔻										
	Primary General Other (specify) ▼		2692.20	]   F	P/R Dedu	uctic	on (\$192	2.30 Bi-V	Veekly)				
	II Name (Last, First, Middle Initial) EFF LEVINE				Date of	Re	ceipt						
Ma	ailing Address 619 BOND AVE				м м 06	/	D D D 30	/ Y	y y 2012	Y			
Ci	-	State MD	Zip Code						4432280				
	EISTERSTOWN	MD	21136		Amount	of	Each R	eceipt t	nis Perio	d			
	C ID number of contributing deral political committee.	С					7		36	5.00			
Na	ime of Employer	Occupation											
	hited HealthCare Services Inc	PS Mgr Acc	t Mgmt (FEHBP)										
Re	eceipt For: Primary General	Aggregate	Year-to-Date ▼				/ <b>*</b> - ·						
_	Other (specify)		365.00	] '	P/R Ded	uctio	on (\$36	5.00 Bi-\	Veekly)				
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### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

Use separate schedule(s)

FOR LINE NUMBER:

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PAGE 30 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
or for commercial purposes, other than using	d Statements may not be sold or used by any the name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (United for Health)	
Full Name (Last, First, Middle Initial) A. WILLIAM TALAMANTES		Date of Receipt
Mailing Address 11618 ROLLING MEADOV		M = M         /         D = D         /         Y = Y = Y         Y           06         30
City GREAT FALLS	State Zip Code VA 22066	Transaction ID : PR1806444728018
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer United HealthCare Services Inc	Occupation Six Sigma Consultant	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 336.00	P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. PAUL M EMERSON		Date of Receipt
Mailing Address 18855 MEADOW VIEW BL	VD	06 30 2012
City PRIOR LAKE	StateZip CodeMN55372	Transaction ID : PR1806750328018 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	115.38
Name of Employer United HealthCare Services Inc	Occupation Business Segment CFO	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 538.44	P/R Deduction (\$38.46 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. MICHELLE D LEDELL		Date of Receipt
Mailing Address 5115 SARATOGA LANE		06 30 / Y Y Y Y Y 2012
City PLYMOUTH	State Zip Code MN 55442	Transaction ID : PR1882850628018 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
United HealthCare Services Inc	Dir Communications	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	P/R Deduction (\$40.00 Bi-Weekly)
	ner only)	355.38

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

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

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			Detailed Summary Page		<b>1</b> 1a		11	b	11c		12			
A					13		14		15		16	17		
			ay not be sold or used by any pe ddress of any political committee											
NAME O	F COMMITTEE (In Full)	-												
United	Health Group Incorpo	orated PAC (l	Jnited for Health)											
	e (Last, First, Middle Initial) ERINE K ANDERSON				Date of	Re	ecei	pt						
	ddress 37 W 2000 S				06 / D D / Y Y Y Y 06 30 2012									
City DRIGGS		State ID	Zip Code 83422				-		PR1903			3		
		ID	83422	_	Amount	of	Ea	ch Re	ceipt th	is P	eriod			
	number of contributing plitical committee.	C				_	,			_	173.	10		
Name of	Employer	Occupation												
	ealthCare Services Inc	VP General	Management											
Receipt F	or: nary General	Aggregate	Year-to-Date ▼	_				( <b>6</b>			,			
	er (specify) v		807.80		P/R Ded	uctio	on (	(\$57.7	0 Bi-We	ekly	()			
	e (Last, First, Middle Initial) LEEN L BISHOP				Date of	Re	ecei	pt						
Mailing A	ddress 145 COTTAGE RD				м м 06	/		30	/ Y	20	Y 12	Y		
City		State	Zip Code		Trans	acti	ion	ID : P	R1903	5608	28018	6		
ENFIELD	)	СТ	06082	_	Amount	of	Ea	ch Re	ceipt th	is P	eriod			
	number of contributing olitical committee.	C					7		,		60.	00		
	Employer ealthCare Services Inc	Occupation Dir Finance												
	or: nary General er (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P	/R Ded	uctic	on (	(\$20.0	0 Bi-We	ekly	')			
	e (Last, First, Middle Initial) RT J DUFEK				Date of	Re	ecei	pt						
Mailing A	ddress 816 PROMONTORY PL	ACE			м м 06	/	ľ	30	/ Y		) 12	Y		
City		State MN	Zip Code						PR1903			3		
EAGAN		IVIIN	55123	_	Amount	of	Ea	ch Re	ceipt th	is P	eriod			
	number of contributing plitical committee.	С				_	,		7	_	75	00		
Name of	Employer	Occupation												
	ealthCare Services Inc	VP, IT												
	for: nary General er (specify) <del>↓</del>	Aggregate	Year-to-Date ▼ 350.00	F	P/R Ded	uctio	on	(\$25.0	00 Bi-W	eekly	/)			
	of Receipts This Page (option						7		7		308.	10		

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

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

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			Detailed Summary Page		X 11a 11b 11c 12 13 14 15 16					<u> </u>		
Ar	ny information copied from such Reports and St	tatements ma	l ay not be sold or used by any p	erson fe	-	pur		15 soliciti	ng co	16 Intribut	17 ions	
	for commercial purposes, other than using the											
$\setminus$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate		Inited for Health)									
/												
۹.	Full Name (Last, First, Middle Initial) SUSAN B EDBERG			Г	Date of	Re	ceipt					
- *	Mailing Address 9727 WELLINGTON RIDGE				M M			<b>]</b> / <b>[</b>	Y Y	/ Y	Y	
	01		7. 0.1	$ \square $	06	L	30	յլ		2012		
	City WOODBURY	State MN	Zip Code 55125				ion ID :				8	
			30120	/ #	4mount	of	Each R	eceipt	this	Period		
	FEC ID number of contributing federal political committee.	С					,			300	.00	
	Name of Employer	Occupation										
	United HealthCare Services Inc	VP Custom	er Service									
	Receipt For:	Aggregate	Year-to-Date ▼		(n -							
	Primary General Other (specify) ▼		1400.00	]   P/	/R Ded	uctic	on (\$100	).00 Bi	Wee	kly)		
В.	Full Name (Last, First, Middle Initial) CHRISTOPHER T JOHNSON				Date of	Re	ceipt					
	Mailing Address 12880 53RD STREET NORTH	I			M M		DD	7/6	Y I Y	(Y	Y	
	City	01.7	7:- 0 - 1-	_	06	1	30	1 L		012		
	City STILL WATER	State MN	Zip Code				ion ID : I				3	
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	United HealthCare Services Inc	Dir General	Management									
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		<b>D</b> =				.,			
	Other (specify)		546.00	P/	'R Dedu	uctic	on (\$39.0	00 Bi-V	veek	iy)		
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с.	Full Name (Last, First, Middle Initial) JOHN C SANTELLI				Date of	Re	ceipt					
	Mailing Address 17498 GEORGE MORAN DRI				м м 06	1	D D 30	] ′ [		012	Y	
		State MN	Zip Code	-			ion ID :				8	
	EDEN PRAIRIE	MN	55347	A	۹mount	of	Each R	eceipt	this	Period		
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	Name of Employer	Occupation										
	United HealthCare Services Inc	SVP & CIO										
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	Primary General		1400.00	P/	/R Ded	uctio	on (\$100	).00 Bi	Wee	ekly)		
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UnitedHealth Group Incorpo	orated PAC (I	United for Health)									
Full Name (Last, First, Middle Initial) A. PAUL D WEYMOUTH			Date of Receipt								
Mailing Address 128 WOODLAND RD				M = M         /         D = D         /         Y = Y = Y         Y           06         30         2012							
City	State	Zip Code	Tr	ansac	tion ID	: PR1903	63692801	8			
COVENTRY	СТ	06238	Amo	ount o	f Each	Receipt th	nis Period				
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Name of Employer	Occupation	1									
United HealthCare Services Inc	VP Finance	9									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 269.22	P/R [	Deduc	tion (\$1	9.23 Bi-W	eekly)				
Full Name (Last, First, Middle Initial) B. BRADLEY E ALLEN			Date	e of F	leceipt						
Mailing Address 1046 THORNBERRY CF	REEK DR		М	)6	/ D	D / Y	2012	Y			
City	State	Zip Code	Tra	ansac	tion ID	: PR2119		3			
ONEIDA	WI	54155	Amo	ount o	f Each	Receipt th	nis Period				
FEC ID number of contributing federal political committee.	С				7	7	60.	00			
Name of Employer United HealthCare Services Inc	Occupation Sr Associat	e General Counsel									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		240.00	P/R D	Deduct	tion (\$2	0.00 Bi-W	eekly)				
Full Name (Last, First, Middle Initial) C. RUSSELL A BENNETT			Date	e of F	leceipt						
Mailing Address 4 HALSEY AVE				™ 06	/ D	D / Y	y y 2012	Y			
	State CA	Zip Code				): PR2119		8			
LAGUNA NIGUEL	CA	92677	Amo	ount o	f Each	Receipt th	nis Period				
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Name of Employer	Occupation	1									
United HealthCare Services Inc	Dir Marketi	ng Bus Dev									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R I	Deduc	tion (\$2	20.00 Bi-W	eekly)				
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### SCHEDULE A (FEC Form 3X) ITEMIZED DECEIDTO

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NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (	United for Health)						
Full Name (Last, First, Middle Initial) <b>A.</b> SUSAN LYNN BERKEL			Dat	e of F	Receipt			
Mailing Address 10 SHADOW GLEN				M 06	/ 0 30		2012	Y
City IRVINE	State CA	Zip Code 92620			ction ID :	: PR2119	<b>46812801</b> nis Period	
FEC ID number of contributing federal political committee.	С				3	7	576	.00
Name of Employer United HealthCare Services Inc	Occupation SVP Opera							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2688.00	P/R	Deduc	tion (\$19	92.00 Bi-W	/eekly)	
Full Name (Last, First, Middle Initial) B. KATHIE L BRYAN	- <b>'</b>		Dat	e of F	Receipt			
Mailing Address 912 JOSHUA PLACE	-			м 06	/ D 30		ү ү 2012	Y
City SAN DIEGO	State CA	Zip Code 92154					46942801	-
FEC ID number of contributing federal political committee.	С			Juni			nis Period 75	.00
Name of Employer United HealthCare Services Inc	Occupation Assoc Dir N	n Irkting Comm						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	P/R I	Deduc	tion (\$25	.00 Bi-We	ekly)	
Full Name (Last, First, Middle Initial) C. COLLEEN CAMPBELL			Dat	e of F	Receipt			
Mailing Address 5515 W 73RD AVENUE				06	/ D 30		2012	Y
City WESTMINSTER	State CO	Zip Code 80003					<b>46992801</b> nis Period	
FEC ID number of contributing federal political committee.	С						45	5.00
Name of Employer United HealthCare Services Inc	Occupation Assoc Dir (	n Clinical Quality						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/R	Deduc	ction (\$15	5.00 Bi-We	ekly)	
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	UnitedHealth Group Incorpora	ted PAC (l	Jnited for Health)										
	ull Name (Last, First, Middle Initial) DAVID S CARLSON				Date of	Re	ceipt						
N	Aailing Address 13130 WESTPORT ST				M M / D D / Y Y Y 06 30 _ 2012 _								
	Dity	State	Zip Code			acti		PR211	9470228				
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	ull Name (Last, First, Middle Initial) LESLIE J CARTER				Date of	Re	ceipt						
_	Aailing Address 19021 POPPY HILL CIRCLE		7.01		м м 06	/	30	] ′ [	2012				
	City HUNTINGTON BEACH	State CA	Zip Code 92648				-		9470328				
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NAME OF COMMITTEE (In Full)										
> UnitedHealth Group Incorpor	ated PAC (I	Jnited for Health)								
Full Name (Last, First, Middle Initial)										
A. RICHARD A CROSS				Date of Receipt						
Mailing Address 11361 DONOVAN ROAD				06 30 _ 2012 _						
City State Zip Code			Transaction ID : PR2119471828018							
ROSSMOOR	CA	90720	Amou	nt of	Each Red	ceipt th	is Period			
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federal political committee.	U			_	7	"				
Name of Employer	Occupation									
United HealthCare Services Inc Receipt For:		neral Counsel (Mgr)	_							
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Full Name (Last, First, Middle Initial) B. KENNETH R DAVIS			Date	of Re	ceipt					
Mailing Address 7640 N 10TH AVE			М	M /	DD	/ Y	Y Y	Y		
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PHOENIX	AZ	85021			Each Red		72528018 is Period	5		
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		<u>, , , , , , , , , , , , , , , , , , , </u>								
Full Name (Last, First, Middle Initial) C. LINDA M DAYAN			Date	of Re	ceint					
Mailing Address 5364 E ABBEYFIELD ST			Dato			/ Y	YY	Y		
				06 30 2012						
City LONG BEACH	State CA	Zip Code 90815					47262801	В		
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Name of Employer	Occupation	1								
United HealthCare Services Inc	Chief of Sta	aff								
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#### SCHEDULE A (FEC Form 3X) DEACH

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	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)								
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				erson for the purpose of soliciting contributions e to solicit contributions from such committee.	\$							
$\overline{\ }$	NAME OF COMMITTEE (In Full)											
$\sum$	UnitedHealth Group Incorpora	ted PAC (I	Jnited for Health)									
Α.	Full Name (Last, First, Middle Initial)			Date of Receipt								
	Mailing Address 1390 FINCH LN			06 30 _ 2012 _								
	City	State	Zip Code	Transaction ID : PR2119472828018								
	GREEN BAY	WI	54313	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		45.00								
	Name of Employer	Occupation										
	United HealthCare Services Inc	Assoc Dir A	ctuarial Services									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General		210.00	P/R Deduction (\$15.00 Bi-Weekly)								
	Other (specify)		210.00	1								
в.	Full Name (Last, First, Middle Initial) ANGELO GIAMBRONE	1		Date of Receipt								
	Mailing Address 1821 PARK STREET			06 30 2012								
	City	State	Zip Code	Transaction ID : PR2119475128018								
	HUNTINGTON BEACH	CA	92648	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		150.00								
	Name of Employer	Occupation										
	United HealthCare Services Inc	SVP Netwo	rks									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary     General       Other (specify) ▼		700.00	P/R Deduction (\$50.00 Bi-Weekly)								
<u> </u>	Full Name (Last, First, Middle Initial) AMY J GILDERNICK			Date of Receipt								
	Mailing Address 2709 WILLIAMS GRANT			06 30 2012								
	City	State	Zip Code	Transaction ID : PR2119475228018								
	DE PERE	WI	54115	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С		60.00								
	Name of Employer	Occupation										
	United HealthCare Services Inc	Assoc Dir C	Claims									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		280.00	P/R Deduction (\$20.00 Bi-Weekly)								
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NAME OF COMMITTEE (In Full)			_	_						_			
UnitedHealth Group Incorpo	orated PAC (l	Jnited for Health)											
Full Name (Last, First, Middle Initial) A. DAVID M HANSEN				Date of	Re	ceipt							
Mailing Address 33 VIA CONOCIDO				м м 06	/	30			ү 012	Y			
City	State	Zip Code		Trans	acti	ion ID :	PR2119	94767	728018	3			
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United HealthCare Services Inc	Health Plan	CEO											
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Primary General Other (specify) ▼		1890.00	]   P/	/R Ded	uctic	on (\$13	5.00 Bi-'	Week	dy)				
Full Name (Last, First, Middle Initial) B. SAMUEL W HO	I			Date of	Re	ceipt							
Mailing Address 4220 OCEAN DR				M M 06	1	30			)12	Y			
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MANHATTAN BEACH	CA	90266	A				Receipt 1			_			
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Name of Employer United HealthCare Services Inc	Occupation Market Grp	Chief Clinical Off											
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Full Name (Last, First, Middle Initial) C. KEVIN D HOST	I			Date of	Re	ceipt							
Mailing Address 14617 GRANT ST				м м 06	1	30			)12	Y			
	State	Zip Code					: PR211			3			
OVERLAND PARK	KS	66221	4	۹mount	of	Each F	Receipt 1	this F	Period				
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# SCHEDULE A (FEC Form 3X) DEAEI

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Detailed Summary Page       Image: Ima	ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)	-									
Ary information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.         NAME OF COMMITTEE (in Full)         UnitedHealth Group Incorporated PAC (United for Health)         Full Name (Last, First, Middle Initial)         A BRAN JERREY         Mailing Address 9 RIMROCK         City         Date of Receipt         Mailing Address 9 RIMROCK         Other (specify)         Other (specify)         Other (specify)         Other (specify)         Other (specify)         Prinary       General         Other (specify)         Builting Address 3562 REDWOOD         City       State         Prinage of contributing federal political committee.         Prinage of contributing federal political committee.         Prinage of contributing federal political committee.         Prinage of the Receipt for:         Prinage of the Receipt for:         Print Marme (Last	ILIVIIZED REVEIPIS				_									
NAME OF COMMITTEE (in Full)         UnitedHealth Group Incorporated PAC (United for Health)         Full Name (Last, First, Middle Initial)         BRAN JEFFREY         Mailing Address 9 RIMROCK         City       State         (FV)       State         Precipt Free       Agregate Year-to-Date ▼         Primary       General         Other (specify)       Occupation         United HealthCare Services Inc       VP Network Contracting         Receipt For:       Agregate Year-to-Date ▼         Primary       General         Other (specify)       State         Agregate Year-to-Date ▼         Print Name (Last, First, Middle Initial)         B. JOHN D JONES         Mailing Address 3982 REDWOOD         City       State         Invited HealthCare Services Inc         IVP Govir Rel         Receipt For:         Other (specify)				erson for the purpose of soliciting contribution										
VinitedHealth Group Incorporated PAC (United for Health)         Full Name (Last, First, Middle Initial)         A. BRIAN JEFFREY         Mailing Address 9 RIMROCK         City       State         PC ID number of contributing federal political committee.         Primary       General         Primary       General         Primary       General         Primary       General         City       State         Zip Code       2012         Transaction ID : FR2119/19/128018         Anount of Each Receipt this Period         Primary       General         Primary       General         Primary       General         Chry       State         State       Zip Code         B. JOHN D JONES       Date of Receipt         Mailing Address 36g2 REDWOOD       City         Receipt For:       Occupation         Primary       General         City       State         Receipt For:       Occupation         Primary       General         City       State         Receipt For:       Occupation         Proceipt For:       Aggregate Year-to-Date V         Primary       Gene			in the second and point of the first of the second s											
A. BRIAN JEFFREY       Date of Receipt         Mailing Address 9 RIMROCK       Ch         City       State       Zip Code         Revent       Ch       92003         FEC ID number of contributing federal political committee.       C       75.00         Name of Employer       Occupation       Prinary       General         Other (specify) ▼       Aggregate Year-to-Date ▼       PriR Deduction (\$25.00 Bi-Weekly)         B. UNAM DONES       Date of Receipt fair       2012         Mailing Address 3562 REDWOOD       Ch       92006         City       State       Zip Code         J.VINE       CA       92006         FC: ID number of contributing federal political committee.       C       0ate of Receipt         B. UNAN DONES       Date of Receipt       Date of Receipt         Mailing Address 3562 REDWOOD       Ch       92006         City       State       Zip Code         INVINE       CA       92006         Receipt For:       Primary       General         Primary       General       Occupation         Other (specify) ▼       Aggregate Year-to-Date ▼       Primary         Other (specify) ▼       Aggregate Year-to-Date ▼       Prescript For: <t< td=""><td></td><td>orated PAC (I</td><td>Jnited for Health)</td><td></td><td></td></t<>		orated PAC (I	Jnited for Health)											
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IRVINE       CA       92603       Amount of Each Receipt this Period         FEC ID number of contributing tederal political committee.       C       75.00         Name of Employer       Occupation VP Network Contracting       P/R Deduction (\$25.00 Bi-Weekly)         Built Name (Last, First, Middle Initial)       Aggregate Vear-to-Date ▼       P/R Deduction (\$25.00 Bi-Weekly)         Built Name (Last, First, Middle Initial)       Date of Receipt       06       30       2012         City       State       Zip Code       Transaction ID: IPR2119479228018       Amount of Each Receipt this Period         Receipt Terr:       Occupation VP Goot Rel       Occupation VP Goot Rel       7344,000       P/R Deduction (\$36:00 Bi-Weekly)         Full Name (Last, First, Middle Initial)       Occupation VP Goot Rel       1344,000       P/R Deduction (\$36:00 Bi-Weekly)         Full Name (Last, First, Middle Initial)       C       Aggregate Vear-Io-Date ▼       06       30       2012         City       State       Zip Code       Transaction ID: IPR2119479228018       Amount of Each Receipt this Period         Full Name (Last, First, Middle Initial)       C       Magregate Vear-Io-Date ▼       0       30       2012         City       State       Zip Code       Maing Address 13102 PALOMAR WAY       0       0       6	Mailing Address 9 RIMROCK													
FEC ID number of contributing federal political committee.       C       75.00         Name of Employer United HealthCare Services inc Primary Other (specify) ✓       Occupation VP Network Contracting Aggregate Year-to-Date ▼       P/R Deduction (\$25.00 Bi-Weekly)         B. JOHN JONES       Mailing Address 3562 REDWOOD       Date of Receipt         City       State       Zip Code         Receipt For:       C       2012         Transaction ID : PR2119479228018       Amount of Each Receipt         Mailing Address 3562 REDWOOD       CA       92606         City       State       Zip Code         Receipt For:       Occupation       Question         United HealthCare Services inc       VP Govt Ral         Receipt For:       Aggregate Year-to-Date ▼         Primary       General       Occupation         United HealthCare Services inc       VP Govt Ral         Receipt For:       Aggregate Year-to-Date ▼         Pill Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address 13102 PALOMAR WAY       City         City       State       Zip Code         NARTH TUSTIN       CA       92705         Name of Employer       Occupation         United HealthCare Services inc       VP Customer Service	-													
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$\overline{)}$	NAME OF COMMITTEE (In Full)	. =							
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	Full Name (Last, First, Middle Initial) JEFFREY S MASON			Date	of B	eceipt			
-	Mailing Address 5670 SHEMIRAN ST					/ D	D / Y	Y Y	Y
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# SCHEDULE A (FEC Form 3X)

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NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorpora	ted PAC (I	United for Health)								
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)									
	Full Name (Last, First, Middle Initial) LYNDA A PAXSON				Date of	Re	ecei	pt				
	Mailing Address 3924 E GARNET PL				м м 06	1		30	/ Y		ү 012	Y
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NAME OF COMMITTEE (In Full)												
UnitedHealth Group Incorpo	rated PAC (I	Jnited for Health)										
Full Name (Last, First, Middle Initial) CYNTHIA L POLICH			Date of Re	eceipt								
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Full Name (Last, First, Middle Initial) B. SHARON A RICCIUTI			Date of Re	eceipt								
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Full Name (Last, First, Middle Initial) C. MARILYNN D STYERS			Date of Re	eceipt								
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Mailing Address 5598 NAPLES CANAL			M M / D D / Y Y Y Y Y										
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City LONG BEACH	State CA	Zip Code 90803	Transaction ID : PR2119491128018										
FEC ID number of contributing			Amount of Each Receipt this Period										
federal political committee.	С		150.00										
Name of Employer	Occupatior	1											
United HealthCare Services Inc	SVP Enter	orise Health Svcs											
Receipt For:	Aggregate	Year-to-Date ▼											
Primary General Other (specify) ▼		700.00	P/R Deduction (\$50.00 Bi-Weekly)										
		/y // //	4										
Full Name (Last, First, Middle Initial) B. CHERYL A THOMSON	I		Date of Receipt										
Mailing Address 222 FOREST DR			06 30 2012										
City	State	Zip Code	Transaction ID : PR2119491628018										
SOBIESKI	WI	54171	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		45.00										
Name of Employer	Occupation	_											
United HealthCare Services Inc	Dir Complia	ance											
Receipt For:	Aggregate	Year-to-Date <b>V</b>											
Primary General Other (specify) ▼		, 210.00	P/R Deduction (\$15.00 Bi-Weekly)										
Full Name (Last, First, Middle Initial) C. STEVEN M TUCKER			Date of Receipt										
Mailing Address 12331 COUNTRY LANE													
			06 30 2012										
City	State CA	Zip Code	Transaction ID : PR2119492028018										
SANTA ANA	CA	92705	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		288.00										
Name of Employer	Occupation	1											
United HealthCare Services Inc	VP Regula	tory Affairs											
Receipt For:	Aggregate	Year-to-Date <b>V</b>											
Primary General Other (specify) ▼		1344.00	P/R Deduction (\$96.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (option	al)		483.00										
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TOTAL This Period (last page this line nur	mber only)		• L										

# SCHEDULE A (FEC Form 3X)

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 45 OF

Detailed Summary Page       11a       11b       11c       12         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee.       NAME CF COMMITTEE (in Full)         NAME OF COMMITTEE (in Full)       UnitedHealth Group Incorporated PAC (United for Health)         Full Amer (Last, First, Middle Initial)       A. SUSAN VANASTEN         Mailing Address W313 GOLDEN GLOW RD       06       2012         City       State       Zip Code         KAUKAUNA       Will 54130       Annount of Each Receipt Insection ID : PR211982628018         Name of committeing       C       7000         United HealthCare Services inc       Site Dir Medicare Inside State       P/R Deduction (\$40.00 Bi-Weeky)         FeC ID number of commituding       C       7012       7012         Other (specify)       General       Site Dir Medicare Inside States       70212         Recoupt For:       General       General       2012       7032         Date of Receipt       Mailing Address 15442 NORTH 19TH WAY       580.00       P/R Deduction (\$40.00 Bi-Weeky)         EUI Name (Last, First, Middle Initial)       EL INDA D DAUGHERTY       Date of Receipt       70212         Mailing Address 15442 NORTH 19TH WAY       Code       70202       70212		-	Use separate schedule(s)	(check only one	(check only one)								
my information coded from such Reports and Statements may not be seld or used by any parson for the purpose of edisting contributions from such committee.         NAME OF COMMITTEE (in Full)         UnitedHealth Group Incorporated PAC (United for Health)         Full Name (Last, First, Middle Initial)         A. SUSAN VANASTEN         Mailing Address W313 GOLEN GLOW RD         City       State         City       State         Primary       General         Optimum (Last, First, Middle Initial)       Agregate Year-to-Date ▼         Primary       General         Name of Employer       Occupation         United HealthCare Services Inc       Site Dir Medicare Inside Sales         Receipt For:       Agregate Year-to-Date ▼         PHOENX       Az         Builthoard Contributing federal political committee.       Occupation         Date of Receipt       Ball of the alth Care Services Inc         Builthoard Clast, First, Middle Initial)       Agregate Year-to-Date ▼         PHOENX       Az         Builthoard Contributing federal political committee.       Occupation         Name of Employer       Occupation         Mailing Address 1542 NORTH 19TH WAY       Az         Biale       Zip Code       Name of Employer         Other (specify) ▼	ITEMIZED RECEIPTS		for each category of the Detailed Summary Page										
NAME OF COMMITTEE (in Full)         UnitedHealth Group Incorporated PAC (United for Health)         Full Name (Last, First, Middle Initial)         A. SUSAN VANSTEN         Mailing Address W313 GOLDEN GLOW RD         City       State         KAUKANNA       Wi         State       Zip Code         KAUKANNA       Wi         FEC ID number of contributing federal political committee.       Occupation         Date of Encloyer       Operations         Other (specify) ▼       Aggregate Year-to-Date ▼         POTHERY       Balage Zip Code         Mailing Address 15424 NORTH 19TH WAY       560.00         FeC ID number of contributing federal political committee.       C         POTHAME of Each Free Middle Initial)       Date of Receipt         B. LINDA D DAUGHERTY       Date of Receipt         Mailing Address 15424 NORTH 19TH WAY       C         City       State       Zip Code         PHOENIX       Az       85022         FUI Name (Last, Freit, Middle Initial)       Date of Receipt         B. LINDA D DAUGHERTY       Date of Receipt         Mailing Address 15424 NORTH 19TH WAY       C         City       General       Operation         Name of Employer       Operation				erson for the purp	ose of soliciting	g contributio							
Full Name (Last, First, Middle Initial)       Date of Receipt         Mailing Address W313 GOLDEN GLOW RD       06       30       2012         City       State       Zip Code       30       2012         KAUKAUNA       With S4130       Amount of Each Receipt Beried       120.00         Primary       General       Occupation       120.00         Name of Employer       Occupation       Ste Dir Medicare Inside Sales       Amount of Each Receipt Bis Period         Receipt For:       Primary       General       Aggregate Year-to-Date ▼       P/R Deduction (\$40.00 Bi-Weekly)         Pill Name (Last, First, Middle Initial)       Builtial       Date of Receipt       Date of Receipt         Built Name (Last, First, Middle Initial)       C       Date of Receipt       Date of Receipt         Built Name (Last, First, Middle Initial)       C       Date of Receipt       Date of Receipt         Built Name (Last, First, Middle Initial)       C       Occupation       P/R Deduction (\$20.00 Bi-Weekly)         Ditted feath/Care Services Inc       Associate General Counsel       Aggregate Year-to-Date ▼       P/R Deduction (\$20.00 Bi-Weekly)         City       General       Occupation       Aggregate Year-to-Date ▼       P/R Deduction (\$20.00 Bi-Weekly)         Fuilt Name (Last, First, Middle Initial)	NAME OF COMMITTEE (In Full)	-					-						
A. SUSAN VANASTEN       Date of Receipt         Mailing Address W313 GOLDEN GLOW RD       00 30 2012         City       State       Zip Code         KALKALINA       Wi 54130       Amount of Each Receipt His Period         FEG ID number of contributing federal political committee.       Occupation       120.00         Name of Employer       Occupation       Ste Dir Medicare Inside Sales       P/R Deduction (\$40.00 Bi-Weekly)         Put Name (Last, First, Middle Initial)       B. LINDA D DudGHERTY       Date of Receipt       00 200       2012         Buil Name (Last, First, Middle Initial)       C       City       State       Zip Code       Amount of Each Receipt His Period         PHONNX       AZ       85022       FR Deduction (\$40.00 Bi-Weekly)       2012       Transaction ID : PR11943322018         Amount of Each Receipt His Period       C       Transaction ID : PR11943322018       Amount of Each Receipt His Period         PHONNX       AZ       85022       PR Deduction (\$20.00 Bi-Weekly)       P/R Deduction (\$20.00 Bi-Weekly)         City       General       Occupation       Aggregate Vear-to-Date V       P/R Deduction (\$20.00 Bi-Weekly)         Name of Employer       Occupation       Aggregate Vear-to-Date V       P/R Deduction (\$20.00 Bi-Weekly)         City       State       Zip Co	VinitedHealth Group Incorp	orated PAC (l	Jnited for Health)										
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federal political committee.       V       75.00         Name of Employer       Occupation       Occupation         United HealthCare Services Inc       VP Operations       Primary         General       Aggregate Year-to-Date ▼       P/R Deduction (\$25.00 Bi-Weekly)         Other (specify) ▼       350.00       P/R Deduction (\$25.00 Bi-Weekly)         SUBTOTAL of Receipts This Page (optional)       255.00	SANTA ANA		92705	Amount of E	Each Receipt th	nis Period							
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Use separate schedule(s) for each category of the

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			Detailed Summary Page		13		14		15		6	17			
or	y information copied from such Reports and s for commercial purposes, other than using the														
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (I	Jnited for Health)												
A.	Full Name (Last, First, Middle Initial) GEORGE M YOUNG				Date o	of Re	ecei	pt							
	Mailing Address 36296 N 98TH WAY				м м 06	/		30	/ Y	y 201		Y			
	City	State AZ	Zip Code 85262						PR21194	-					
	SCOTTSDALE	AZ	83202		Amoun	t of	Ea	ch Re	ceipt th	is Pe	riod				
	FEC ID number of contributing federal political committee.	С					3	_			45.0	00			
	Name of Employer	Occupation													
	United HealthCare Services Inc	Regional E	kecutive												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify)		210.00	] [	P/R Dec	ducti	ion (	(\$15.0	0 Bi-We	∍ekly)					
	Full Name (Last, First, Middle Initial) FORREST G BURKE				Date o	of Re	ecei	pt							
	Mailing Address 380 LEAF STREET				м м 06	/		30	/ Y	y 201		Y			
	City	State	Zip Code		Trans	sacti	ion	ID : P	R21331	13242	8018				
	ORONO	MN	55356	Amount of Each Receipt this Period											
	FEC ID number of contributing federal political committee.	С					7		7	_	300.0	00			
	Name of Employer United HealthCare Services Inc	Occupation President P	S Labor & Trust												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00	] F	P/R Dec	luctio	ion (	(\$100. <sup>-</sup>	00 Bi-W	/eekly	)				
	Full Name (Last, First, Middle Initial)				Date o	of Re	ecei	pt							
	Mailing Address 1929 FAIRMOUNT AVE				м м 06	/		30	/ Y	y 201		Y			
	City	State	Zip Code		Tran	sact	tion	ID : F	PR2133	13262	8018	5			
	SAINT PAUL	MN	55105		Amoun	t of	Ea	ch Re	ceipt th	is Pe	riod				
	FEC ID number of contributing federal political committee.	С					7	_	3	_	45.0	00			
	Name of Employer	Occupation													
	United HealthCare Services Inc	Dir Accoun	ting												
	Receipt For:	Aggregate Year-to-Date ▼													
	Primary General Other (specify) ▼		210.00	]   <sup>F</sup>	P/R Deo	ducti	ion	(\$15.0	00 Bi-We	ekly)					
s	UBTOTAL of Receipts This Page (optional)			•			7				390.0	0			
т	OTAL This Period (last page this line number	only)		•			7								

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

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			Detailed Summary Page		11a		11b		11c		12	
۸n	y information copied from such Reports and	Statemonto m	Av not be sold or used by any n	arson f	13		14		15		16 atribut	17
	for commercial purposes, other than using th											
	NAME OF COMMITTEE (In Full)					_				_		
$\Big\rangle$	UnitedHealth Group Incorporat	ed PAC (l	Jnited for Health)									
Α.	Full Name (Last, First, Middle Initial) BROR O HULTGREN				Date of	Re	eceipt					
	Mailing Address 408 22ND ST				м м 06	/	D 3(		/ Y		)12	Y
	City	State	Zip Code		Trans	acti	ion ID	: P	R21331	1332	28018	3
	GOLDEN	CO	80401	/	Amount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		3		115.	38
	Name of Employer	Occupation	1									
	United HealthCare Services Inc	VP Operation	ons									
	Receipt For:	Aggregate	Year-to-Date <b>V</b>									
	Primary General Other (specify) ▼		538.44	]   P,	/R Ded	uctio	on (\$3	8.4	6 Bi-We	ekly	/)	
в.	Full Name (Last, First, Middle Initial) ALLEN D MILLER	·			Date of	Re	eceipt					
	Mailing Address 6209 CRESCENT DRIVE				м м 06	/	3(		/ Y	ү 20	Y 12	Y
	City	State	Zip Code		Trans	acti	ion ID	: P	R21331	336	28018	}
	EDINA	MN	55436	/	Amount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					,		J		105.	00
	Name of Employer United HealthCare Services Inc	Occupation Regional Ex										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 490.00	P/	/R Dedu	uctio	on (\$3	5.0	0 Bi-We	ekly	')	
с.	Full Name (Last, First, Middle Initial) SUSAN C MORISATO				Date of	Re	eceipt					
	Mailing Address 238 ARDMORE ROAD				м м 06	1	D 3(		/ Y		) 12	Y
		State	Zip Code						R2133			3
	DES PLAINES	IL	60016	/	Amount	of	Each	Re	ceipt th	is P	eriod	
	FEC ID number of contributing federal political committee.	С					7		J		579.	00
	Name of Employer	Occupation	l	_								
	United HealthCare Services Inc	President I	nsurance Solutions									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify)		2272.00	]   P	/R Ded	ucti	on (\$1	93.	00 Bi-W	/eek	ily)	
s	UBTOTAL of Receipts This Page (optional)						,		7		799.:	38
т	OTAL This Period (last page this line number	r only)										

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS	Detailed Summary Page			11a		111	o 🗋	11c	12					
					13		14		15	16	17				
or	r information copied from such Reports and S or commercial purposes, other than using the														
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)												
/	Full Name (Last, First, Middle Initial)	- (*	- /												
	KIMBERLY ALLENE NETTLETON				Date of	Re	ceip	ot							
	Mailing Address 5003 DARNELL				м м 06	1		30	/ Y	ү ү 2012	Y				
	City	State	Zip Code		Trans	acti	on	ID : I	PR2133	13392801	8				
-	HOUSTON	ТХ	77096	A	mount	of	Ead	ch Re	eceipt th	nis Period					
	FEC ID number of contributing rederal political committee.	С					,		7	45	5.00				
	Name of Employer	Occupation		$\neg$											
	Jnited HealthCare Services Inc Receipt For:		Management												
	Receipt For:	Aggregate	Year-to-Date ▼				n /	¢1 <i>⊏ (</i>		ookly					
	Other (specify)		210.00		K Ded	uciiC	) ווכ	φ15.(	0 Bi-W	eekiy)					
	Full Name (Last, First, Middle Initial) T JEFFREY PUTNAM				Date of	Re	ceir	ot							
	Mailing Address 303 ELMWOOD PLACE WES	т			M M 06	/		30	/ Y	2012	Y				
	City	State	Zip Code			acti	on		R2133	13422801	8				
-	MINNEAPOLIS	MN	55419	Amount of Each Receipt this Period 576.90											
	EC ID number of contributing ederal political committee.	С													
	Name of Employer Jnited HealthCare Services Inc	Occupation SVP Financ	ial PIng & Analysis												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2692.20	P/	R Dedi	uctic	on (S	\$192	30 Bi-V	Veekly)					
	Full Name (Last, First, Middle Initial) DIANE M SCHIMMELBUSCH				Date of	Re	ceip	ot							
	Mailing Address 2203 RIVER FALLS DRIVE				м м 06	/		30	/ Y	2012	Y				
		State TX	Zip Code							13462801					
-	KINGWOOD	IA	77339	A	mount	of	Ead	ch Re	eceipt th	nis Period	1				
	FEC ID number of contributing rederal political committee.	С					,		3	75	5.00				
Ī	Name of Employer	Occupation													
	United HealthCare Services Inc	Dir Medical	& Clinical Ops												
	Receipt For:	Aggregate	Year-to-Date ▼		-			•							
	Other (specify)		350.00	P/	'R Ded	uctio	on (	\$25.0	)0 Bi-W	eekly)					
<u> </u>	IBTOTAL of Receipts This Page (optional)									696	.90				

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)										
II EIVIIZED KEGEIP13		for each category of the Detailed Summary Page	X 11a 11b 11c 12										
			13     14     15     16       person for the purpose of soliciting contributions										
or for commercial purposes, other than usin			e to solicit contributions from such committee.										
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	rated PAC (I	United for Health)											
Full Name (Last, First, Middle Initial) <b>A.</b> ROBERT C FALKENBERG			Date of Receipt										
Mailing Address 6069 WEATHERED OA	КСТ		M M / D D / Y Y Y Y Y 06 30 2012										
City WESTERVILLE	State OH	Zip Code 43082	Transaction ID : PR2145728428018           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		115.38										
Name of Employer United HealthCare Services Inc	United HealthCare Services Inc Health Plan CEO												
Receipt For: Primary General Other (specify) v	Aggregate	P/R Deduction (\$38.46 Bi-Weekly)											
Full Name (Last, First, Middle Initial) <b>B.</b> ROB FARAHANI	·		Date of Receipt										
Mailing Address PO BOX 704	21.1		M M / D D / Y Y Y Y Y 06 30 2012										
City HUNTINGTON	State NY	Zip Code 11743	Transaction ID : PR2145728528018										
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period										
Name of Employer United HealthCare Services Inc	Occupatior Dir IT Proje												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 538.44	P/R Deduction (\$38.46 Bi-Weekly)										
Full Name (Last, First, Middle Initial) C. WAYNE MILLER			Date of Receipt										
Mailing Address 19521 SIERRA SOTO R			M = M         /         D = D         /         Y = Y = Y         Y           06         30         2012         12										
City IRVINE	State CA	Zip Code 92603	Transaction ID : PR2145729228018           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С		60.00										
Name of Employer United HealthCare Services Inc	Occupation SVP, Clien	n t Relationships											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$20.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional	al)		290.76										
TOTAL This Period (last page this line nur	nber only)												

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

(check only one)

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or fo	information copied from such Reports and S r commercial purposes, other than using the AME OF COMMITTEE (In Full) <b>JnitedHealth Group Incorporate</b> ull Name (Last, First, Middle Initial)	name and a						of so	15 Dicitina		16 tributi	1			
N. L A. L M	AME OF COMMITTEE (In Full) InitedHealth Group Incorporate		active of any pointed committee	301		itrib	utione								
- Fi •L м					.510 001		200118		3001		mille				
<b>A.</b> _L M	III Name (Last First Middle Initial)		Jnited for Health)												
	EAH C RUMMEL			[	Date of	Re	ceipt								
C	ailing Address 12100 TRAUTWEIN ROAD				м м 06	/	3		/ Y		)12	Y			
	-	State	Zip Code				on ID	: PI	R21457	295	28018				
	USTIN	ТХ	78737	A	Mount	of	Each	Red	ceipt th	is P	eriod				
	EC ID number of contributing deral political committee.	С		45.00											
	ame of Employer	Occupation													
	nited HealthCare Services Inc	Dir Govt Re	l												
R	eceipt For: Primary General	Aggregate	Year-to-Date ▼												
-	Primary General Other (specify) ▼		210.00	P/	P/R Deduction (\$15.00 Bi-Weekly)										
	II Name (Last, First, Middle Initial) /ICHAEL P SCHWARZ	Date of Receipt													
	ailing Address 13935 WOODRIDGE PATH				м м 06	/	3		/ Y	ү 20		Y			
	ty	State	Zip Code						R21457						
S	AVAGE	MN	55378	A	mount	of	Each	Red	ceipt thi	is P	eriod				
	EC ID number of contributing deral political committee.	С		105.00											
	ame of Employer nited HealthCare Services Inc	Occupation VP General	Management												
R	Primary General	Aggregate	Year-to-Date ▼ 490.00	P/	R Dedu	ıctic	on (\$3	5.00	) Bi-We	ekly	)				
	Other (specify)	<u> </u>	, 490.00												
). <u> </u>	ull Name (Last, First, Middle Initial) DANNETTE L SMITH				Date of	Re	ceipt	-	_	-	_	_			
_	ailing Address 5414 BYSCANE LANE				м м 06	/	3	D		20					
	ity /INNETONKA	State MN	Zip Code 55345						R21457						
		1711 1	JJJ <del>4</del> J	A	Mount	of	Each	Red	ceipt th	is P	eriod				
	EC ID number of contributing deral political committee.	С					7		7		579.	00			
N	ame of Employer	Occupation													
	nited HealthCare Services Inc	Sr Deputy G	General Counsel												
R	eceipt For: Primary General	Aggregate	Year-to-Date ▼					• •		<b>,</b> .					
-	Other (specify)		2702.00	P/	'R Dedi	uctio	on (\$1	93.(	00 Bi-W	/eek	ly)				
SUE	BTOTAL of Receipts This Page (optional)										729.0	00			

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17								
			person for the purpose of soliciting contributio e to solicit contributions from such committee	ns								
NAME OF COMMITTEE (In Full)	oorated PAC (l	Jnited for Health)										
Full Name (Last, First, Middle Initial) MARGARET W WEAR			Date of Receipt									
Mailing Address 44 TOPANGA			M M / D D / Y Y Y Y Y Y 06 30 2012	1								
City IRVINE	State CA	Zip Code 92602	Transaction ID : PR2145730228018 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		150.00	0								
Name of Employer United HealthCare Services Inc Receipt For: Primary General	Occupation VP Actuary Aggregate	Year-to-Date ▼	P/R Deduction (\$50.00 Bi-Weekly)									
Other (specify) ▼ Full Name (Last, First, Middle Initial)	L	700.00										
B. DAVID A SPIVACK Mailing Address 37 HIDDEN TRAIL			Date of Receipt	]								
City IRVINE	State CA	Zip Code 92603	Transaction ID : PR2162867628018 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		576.90	0								
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Name of Employer     Occupation       United HealthCare Services Inc     SVP Business Operations       Receipt For:     Aggregate Year-to-Date ▼											
Full Name (Last, First, Middle Initial) CHRISTINE W GIBSON			Date of Receipt									
Mailing Address 8516 29TH AVE N			M M / D D / Y Y Y Y Y 06 30 2012	]								
	State MN	Zip Code 55427	Transaction ID : PR2225166728018 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C		346.1	4								
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation VP Strategi Aggregate		P/R Deduction (\$115.38 Bi-Weekly)									
	I			_								

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

(check only one)

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			ay not be sold or used by any person for the purpuddress of any political committee to solicit contribu	11b		11c	12	-					
							14		15	16		17	
<u> </u>	NAME OF COMMITTEE (In Full)												
	UnitedHealth Group Incorporate	ed PAC (I	United for Health)										
Α.	Full Name (Last, First, Middle Initial) ANDREW M SLAVITT			[	Date of	f Re	eceipt	t					
	Mailing Address 5125 MIRROR LAKES DRIVE	1				/		30	/ Y	y y 2012		1	
	City	State			Trans	sact	ion II	D : P	R22251	67428	018		
	EDINA	MN	55436	/	Amount	t of	Each	n Re	ceipt thi	is Perio	bd		
	FEC ID number of contributing federal political committee.	С					,		7	7	50.00	כ	
	Name of Employer	Occupation	l										
	United HealthCare Services Inc	Business S	egment CEO										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Other (specify)		3500.00	P/	P/R Deduction (\$250.00 Bi-Weekly)								
	Full Name (Last, First, Middle Initial) JEAN-FRANCOIS BEAULE	Date of Receipt											
	Mailing Address 7 STRATFORD RD				м м 06	/		30	/ Y	y y 2012	Y	1	
	City	State	Zip Code		Trans	acti	ion II	) : P	R22258	13628	018		
	FARMINGTON	СТ	06032	/	Amount	t of	Each	n Re	ceipt thi	is Perio	bd		
	FEC ID number of contributing federal political committee.	С		17									
	Name of Employer United HealthCare Services Inc	Occupation VP General	Management										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.80	P/	R Ded	uctio	on (\$	\$57.70 Bi-Weekly)					
<u> </u>	Full Name (Last, First, Middle Initial)				Date of	f Re	eceipt	t					
	Mailing Address 10140 26TH AVENUE NORT	Н			м м 06	/		о 30	/ Y	y 2012	Y	1	
	City	State	Zip Code		Trans	sact	ion I	D : F	R22258	818428	018	_	
	PLYMOUTH	MN	55441	A	Amoun	t of	Each	n Re	ceipt thi	is Perio	bd		
	FEC ID number of contributing federal political committee.	С					,		7		45.0	0	
	Name of Employer	Occupation	I	$\neg$									
	United HealthCare Services Inc	Dir IT											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify)		210.00	P/R Deduction (\$15.00 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			•			1		- 1	96	68.10		
Т	OTAL This Period (last page this line number	only)											

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS Use separate s for each category	
ITEMIZED RECEIPTS for each catego Detailed Summ	ry Page X 11a 11b 11c 12
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Any information copied from such Reports and Statements may not be sold or u or for commercial purposes, other than using the name and address of any poli	
NAME OF COMMITTEE (In Full)	
> UnitedHealth Group Incorporated PAC (United for He	lth)
Full Name (Last, First, Middle Initial)	
A. MICHAEL MCGUIRE	Date of Receipt
Mailing Address 437 DRURY LANE	
City State Zip Code	06 30 2012 Transaction ID : PR2225818828018
WYCKOFF NJ 07481	Amount of Each Receipt this Period
FEC ID number of contributing	60.00
federal political committee.	
Name of Employer Occupation	
United HealthCare Services Inc Health Plan CEO Receipt For:	
Aggregate Year-to-Date ▼ Primary General	P/R Deduction (\$20.00 Bi-Weekly)
Other (specify)	280.00
Full Name (Last, First, Middle Initial) B. ERIC S RANGEN	Date of Receipt
Mailing Address 15348 RED OAKS ROAD SE	
	06 30 2012
City State Zip Code PRIOR LAKE MN 55372	Transaction ID : PR2225819328018
	Amount of Each Receipt this Period
federal political committee.	576.90
Name of Employer Occupation	
United HealthCare Services Inc SVP Chief Accounting Officer	
Receipt For:     Aggregate Year-to-Date ▼       Primary     General	D/D Deduction (\$400.20 Bi Weekhy)
Other (specify) ▼	2692.20 P/R Deduction (\$192.30 Bi-Weekly)
Full Name (Last, First, Middle Initial)	
C. JOHN D RYAN Mailing Address 45 WESTMORELAND LN	Date of Receipt
	06 30 2012
City State Zip Code	Transaction ID : PR2225819628018
NAPERVILLE IL 60540	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	115.38
Name of Employer Occupation	
United HealthCare Services Inc RVP Client Mgmt & Svc	
Receipt For:     Aggregate Year-to-Date ▼       Primary     General	
Other (specify)	P/R Deduction (\$38.46 Bi-Weekly)
SUBTOTAL of Receipts This Page (optional)	752.28

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

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	EMIZED RECEIPTS		Detailed Summary Page		-		11b		11c		n committee. 2012 319728018 is Period 230.76 230.76 230.76 2012 2012 2012 2012 347228018 is Period 90.00 eekly)								
				ige       X 11a       11b       11c       12         y any person for the purpose of soliciting contributions mmittee to solicit contributions from such committee.       Date of Receipt         Date of Receipt       0       30       2012         Transaction ID : PR2225819728018       Amount of Each Receipt this Period         Bate of Receipt       06       30       2012         Transaction ID : PR225819728018       Amount of Each Receipt this Period       230.76         Bate of Receipt       06       30       2012         Transaction ID : PR2231347228018       Amount of Each Receipt this Period       90.00         P/R Deduction (\$30.00 Bi-Weekly)       90.00       90.00         Date of Receipt       06       30       2012         Transaction ID : PR2231349728018       Amount of Each Receipt this Period       90.00         Date of Receipt       06       30       2012         Transaction ID : PR2231349728018       Amount of Each Receipt this Period       45.00         D.00       P/R Deduction (\$15.00 Bi-Weekly)       45.00	17														
	for commercial purposes, other than using the																		
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)																
A.	Full Name (Last, First, Middle Initial) ROY THOMAS SAILOR				Date of	Re	ceipt												
	Mailing Address 276 COYOTE WILLOW DRIV	Έ				/			/ Y			Y							
	City	State	Zip Code		Trans	acti	ion ID	: P	'R2225	8197	72801	В							
	COLORADO SPRINGS	CO	80921		Amount	of	Each	Re	ceipt th	nis P	'eriod								
	FEC ID number of contributing federal political committee.	С					7		- 7	_	230	76							
	Name of Employer	Occupation																	
	United HealthCare Services Inc	Dir Client S	vc Acct Mgt																
	Receipt For:	Aggregate	Year-to-Date ▼																
	Other (specify)		1076.88		P/R Ded	uctio	on (\$7	6.9	2 Bi-We	eekly	y)								
В.	Full Name (Last, First, Middle Initial) KAREN A DIPALMO				Date of	Re	eceipt												
	Mailing Address 7533 PRAIRIE VIEW DR					/			/ Y			Y							
	City	State	Zip Code		Trans	acti	ion ID	: P	R2231	3472	228018	3							
	INDIANAPOLIS	IN	46256		Amount	of	Each	Re	ceipt th	nis P	'eriod								
	FEC ID number of contributing federal political committee.	ů – – – – – – – – – – – – – – – – – – –							90.00										
	Name of Employer Golden Rule Financial Corp.	Occupation Dir Network																	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 420.00	P	/R Dedu	uctic	on (\$3	0.00	0 Bi-We	∋ekly	/)								
с.	Full Name (Last, First, Middle Initial) SUSAN A FOWLER				Date of	Re	ceipt												
	Mailing Address 4396 CREEKSIDE PASS					/			/ Y			Y							
	City	State	Zip Code		Trans	acti	ion ID	) : P	R2231	349	72801	8							
	ZIONSVILLE	IN	46077		Amount	of	Each	Re	ceipt th	nis F	'eriod								
	FEC ID number of contributing federal political committee.	С					7			_	45	.00							
	Name of Employer	Occupation	I	_															
	Golden Rule Financial Corp.	VP UHO Sa	ales																
	Receipt For:	Aggregate	Year-to-Date ▼																
	Primary General Other (specify)		210.00		P/R Ded	uctio	on (\$1	5.0	0 Bi-We	eekl	y)								
s	UBTOTAL of Receipts This Page (optional)			•			7		-1	-	365.	76							
Т	OTAL This Period (last page this line number	only)	••••••				7	_				_							

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	ZED RECEIPTS		for each category of the Detailed Summary Page		<b>〈</b> 11a		11	b	11c		12				
			, ,		13		14		15		16	17			
or for co	ormation copied from such Reports and St ommercial purposes, other than using the														
	itedHealth Group Incorporate	d PAC (l	Jnited for Health)												
	Name (Last, First, Middle Initial) RRELL S RICHEY				Date c	of Re	ecei	pt							
	ng Address 7244 TULIPTREE TRAIL	-		06 30 2012											
City		State IN	Zip Code				-		PR2231			3			
	IANAPOLIS		46256	—	Amount of Each Receipt this Period										
	ID number of contributing ral political committee.	С		240.00											
Nam	e of Employer	Occupation													
	en Rule Financial Corp.	Deputy Ger	neral Counsel (Mgr)												
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1120.00	I F	P/R Dec	ducti	ion	(\$80.0	00 Bi-We	eekly	')				
	Name (Last, First, Middle Initial)				Date c	of Re	ecei	pt							
	ng Address 570 MONTCALM PL			06 30 2012											
City		State	Zip Code			sacti	ion		R22476			;			
SAIN	NT PAUL	MN	55116		Amour	nt of	Ea	ch Re	eceipt th	is P	eriod				
	ID number of contributing ral political committee.	С					7		- 7		300.	00			
	e of Employer ed HealthCare Services Inc	Occupation Chief Techr	nology Officer												
Rece	eipt For: Primary General Other (specify) ▼	Year-to-Date ▼ 1400.00		P/R Dec	luctio	on (	(\$100.	00 Bi-W	/eekl	y)					
	Name (Last, First, Middle Initial)				Date c	of Re	ecei	pt							
	ng Address 11 CARRIAGE WAY				м 06	/		30	/ Y	ү 20	ү 12	Y			
		State NY	Zip Code						PR2247			3			
			10605	_	Amour	nt of	Ea	ch Re	eceipt th	is P	eriod				
	ID number of contributing ral political committee.	С					7		,		173	10			
Name	e of Employer	Occupation	 												
	ed HealthCare Services Inc	Medical Dir	ector												
Rece	eipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 807.80	P/R Deduction (\$57.70 Bi-Weekly)											
	DTAL of Receipts This Page (optional)		<b>r</b>			-	7	-	- 5	-	713.	10			

#### SCHEDULE A (FEC Form 3X) . . . . . . . DEAEI

Use separate schedule(s)

FOR LINE NUMBER:

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	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12									
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any put	13     14     15     16     17       erson for the purpose of soliciting contributions       to solicit contributions from such committee									
NAME OF COMMITTEE (In Full)		to solicit contributions from such committee.									
UnitedHealth Group Incorporate	ed PAC (United for Health)										
Full Name (Last, First, Middle Initial) <b>A.</b> KEVIN DAVID KANTOLA		Date of Receipt									
Mailing Address 7031 HALSTEAD DRIVE		06 30 2012									
City	State Zip Code MN 55364	Transaction ID : PR2247627028018									
MINNETRISTA	MN 55364	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С	75.00									
Name of Employer	Occupation										
United HealthCare Services Inc											
Receipt For:	Aggregate Year-to-Date ▼										
Primary General	350.00	P/R Deduction (\$25.00 Bi-Weekly)									
Other (specify)	330.00	1									
Full Name (Last, First, Middle Initial) B. DENNIS P O'BRIEN		Date of Receipt									
Mailing Address 61 LOUGHLIN AVE		06 30 2012									
City	State Zip Code	Transaction ID : PR2247627328018									
COS COB	CT 06807	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	173.10									
Name of Employer	Occupation										
United HealthCare Services Inc	RVP Network Mgmt										
Receipt For:	Aggregate Year-to-Date ▼										
Other (specify)	807.80	P/R Deduction (\$57.70 Bi-Weekly)									
Full Name (Last, First, Middle Initial) C. JEFFERY RICHARD VERNEY		Date of Receipt									
Mailing Address 266 WESTLEDGE ROAD		M M / D D / Y Y Y Y Y 06 30 2012									
City	State Zip Code	Transaction ID : PR2247627428018									
WEST SIMSBURY	CT 06092	Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С	173.10									
Name of Employer	Occupation										
United HealthCare Services Inc	VP General Management										
Receipt For:	Aggregate Year-to-Date ▼										
Other (specify)	807.80	P/R Deduction (\$57.70 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)		421.20									
TOTAL This Period (last page this line number	only)										

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	tor each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17									
or for commercial purposes, other than using	d Statements may not be sold or used by an the name and address of any political comm	y person for the purpose of soliciting contributions ittee to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (United for Health)										
Full Name (Last, First, Middle Initial) A. DARRELL BROOKS		Date of Receipt									
Mailing Address 425 QUEENSLAND LANE		06 / Y Y Y Y 06 2012									
City PLYMOUTH	State Zip Code MN 55447	Transaction ID : PR2247627628018									
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period									
Name of Employer United HealthCare Services Inc	Occupation VP Information Technology										
Primary General Other (specify)											
Full Name (Last, First, Middle Initial) B. SANJAY GARODIA		Date of Receipt									
Mailing Address 282 MIDDAUGH		06 30 2012									
City CLARENDON HILLS	State Zip Code IL 60514	Transaction ID : PR2247627828018 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	115.38									
Name of Employer United HealthCare Services Inc											
Receipt For: Primary General Other (specify) ▼	Receipt For:     Aggregate Year-to-Date ▼       Primary     General										
Full Name (Last, First, Middle Initial) C. DANIEL L OHMAN	,	Date of Receipt									
Mailing Address 8970 MOOR PARK RUN		M M / D D / Y Y Y Y Y 06 30 2012									
City DULUTH	StateZip CodeGA30097	Transaction ID : PR2247628028018 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	C	80.76									
Name of Employer	Occupation										
United HealthCare Services Inc	Region CEO										
Receipt For:	Aggregate Year-to-Date ▼										
Other (specify)	376.88	P/R Deduction (\$26.92 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional)	·····	369.24									
TOTAL This Period (last page this line numb	er only)	· •									

# SCHEDULE A (FEC Form 3X)

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FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12				
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	for commercial purposes, other than using the												
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	United for Health)										
Α.	Full Name (Last, First, Middle Initial) JOHN M PRINCE				Date of	Re	ceipt						
	Mailing Address 546 HARRINGTON ROAD				м м 06	/	D D 30	/ Y	ү ү 2012	Y			
	City WAYZATA	State MN	Zip Code 55391						<b>73842801</b> iis Period	8			
	FEC ID number of contributing federal political committee.	С					7	7	291	.00			
	Name of Employer United HealthCare Services Inc Receipt For:	Occupation Market Gro Aggregate											
	Primary General Other (specify) ▼		1358.00	P/R Deduction (\$97.00 Bi-Weekly)									
в.	Full Name (Last, First, Middle Initial) CHRISTOPHER L CRONN				Date of	Re	ceipt						
	Mailing Address 507 PRESSLER #3128		7.0.1		м м 06	/	30	/ Y	ү ү 2012	Y			
	City AUSTIN	State TX	Zip Code 78703				-		52292801 iis Period	8			
	FEC ID number of contributing federal political committee.	С					1	115	.38				
	Name of Employer United HealthCare Services Inc	Occupation Govt Rel Di											
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 538.44	I F	P/R Dedu	ekly)							
С.	Full Name (Last, First, Middle Initial) SIMON L STEVENS				Date of	Re	ceipt						
	Mailing Address 1716 EMERSON AVENUE S	OUTH			м м 06	/	D D 30	/ Y	у у 2012	Y			
	City MINNEAPOLIS	State MN	Zip Code 55403						86322801				
	FEC ID number of contributing federal political committee.	С				U			iis Period 326	5.10			
	Name of Employer	Occupation											
	United HealthCare Services Inc	EVP United	Health Group										
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 3695.72		P/R Deduction (\$108.70 Bi-Weekly)								
$\vdash$	UBTOTAL of Receipts This Page (optional)			<u> </u>		_	7	T	732	.48			
1	OTAL This Period (last page this line number	oniy)	••••••	•	la de la companya de	-	7						

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

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			Detailed Summary Page		11a		11b		1c	12						
Ar	ny information copied from such Reports and S	itatements ma	ay not be sold or used by any n	erson f	13 or the	puri	14 pose of	15 f solic		16 contribu	l 17 tions					
or	for commercial purposes, other than using the	name and a	ddress of any political committee	e to so	licit cor	htrib	outions	from	such	committ	ee.					
	NAME OF COMMITTEE (In Full)															
$\Big)$	UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)													
Α.	Full Name (Last, First, Middle Initial) JEANNE M DE SA			(	Date of	Re	eceipt									
	Mailing Address 3000 TILDEN STREET NW #	204-1			м м 06	/	30		Y	ү ү 2012	Y					
	City	State	Zip Code		Trans	acti	ion ID :	PR2	40231	1592801	8					
	WASHINGTON	DC	20008	/	Amount	of	Each F	Receip	pt this	s Period						
	FEC ID number of contributing federal political committee.	С		150.00												
	Name of Employer	Occupation														
	United HealthCare Services Inc	VP Researc	ch													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Other (specify)		700.00	P.	P/R Deduction (\$50.00 Bi-Weekly)											
В.	Full Name (Last, First, Middle Initial) ANGELA DAWN KEPLEY CARRIE	R			Date of	Re	eceipt									
	Mailing Address 3219 PENINSULA DRIVE				M M 06	/	30		Y	y y 2012	Y					
	City	State	Zip Code			acti			40231	2012 1772801	R					
	JAMESTOWN	NC	27282								•					
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period 60.00												
	Name of Employer United HealthCare Services Inc	Occupation Dir Case M														
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	] Р/	/R Dedi	uctio	on (\$20	.00 Bi	i-Wee	ekly)						
с.	Full Name (Last, First, Middle Initial) MARILYN LEVI-BAUMGARTEN				Date of	Re	eceipt									
	Mailing Address 4800 W 27TH ST				м м 06	1	D 30		Y	y y 2012	Y					
	City	State	Zip Code		Trans	act	ion ID :	PR2	4023 <sup>-</sup>	1792801	8					
	SAINT LOUIS PARK	MN	55416	/	Amount	of	Each F	Receip	pt this	s Period						
	FEC ID number of contributing federal political committee.	С					7		,	60	.00					
	Name of Employer	Occupation		_												
	United HealthCare Services Inc	Dir Genera	Management													
	Receipt For:	Aggregate	Year-to-Date ▼													
	Primary General			P.	/R Ded	ucti	on (\$20	0.00 B	si-Wee	ekly)						
	Other (specify)	L	280.00													
s	UBTOTAL of Receipts This Page (optional)			•			,		7	270	00					
т	OTAL This Period (last page this line number	only)														

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

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			Detailed Summary Page		11a		11b		11c		2											
Δn	y information copied from such Reports and S	Statemente m	av not be sold or used by any n	erson f	13 or the	nur	14 005e 0	l f e	15 oliciting		6 ributi	17 005										
	for commercial purposes, other than using the																					
$\overline{)}$	NAME OF COMMITTEE (In Full)																					
$\Big\rangle$	UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)																			
Α.	Full Name (Last, First, Middle Initial) JAKE LOGAN				Date of	Re	eceipt															
	Mailing Address 4826 EAST CALLE REDOND	A			м м 06	1	30		/ Y	Y 201	Y 12	Y										
	City	State	Zip Code		Trans	acti	ion ID	: P	R24023	81822	8018											
	PHOENIX	AZ	85018	/	Amount	of	Each	Re	ceipt th	is Pe	riod											
	FEC ID number of contributing federal political committee.	С		75.00																		
	Name of Employer	Occupation																				
	United HealthCare Services Inc	Govt Rel Di	r																			
	Receipt For:	Aggregate	Year-to-Date ▼																			
	Other (specify)		350.00	P/	/R Ded	uctio	on (\$2	5.0	0 Bi-We	ekly)												
в.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt															
	Mailing Address 15916 MARSHFIELD DRIVE				M M	/	D	D	/ Y	Y	Y	Y										
		<b>e</b>		06 30 2012 Transaction ID : PR2402318428018																		
	City	State FL	Zip Code																			
	TAMPA	FL	33624		Amount	of	Each	Re	ceipt th	is Pe	riod											
	FEC ID number of contributing federal political committee.	ů – L								60.00												
	Name of Employer	Occupation																				
	United HealthCare Services Inc	Sr Project N	lanager II																			
	Receipt For:	Aggregate	Year-to-Date ▼																			
	Other (specify)		280.00	P/	'R Dedι	uctio	on (\$20	0.00	) Bi-We	ekly)												
C.	Full Name (Last, First, Middle Initial)				Date of	Re	eceipt															
	Mailing Address 5625 CHOWEN AVE S				м м 06	/	30		/ Y	201		Y										
	City	State MN	Zip Code						R24023													
	EDINA		55410	/	Amount	of	Each	Re	ceipt th	is Pe	riod											
	FEC ID number of contributing federal political committee.	С					7		7		45.0	00										
	Name of Employer	Occupation	I																			
	United HealthCare Services Inc	Dir Busines	s Process																			
	Receipt For:	Aggregate	Year-to-Date ▼																			
	Primary General		210.00	P.	/R Ded	ucti	on (\$1	5.0	0 Bi-We	ekly)												
	Other (specify)		210.00																			
s	UBTOTAL of Receipts This Page (optional)			•			7		7		180.0	0										
т	OTAL This Period (last page this line number	only)					7		7													

# SCHEDULE A (FEC Form 3X) DEAEI

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
		for each category of the Detailed Summary Page	X	11a 12		11b	11c	12	Г	
Any information copied from such Reports an or for commercial purposes, other than using									butio	
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (	Jnited for Health)								
Full Name (Last, First, Middle Initial) <b>A.</b> DIANE D SOUZA				ate of	Re	ceipt				
Mailing Address 360 STANLEY DRIVE			11	м м 06	/	D D 30	/ Y	2012		1
City GLASTONBURY	State CT	Zip Code 06033		Trans		on ID : I	PR2402: eceipt th	320028	018	-
FEC ID number of contributing federal political committee.	С					9	7	5	76.9	0
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	·	alty Benefits Year-to-Date ▼ 2692.20	P/I	R Ded	uctio	on (\$192	2.30 Bi-W	/eekly)		
Full Name (Last, First, Middle Initial) B. LORI SWEERE LILIENTHAL Mailing Address 11826 GERMAINE TERR	ACE			ate of	F Re	ceipt	/ Y	YY	Y Y	1
City	State	Zip Code		06 <b>Trans</b>	acti	30 on ID : I	PR24023	2012 320228		_
EDEN PRAIRIE	MN	55347	A	mount	t of	Each Re	eceipt th	is Peri	od	
FEC ID number of contributing federal political committee.	C					,		5	79.00	)
Name of Employer United HealthCare Services Inc	Occupation EVP Huma									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2702.00	P/I	R Dedi	uctic	on (\$193	.00 Bi-W	/eekly)		
Full Name (Last, First, Middle Initial) C. SHELLEY WIKE CRANLEY				ate of	Re	ceipt				
Mailing Address 3801 MAURICE COURT				м м 06	/	D D D 30	/ Y	2012		1
City	State NV	Zip Code					PR2402			
LAS VEGAS FEC ID number of contributing federal political committee.	C	89108	A	mount	t of	Each Re	eceipt th		od 300.0	0
Name of Employer	Occupation	1								
United HealthCare Services Inc	Dir Regulat	ory Affairs								
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00	P/	R Ded	uctio	on (\$100	).00 Bi-V	√eekly)		
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line num	,					,		14	55.90	)

# SCHEDULE A (FEC Form 3X)

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	IIZED RECEIPTS		for each category of the Detailed Summary Page		11a		11b	11c	12		
	nformation copied from such Reports and S commercial purposes, other than using the										
	ME OF COMMITTEE (In Full)		duress of any pointeal committee	; 10 30			utions	nom suc			
	nitedHealth Group Incorporate	ed PAC (l	Jnited for Health)								
	I Name (Last, First, Middle Initial) AY M ANLIKER				Date of	Re	ceipt				
Ma	iling Address 4306 MOUNTAIN LANE				м м 06	/	30		ү ү 2012	Y	
City	y AUSAU	State WI	Zip Code 54401						<b>44502801</b> his Period	8	
	C ID number of contributing eral political committee.	С					7			.00	
Uni	me of Employer ited HealthCare Services Inc	Occupation CEO TPA									
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P	/R Dedu	uctio	on (\$20	0.00 Bi-W	eekly)		
в. <u>J</u> /	I Name (Last, First, Middle Initial)				Date of	Re	ceipt				
	iling Address 4135 ETHAN DRIVE	Chata	Zin Oode		м м 06	/	30		2012		
City EA	y IGAN	State MN	Zip Code 55123				-		44522801 nis Period	8	
FE	C ID number of contributing eral political committee.	C				01	,	,	300	.00	
	me of Employer ted HealthCare Services Inc	Occupation SVP Employ	/ee Relations								
Red	ceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00	P,	/R Dedu	uctio	on (\$10	0.00 Bi-V	√eekly)		
	I Name (Last, First, Middle Initial)				Date of	Re	ceipt				
Ма	iling Address 2816 MONTREAUX DRIVE				м м 06	/	D 30		y y 2012	Y	
City	y RISCO	State TX	Zip Code 75034						44532801		
FE	C ID number of contributing eral political committee.	C			Amount	of	Each F	Receipt th	nis Period 195	_	
Na	me of Employer	Occupation		_							
	ited HealthCare Services Inc	SVP Bus De	ev and Marketing	_							
	ceipt For: Primary General Other (specify) <del>▼</del>		Year-to-Date ▼ 910.00	P	P/R Ded	uctio	on (\$65	5.00 Bi-W	eekly)		
	TOTAL of Receipts This Page (optional)			•   •			7		555	.00	

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

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	Detailed Summary Page		11a 13		11b 14	110	; [	12	<b>1</b> 7		
Any information copied from such Reports a or for commercial purposes, other than using				or the		pose of			contribu	tions	
NAME OF COMMITTEE (In Full)	-										
✓ UnitedHealth Group Incorpo	rated PAC (I	Jnited for Health)									
Full Name (Last, First, Middle Initial) A. JOHN L LARSEN			[	Date of	Re	eceipt					
Mailing Address 11688 TANGLEWOOD D	RIVE			м м 06	1	30		Y	y y 2012	Y	
City	State	Zip Code		Trans	acti	ion ID :	PR24	0244	562801	8	
EDEN PRAIRIE	MN	55347	A	Amount	of	Each F	Receipt	this	Period		
FEC ID number of contributing federal political committee.	C					,	,		579	.00	
Name of Employer	Occupation	1									
United HealthCare Services Inc	Business S	egment CEO									
Receipt For:	Aggregate	Year-to-Date ▼					_				
Primary General Other (specify) ▼		2702.00	P/	/R Dedi	ucti	on (\$19	3.00 B	i-We	ekly)		
Full Name (Last, First, Middle Initial) B. KARA J RIOS	I			Date of	Re	eceipt					
Mailing Address 5116 DUGGAN PLAZA				м м 06	1	30		Y	y y 2012	Y	
City	State	Zip Code		Trans	acti	on ID :	PR24	0244	572801	8	
EDINA	MN	55439-1453	/	Amount	of	Each F	Receipt	this	Period		
FEC ID number of contributing federal political committee.	ů – Elektrik – Elektri								250	.00	
Name of Employer United HealthCare Services Inc.	Occupation VP Operation										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 3000.00	P/	R Dedu	uctio	on (\$25	0.00 B	i-We	ekly)		
Full Name (Last, First, Middle Initial) C. JOY O HIGA				Date of	Re	eceipt					
Mailing Address 2208 ELM AVENUE				м м 06	1	D 30			y y 2012	Y	
	State CA	Zip Code							622801	8	
MANHATTAN BEACH	CA	90266	/	Amount	of	Each F	Receipt	this	Period		
FEC ID number of contributing federal political committee.	C					, .	7		90	0.00	
Name of Employer	Occupation	1									
United HealthCare Services Inc	Dir Regulat	ory Affairs									
Receipt For:	Aggregate	Year-to-Date ▼		(D. E		(****					
Other (specify) ▼		420.00	P/R Deduction (\$30.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optiona	l)					4			919	.00	
TOTAL This Period (last page this line num	ber only)	······	•			,					

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

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Detailed Summa				X 11a 11b 11c 12					2			
		Detailed Summary Faye		13		14		15		6	17	
or	/ information copied from such Reports and for commercial purposes, other than using th											
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (l	Jnited for Health)									
	Full Name (Last, First, Middle Initial) SOHINI G JINDAL			Date of Receipt								
	Mailing Address 9300 IVY TREE LANE				м – м 06	/	D	30	/ Y	y 201	Y 12	Y
	City	State	Zip Code		Trans	acti	ion I	ID : P	R24024	14632	8018	
	GREAT FALLS	VA	22066	/	Amount	t of	Eac	h Re	ceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С					7		7	_	300.0	00
	Name of Employer	Occupation										
	United HealthCare Services Inc	Govt Rel Di	r									
	Receipt For:	Aggregate	Year-to-Date 🔻									
	Primary General Other (specify) ▼		1400.00	]   P.	/R Ded	uctio	ion (\$	\$100.0	00 Bi-W	/eekly	/)	
	Full Name (Last, First, Middle Initial) RUSSELL C PETRELLA				Date of	f Re	eceip	ot				
	Mailing Address 4612 MOORLAND AVENUE				м м 06	/	D	30	/ Y	y 201		Y
	City	State	Zip Code		Trans	acti	ion I	ID : PI	R24024	4642	8018	
	EDINA	MN	55424	/	Amount	t of	Eac	h Red	ceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С					7		7	_	300.0	00
	Name of Employer United HealthCare Services Inc	Occupation President C										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	P/	/R Ded	uctio	on (\$	\$100.0	)0 Bi-W	eekly	')	
	Full Name (Last, First, Middle Initial) CORY ALEXANDER	1			Date of	f Re	eceip	ot				
	Mailing Address 4203 BRADLEY LANE				м м 06	/	D	р 30	/ Y	, 201		Y
	City	State	Zip Code		Trans	sact	tion	ID : P	R24054	12882	28018	;
	CHEVY CHASE	MD	20815	/	Amount	t of	Eac	h Red	ceipt th	is Pe	riod	
	FEC ID number of contributing federal political committee.	С					7		7		576.9	90
	Name of Employer	Occupation										
	United HealthCare Services Inc	VP Gov't R	elations									
	Receipt For:	Aggregate	Year-to-Date ▼									
	Primary General Other (specify) ▼		2692.20	]   P	/R Ded	lucti	ion (S	\$192.:	30 Bi-W	/eekly	/)	
s	JBTOTAL of Receipts This Page (optional)						J	_	7	1	176.9	0
т	OTAL This Period (last page this line number	only)					7					

# SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

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	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11		11b	11c	12		
Any information copied from such Reports and or for commercial purposes, other than using t				he pu					
NAME OF COMMITTEE (In Full)									
UnitedHealth Group Incorpora	ted PAC (l	Jnited for Health)							
Full Name (Last, First, Middle Initial) A. JOSEPH R STEVENS			Date	e of F	leceipt				
Mailing Address 1621 BERKSHIRE RD				M 06	30	) / Y	2012	Y	
City	State	Zip Code	Tr	ansac	tion ID :	PR2405	42912801	8	
COLUMBUS	OH	43221	Amo	ount o	f Each F	Receipt th	nis Period	l	
FEC ID number of contributing federal political committee.	С				7	7	142	2.80	
Name of Employer	Occupation								
United HealthCare Services Inc	Govt Rel Di	r							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		666.40	P/R [	Deduc	tion (\$47	.60 Bi-We	eekly)		
Full Name (Last, First, Middle Initial) B. RODNEY CHARLES ARMSTEAD			Date	e of F	leceipt				
Mailing Address 406 LEWELEN CIRCLE				M 06	/ 0 1		2012	Y	
City	State	Zip Code	Tra	ansac	tion ID :	PR2405	43022801	8	
ENGLEWOOD	NJ	07631	Amo	ount o	f Each F	Receipt th	nis Period		
FEC ID number of contributing federal political committee.	С				7	7	120	0.00	
Name of Employer United HealthCare Services Inc	Occupation VP Operation								
Receipt For:	· · ·		_						
Primary General	Aggregate	Year-to-Date ▼	P/R [	)educ	tion (\$40	.00 Bi-We	ekly)		
Other (specify)		560.00				.00 Di W	(interview)		
Full Name (Last, First, Middle Initial) C. KAREN ANN SAELENS			Date	e of F	Receipt				
Mailing Address 105 N FLORENCE AVE				<sup>™</sup>	/ D 1		2012	Y	
City	State	Zip Code	Tr	ansad	tion ID :	PR2408	5448280 <sup>-</sup>	18	
LITCHFIELD PARK	AZ	85340	Amo	ount o	f Each F	Receipt th	nis Period		
FEC ID number of contributing federal political committee.	С				7	7	60	0.00	
Name of Employer	Occupation								
United HealthCare Services Inc	Executive D	Director							
Receipt For:	Aggregate	Year-to-Date ▼							
Other (specify)		280.00	P/R I	Deduc	tion (\$20	.00 Bi-W	eekly)		
		gg							
SUBTOTAL of Receipts This Page (optional)					л I 1	· · ·	322	.80	

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
or for commercial purposes, other t	Reports and Statements may not be sold or used by any per- han using the name and address of any political committee					
NAME OF COMMITTEE (In Full) UnitedHealth Group In	corporated PAC (United for Health)					
Full Name (Last, First, Middle In A. KATHLYN G WEE	itial)	Date of Receipt				
Mailing Address 4118 38TH ST N		M = M         /         D = D         /         Y = Y = Y = Y           06         30         _2012				
City WASHINGTON	State Zip Code DC 20016	Transaction ID : PR2408545028018				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 60.00				
Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	P/R Deduction (\$20.00 Bi-Weekly)				
Full Name (Last, First, Middle In B. GAIL KOZIARA KOZIAR/		Date of Receipt				
Mailing Address 841 HOLDEN C	OURT	06 30 2012				
City LAKE FOREST	StateZip CodeIL60045	Transaction ID : PR2437119528018 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	576.93				
Name of Employer United HealthCare Services Inc	Occupation EVP & Gr Pres UHC	_				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2692.34	P/R Deduction (\$192.31 Bi-Weekly)				
Full Name (Last, First, Middle In C. JEFFREY SEAN CORZ		Date of Receipt				
Mailing Address 7649 EARLING		M M / D D / Y Y Y Y 06 30 2012				
City DUBLIN	State Zip Code OH 43017	Transaction ID : PR2437119728018 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	60.00				
Name of Employer	Occupation	—				
United HealthCare Services Inc	Dir Marketing Bus Dev					
Receipt For: Primary General Other (specify) v	P/R Deduction (\$20.00 Bi-Weekly)					
	(optional)	696.93				

Use separate schedule(s) for each category of the

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Detailed Summary F				X 11a 11b 11c 12		12	2											
			Detailed Summary Faye		13		14		15		16	17						
or	y information copied from such Reports and S for commercial purposes, other than using the	Statements ma e name and a	y not be sold or used by any poddress of any political committee	erson f e to sol	or the icit co	purı ntrib	pos outic	e of s ons fr	soliciting om suc	g coi h co	ntribut mmitte	ions ee.						
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)															
Α.	Full Name (Last, First, Middle Initial) RITA FAYE JOHNSON-MILLS	A FAYE JOHNSON-MILLS								Date of Receipt								
	Mailing Address 9727 SKY LANE				м м 06	/		30	/ Y		)12	Y						
	City	State	Zip Code		Trans	sacti	ion	ID : F	PR2437	1201	2801	В						
	EDEN PRAIRIE	MN	55347	A	Amoun	t of	Ead	ch Re	eceipt th	nis P	eriod							
	FEC ID number of contributing federal political committee.	С					5		7		45.	.00						
	Name of Employer	Occupation																
	United HealthCare Services Inc Receipt For:	VP Operation		_														
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 210.00	P/	'R Dec	luctio	on (	\$15.0	0 Bi-W	eekly	()							
	Full Name (Last, First, Middle Initial) DAVID K LIVINGSTON			-	Date o	f Re	cei	ot										
	Mailing Address 24570 RIDGE POLE COURT				м = м 06			30	/ Y	20	12	Y						
	City	State	Zip Code		Transaction ID : PR2437120228018													
	SOUTH LYON	MI	48178	A	Amoun	t of	Ead	ch Re	ceipt th	nis P	eriod							
	FEC ID number of contributing federal political committee.	291.00								00								
	Name of Employer United HealthCare Services Inc																	
	Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$97.00 Bi-Weekly)																
	Full Name (Last, First, Middle Initial) JACK S WEISS				Date o	f Re	ecei	pt										
	Mailing Address 6245 NORTH 75 STREET				м м 06	/		30	/ Y		) 12	Y						
	City	State	Zip Code		Trans	sact	ion	ID : I	PR2437	1205	52801	8						
	SCOTTSDALE	AZ	85250	/	Amoun	t of	Ead	ch Re	eceipt th	nis P	eriod							
	FEC ID number of contributing federal political committee.	С					7		7		75	.00						
	Name of Employer	Occupation		$\neg$														
	United HealthCare Services Inc	Natl Medica	I Director/CMO															
	Receipt For:																	
	Primary General Other (specify) ▼		350.00	0 P/R Deduction (\$25.00 Bi-Weekly)														
s	UBTOTAL of Receipts This Page (optional)						,		7		411.	00						

#### SCHEDULE A (FEC Form 3X) •

Use separate schedule(s)

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Mailing Address 9013 FARNSWORTH AVENUE NORTH       06       30       2012         City       State       Zip Code       30       2012         FEC ID number of contributing       C       18         Mare of Employer       Occupation       18         Name of Employer       Occupation       18         Primary       General       Offer (specify) ▼       840.00         FUI Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼       06       30       2012         B.       KELLY L CLARK       Date of Receipt flor:       06       30       2012         City       State       Zip Code       Transaction ID : PR24371207280       Amount of Each Receipt flor:       06       30       2012         City       State       Zip Code       Transaction ID : PR24371207280       Amount of Each Receipt flor:       11         Name of Employer       Occupation       Occupation       11       11         Name of Employer       Occupation       Business Segment CIO       P/R Deduction (\$38.46 Bi-Weekly)       11         Name of Employer       Aggregate Year-to-Date ▼       9/R Deduction (\$38.46 Bi-Weekly)       11         Name of Employer       Aggregate Year-to-Date ▼       06       30       2012     <	tee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purposes, other than using the name and address of any political committee to solicit contributions from such committee.         Full Name (Last, First, Middle Initial)       A. PAUL JOSEPH BALTHAZOR       Date of Receipt         City       State       Zip Code         BROOKLYN PARK       NN       55443         Name of Employer       Occupation       Primary         General       Occupation       P/R Deduction (\$60.00 Bi-Weekly)         Primary       General       Aggregate Year-to-Date ▼         Primary       General       Occupation         Maling Address 13540 BIRCHWOOD AVENUE       Date of Receipt His Perio         City       State       Zip Code         ROSEMOUNT       MN       55668         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         United HealthCares Services Inc       Business Se	itions tee.
or for commercial purposes, other than using the name and address of any pollical committee to solicit contributions from such committee to solicit contributions from such committee.         NAME OF COMMITTEE (in Full)         UnitedHealth Group Incorporated PAC (United for Health)         Full Name (Last, First, Middle Initial)         A.         APALL DOSEPH BALTHAZOR         Mailing Address 9013 FARNSWORTH AVENUE NORTH         City         BROOKLYN PARK         Man of Employer         United HealthCare Services Inc         Business Segment CFO         Receipt For:         Other (specify) ▼         B.         KELLY L CLARK         Mailing Address 13540 BIRCHWOOD AVENUE         City         State       Zip Code         ROSEMOUNT       MN         Name of Employer       Occupation         United HealthCare Services Inc       Business Segment CIO         ROSEMOUNT       MN         Name of Employer       Occupation         United HealthCare Services Inc       Business Segment CIO         ROSEMOUNT       MN         Name of Employer       Occupation         United HealthCare Services Inc       Business Segment CIO         Receipt For:       Aggregate Year-to-Date ▼	tee.
UnitedHealth Group Incorporated PAC (United for Health)         Full Name (Last, First, Middle Initial)         A.       PAUL JOSEPH BALTHAZOR         Mailing Address 9013 FARNSWORTH AVENUE NORTH       Date of Receipt         Oty       State       Zip Code         BROOKLYN PARK       MN       55443         FEC ID number of contributing federal political committee.       C       Anount of Each Receipt this Perio         Name of Employer       Occupation       Business Segment CFO         Diver (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$60.00 Bi-Weekly)         B.       KELLY L CLARK       Aggregate Year-to-Date ▼       P/R Deduction (\$60.00 Bi-Weekly)         B.       KELLY L CLARK       Date of Receipt       Date of Receipt         Mailing Address 13540 BIRCHWOOD AVENUE       C       Transaction ID : PR24371213280         Other (specify) ▼       State       Zip Code         Name of Employer       Occupation       Business Segment CIO         ROSEMOUNT       MN       S5068       Primary         FEC ID number of contributing federal political committee.       C       11         Name of Employer       Occupation       Business Segment CIO       P/R Deduction (\$38.46 Bi-Weekly)         Rosepit For:       Aggregate Year-to-Date ▼	Y
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City       State       Zip Code         BROOKLYN PARK       MN       55443         FEC ID number of contributing       C       Transaction ID : PR24371207280         federal political committee.       C       18         Name of Employer       Occupation       Business Segment CFO         Receipt For:       Other (specify) ▼       General       P/R Deduction (\$60.00 Bi-Weekly)         P/R Deduction (\$60.00 Bi-Weekly)       840.00       P/R Deduction (\$60.00 Bi-Weekly)         B. KELLY L CLARK       Date of Receipt       2012         Mailing Address 13540 BIRCHWOOD AVENUE       City       State       Zip Code         ROSEMOUNT       MN       55068       Amount of Each Receipt       11         Name of Employer       Occupation       Business Segment CIO       Transaction ID : PR24371213280         Aggregate Year-to-Date ▼       P/R Deduction (\$38.46 Bi-Weekly)       11         Name of Employer       Occupation       Business Segment CIO         Receipt For:       Primary       General       Occupation         Primary       General       Occupation       Business Segment CIO         Receipt For:       Primary       General       Occupation         Date of Receipt       33       2012 <tr< td=""><td>Y</td></tr<>	Y
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United HealthCare Services Inc       Business Segment CFO         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       840.00         B. KELLY L CLARK       Date of Receipt         Mailing Address 13540 BIRCHWOOD AVENUE       06         City       State       Zip Code         ROSEMOUNT       MN       55068         FEC ID number of contributing federal political committee.       Occupation         Name of Employer       Occupation         United HealthCare Services Inc       Aggregate Year-to-Date ▼         Primary       General       Occupation         Business Segment CIO       Receipt For:       11         Primary       General       Occupation         Business Segment CIO       Full Name (Last, First, Middle Initial)       Aggregate Year-to-Date ▼         City       ✓       538.44       P/R Deduction (\$38.46 Bi-Weekly)         City       ✓       538.44       Date of Receipt         Other (specify)       ✓       2012       Transaction ID : PR24371215280         Mailing Address       1050 PINNACLE WAY       538.44       P/R Deduction (\$38.46 Bi-Weekly)         City       State       Zip Code       30       2012	0.00
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Primary       General         Other (specify)       840.00         Full Name (Last, First, Middle Initial)       B.         KELLY L CLARK       Date of Receipt         Mailing Address 13540 BIRCHWOOD AVENUE       00 / 2012         City       State       Zip Code         ROSEMOUNT       MN       55068         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupation         Business Segment CIO       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       Date of Receipt         Primary       General         Other (specify) ▼       Occupation         Business Segment CIO       P/R Deduction (\$38.46 Bi-Weekly)         P/R Deduction (\$38.46 Bi-Weekly)       P/R Deduction (\$38.46 Bi-Weekly)         City       State       Zip Code         Mailing Address 10550 PINNACLE WAY       06 / 30 / 2012         City       State       Zip Code         Mailing Address 10550 PINNACLE WAY       06 / 30 / 2012         Transaction ID : PR24371215280	
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Full Name (Last, First, Middle Initial)         B. KELLY L CLARK         Mailing Address 13540 BIRCHWOOD AVENUE         City       State       Zip Code         ROSEMOUNT       MN       55068         FEC ID number of contributing federal political committee.       C       Amount of Each Receipt this Perio         Name of Employer       Occupation       Business Segment CIO         Name of Employer       Occupation       Primary       General         Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$38.46 Bi-Weekly)         Full Name (Last, First, Middle Initial)       C       LAURA L NESS         Mailing Address 10550 PINNACLE WAY       Date of Receipt         City       State       Zip Code         Wailing Address 10550 PINNACLE WAY       MN       55100	
B. KELLY L CLARK       Date of Receipt         Mailing Address 13540 BIRCHWOOD AVENUE       06       30       2012         City       State       Zip Code       Transaction ID : PR24371213280         ROSEMOUNT       MN       55068       Amount of Each Receipt this Perio         FEC ID number of contributing federal political committee.       Occupation       Multimes Segment CIO         Name of Employer       Occupation       Business Segment CIO         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$38.46 Bi-Weekly)         Other (specify) ▼       Aggregate Year-to-Date ▼       P/R Deduction (\$38.46 Bi-Weekly)         City       State       Zip Code       Date of Receipt         Mailing Address 10550 PINNACLE WAY       06       30       2012         Transaction ID : PR24371215280       Multor Cf100       Transaction ID : PR24371215280	
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FEC ID number of contributing federal political committee.       C       11         Name of Employer United HealthCare Services Inc       Occupation Business Segment CIO       P/R Deduction (\$38.46 Bi-Weekly)         Receipt For:       Aggregate Year-to-Date ▼       P/R Deduction (\$38.46 Bi-Weekly)         Other (specify) ▼       538.44       P/R Deduction (\$38.46 Bi-Weekly)         C.       LAURA L NESS       Date of Receipt         Mailing Address 10550 PINNACLE WAY       06       30       2012         Transaction ID : PR24371215280       MN       55000	
federal political committee.       0         Name of Employer United HealthCare Services Inc       Occupation Business Segment CIO         Receipt For:       Aggregate Year-to-Date ▼         Primary       General Other (specify) ▼       Aggregate Year-to-Date ▼         Full Name (Last, First, Middle Initial)       Date of Receipt         City       State       Zip Code         Naming Address 10550 PINNACLE WAY       MN       55400	ł
United HealthCare Services Inc       Business Segment CIO         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify) ▼       538.44         Full Name (Last, First, Middle Initial)       Date of Receipt         LAURA L NESS       Date of Receipt         Mailing Address 10550 PINNACLE WAY       06         City       State       Zip Code         MOODERUDY       Mbl       55400	5.38
Business Segment Cro         Receipt For:       Aggregate Year-to-Date ▼         Primary       General         Other (specify)       Full Name (Last, First, Middle Initial)       538.44         LAURA L NESS       Date of Receipt         Mailing Address 10550 PINNACLE WAY       Date of Receipt         Other       State       Zip Code         WOODBNUDY       Mbl       55400	
Primary       General         Other (specify) ▼       538.44         Full Name (Last, First, Middle Initial)       538.44         LAURA L NESS       Date of Receipt         Mailing Address 10550 PINNACLE WAY       06         City       State       Zip Code         WOODBRUDY       Mbl       55400	
Other (specify) ▼       538.44         Full Name (Last, First, Middle Initial)       Date of Receipt         LAURA L NESS       Date of Receipt         Mailing Address 10550 PINNACLE WAY       06         City       State       Zip Code         WOODBUDY       Mbl       55400	
C. LAURA L NESS Date of Receipt Date of Receipt City State Zip Code NOODBUDY Difference State Zip Code Transaction ID : PR24371215280	
Mailing Address     10550 PINNACLE WAY       City     State       Zip Code       Transaction ID : PR24371215280	
City State Zip Code Transaction ID : PR24371215280	Y
	18
WOODBORY Amount of Each Receipt this Perio	
FEC ID number of contributing federal political committee.	7.00
Name of Employer Occupation	
United HealthCare Services Inc VP Finance	
Receipt For: Aggregate Year-to-Date ▼	
Primary       General         Other (specify) ▼       546.00	
SUBTOTAL of Receipts This Page (optional)	2.38
TOTAL This Period (last page this line number only)	n

## SCHEDULE A (FEC Form 3X) -----

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s) for each category of the	(check only one)							
		Detailed Summary Page		11		12				
Any information conied from such Depart	and Ctatamanta m	l	13	14		16	17			
Any information copied from such Reports or for commercial purposes, other than us										
NAME OF COMMITTEE (In Full)										
> UnitedHealth Group Incorp	orated PAC (	United for Health)								
Full Name (Last, First, Middle Initial)										
A. JOHN W COSGRIFF			Date o	of Recei	pt					
Mailing Address 1837 SUMMIT LANE			06	/ / [	30	2012	Y			
City	State	Zip Code		saction	ID : PR2437		8			
MENDOTA HEIGHTS	MN	55118	Amour	nt of Ea	ch Receipt t	his Period				
FEC ID number of contributing	С					60.	.00			
federal political committee.	0			7						
Name of Employer	Occupatior	1								
United HealthCare Services Inc	Dir Genera	I Management								
Receipt For:	Aggregate	Year-to-Date ▼				,				
Other (specify)		260.00	P/R De	duction (	\$20.00 Bi-W	/eekly)				
		4) · · · · · · · · · · · · · · · · · · ·								
Full Name (Last, First, Middle Initial) B. PETER W RAINEY			Date o	of Recei	pt					
Mailing Address 3115 WEST 47 STRE	ĒT		06		30	2012	Y			
City	State	Zip Code	Tran	saction	ID : PR2437	127528018	3			
MINNEAPOLIS	MN	55410	Amour	nt of Ea	ch Receipt 1	his Period				
FEC ID number of contributing federal political committee.	С					117.	00			
Name of Employer	Occupatior	1								
United HealthCare Services Inc	VP Finance	)								
Receipt For:	Aggregate	Year-to-Date ▼	D/D D	l	400 00 D' M	1				
Other (specify) ▼		, 546.00	P/R Dec	duction (	\$39.00 Bi-W	'eekiy)				
Full Name (Last, First, Middle Initial) C. ROBIN E LIPPERT			Date o	of Recei	pt					
Mailing Address 522 4 STREET SOUT	HEAST		M	/ /	D / T	Y Y Y	Y			
City	State	Zip Code	06	J . L	30	2012				
City WASHINGTON	DC	20003			ID:PR243		8			
FEC ID number of contributing			Anou				_			
federal political committee.	C					576	.93			
Name of Employer	Occupation	1								
United HealthCare Services Inc	Dir Govt R	el								
Receipt For:	Aggregate	Year-to-Date ▼								
Primary General			P/R De	duction	\$192.31 Bi-	Weekly)				
Other (specify)		2692.34								
CURTOTAL of Descripto This Dags (anti-						753.	93			
SUBTOTAL of Receipts This Page (option	onai)									
TOTAL This Period (last page this line r	umber only)			1						

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17						
	for commercial purposes, other than using the			e to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	United for Health)							
Α.	Full Name (Last, First, Middle Initial) STEPHEN M HEYMAN			Date of Receipt						
	Mailing Address 5300 SHERRILL AVENUE			M = M         /         D = D         /         Y = Y = Y = Y         Y           06         30         2012						
	City CHEVY CHASE	State MD	Zip Code 20815	Transaction ID : PR2444265728018 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		300.00						
	Name of Employer United HealthCare Services Inc Receipt For:	Occupation VP Govt Re	el	_						
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1400.00	P/R Deduction (\$100.00 Bi-Weekly)						
в.	Full Name (Last, First, Middle Initial) DEWAYNE ULLSPERGER			Date of Receipt						
	Mailing Address 4440 AVONDALE			06 30 2012						
	City MINNETONKA	State MN	Zip Code 55345	Transaction ID : PR2444561328018 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		2500.00						
	Name of Employer United HealthCare Services Inc	Occupation VP Actuary								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 2500.00	P/R Deduction (\$2500.00 Bi-Weekly)						
<u>с</u> .	Full Name (Last, First, Middle Initial) LORI C MCDOUGAL			Date of Receipt						
	Mailing Address 19705 LAKEVIEW AVENUE			M M / D D / Y Y Y Y 06 30 2012						
	City DEEPHAVEN	State MN	Zip Code 55331	Transaction ID : PR2445015328018 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		576.90						
	Name of Employer	Occupation	1							
	United HealthCare Services Inc	United HealthCare Services Inc CEO - UMVS								
	Receipt For: Primary General Other (specify)	P/R Deduction (\$192.30 Bi-Weekly)								
	UBTOTAL of Receipts This Page (optional)			3376.90						
I T	<b>OTAL</b> This Period (last page this line number	only)	······ ]	•						

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17								
Any information copied from such Reports and or for commercial purposes, other than using th			erson for the purpose of soliciting contributions								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (L	Inited for Health)									
Full Name (Last, First, Middle Initial) <b>DONALD S LANGER</b>			Date of Receipt								
Mailing Address 177 SOUTHBOROUGH ROA			06 30 2012								
City	State	Zip Code	Transaction ID : PR2445015428018								
SOUTHINGTON	СТ	06489	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		60.00								
Name of Employer	Occupation										
United HealthCare Services Inc	Plan Preside	ent									
Receipt For:	Aggregate `	Year-to-Date ▼									
Other (specify)		280.00	P/R Deduction (\$20.00 Bi-Weekly)								
Full Name (Last, First, Middle Initial) B. CHARLES L WILKINS	<u> </u>		Date of Receipt								
Mailing Address 10827 MOUNT CURVE ROA	٨D		06 30 2012								
City	State	Zip Code	Transaction ID : PR2445016628018								
EDEN PRAIRIE	MN	55347	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		300.00								
Name of Employer United HealthCare Services Inc	Occupation CEO OH Fin	ancial Services									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00	P/R Deduction (\$100.00 Bi-Weekly)								
Full Name (Last, First, Middle Initial) C. MARK J DUHAIME			Date of Receipt								
Mailing Address 5781 RUBY DRIVE			M M / D D / Y Y Y Y 06 30 2012								
City	State	Zip Code	Transaction ID : PR2445016928018								
TROY	MI	48085	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		117.00								
Name of Employer	Occupation		-								
United HealthCare Services Inc	VP Informat	on Technology									
Receipt For:	Aggregate `	Year-to-Date ▼									
Primary General			P/R Deduction (\$39.00 Bi-Weekly)								
Other (specify)		546.00									
SUBTOTAL of Receipts This Page (optional)			477.00								
TOTAL This Period (last page this line number	r only)	•••••									

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)							
ILWIZED RECEIPIS		for each category of the Detailed Summary Page	<b>X</b> 11a 11b 11c 12							
			13     14     15     16     1       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)		address of any political commute								
UnitedHealth Group Incorpor	ated PAC (	United for Health)								
Full Name (Last, First, Middle Initial) <b>A.</b> SABRINA FERGUSON			Date of Receipt							
Mailing Address 507 NORTHWIND DRIVE			06 30 2012							
City	State	Zip Code	Transaction ID : PR2445017228018							
BRANDON	MS	39047	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		40.00							
Name of Employer	Occupation	1								
United HealthCare Services Inc	Assoc Dir (	Clinical Quality								
Receipt For:	Aggregate	Year-to-Date <b>V</b>								
Primary General Other (specify) ▼		260.00	P/R Deduction (\$20.00 Bi-Weekly)							
			1							
Full Name (Last, First, Middle Initial) B. EILEEN J LIVERANI			Date of Receipt							
Mailing Address 100 BOSTOCK ROAD	_		06 / Y Y Y Y Y 06 30 2012							
City	State NY	Zip Code	Transaction ID : PR2460167228018							
SHOKAN		12481	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		83.10							
Name of Employer United HealthCare Services Inc	Occupatior									
Receipt For:	Dir Custom									
Primary General	Aggregate	Year-to-Date ▼								
Other (specify) V		, 387.80	P/R Deduction (\$27.70 Bi-Weekly)							
Full Name (Last, First, Middle Initial) C. DANIEL KRAJNOVICH			Date of Receipt							
Mailing Address 9958 BUTTONDOWN LAI	NE		06 30 Y Y Y Y Y 06 30 2012							
City ZIONSVILLE	State IN	Zip Code 46077	Transaction ID : PR2460167328018							
	IIN	40077	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		60.00							
Name of Employer	Occupation	1								
United HealthCare Services Inc	Health Plar	n CEO								
Receipt For:	Aggregate	Year-to-Date ▼								
Other (specify)		280.00	P/R Deduction (\$20.00 Bi-Weekly)							
SUBTOTAL of Receipts This Page (optional	)		183.10							
TOTAL This Period (last page this line numl	per only)									

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171			Use separate schedule(s)	(ch	neck only	or or	ie)			
111			for each category of the Detailed Summary Page		<b>X</b> 11a		11b	11c	12	
	y information copied from such Reports and St									
or	for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and a	ddress of any political committee	e to s	olicit con	itrid	utions	from suci	n commit	tee.
$\rangle$	UnitedHealth Group Incorporate	d PAC (l	Jnited for Health)							
A.	Full Name (Last, First, Middle Initial) KARIN KEITEL				Date of	Re	ceipt			
	Mailing Address 3918 HAVEN ROAD				м м 06	/	30		2012	Y
	City	State	Zip Code		Trans	acti	on ID :	PR2460	16762801	18
	MINNETONKA	MN	55345		Amount	is Period	1			
	FEC ID number of contributing federal political committee.	С				7	150	0.00		
	Name of Employer	Occupation								
	United HealthCare Services Inc	Business Se	egment Gen Counsel							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				( <b>*</b>			
	Other (specify) ▼		700.00	] '	P/R Dedu	JCtio	on (\$50	.00 Bi-We	eekly)	
в.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt			
	Mailing Address 5702 BLAKE ROAD				м м 06	/	30		2012	Y
	City	State	Zip Code		Transa	acti	on ID :	PR24601	6792801	8
	EDINA	MN	55436		Amount	of	Each F	Receipt th	is Period	1
	FEC ID number of contributing federal political committee.	С					7	7	345	5.00
	Name of Employer	Occupation								
	United HealthCare Services Inc	President G	overnment							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				( <b>A</b> · · ·			
	Other (specify) ▼		1610.00	] '	P/R Dedu	ICTIC	on (\$11	5.00 Bi-W	(eekly)	
с.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt			
	Mailing Address 4454 PEPPER MILL LANE				м м 06	/	30		ү ү 2012	Y
	City	State	Zip Code					PR2460		
	ORION	MI	48359		Amount	of	Each F	Receipt th	is Period	1
	FEC ID number of contributing federal political committee.	С				_	,	7	60	0.00
	Name of Employer	Occupation								
	United HealthCare Services Inc	Health Plan	CEO							
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify) ▼		280.00	P/R Deduction (\$20.00 Bi-Weekly)						
s	UBTOTAL of Receipts This Page (optional)			•			7		555	.00
т	OTAL This Period (last page this line number of	only)	•••••	•			, .			

Use separate schedule(s)

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17					
or for commercial purposes, other th	eports and Statements may not be sold or used by any p nan using the name and address of any political committee						
NAME OF COMMITTEE (In Full) UnitedHealth Group In	corporated PAC (United for Health)						
Full Name (Last, First, Middle Ini A. LARRY C RENFRO	tial)	Date of Receipt					
Mailing Address 5 DOVE LANE		M = M         /         D = D         /         Y = Y = Y           06         30         _         2012					
City ANDOVER	State Zip Code MA 01810	Transaction ID : PR2460168128018					
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period					
Name of Employer United HealthCare Services Inc	Occupation EVP, UHG and CEO, Optum						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2692.20	P/R Deduction (\$192.30 Bi-Weekly)					
Full Name (Last, First, Middle Ini B. DAVID B ORBUCH	tial)	Date of Receipt					
Mailing Address 3370 SYCAMOR		06 30 2012					
City PLYMOUTH	StateZip CodeMN55441	Transaction ID : PR2460168228018 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	115.50					
Name of Employer United HealthCare Services Inc	Occupation Chief Compliance Officer						
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 539.00	P/R Deduction (\$38.50 Bi-Weekly)					
Full Name (Last, First, Middle Ini c. ERIC J WEXLER	tial)	Date of Receipt					
Mailing Address 7220 WILLOW C		M M / D D / Y Y Y Y 06 30 2012					
City WEST BLOOMFIELD	StateZip CodeMI48324	Transaction ID : PR2463723128018 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	96.00					
Name of Employer	Occupation						
United HealthCare Services Inc Receipt For:	Deputy General Counsel (Mgr)	_					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 448.00	P/R Deduction (\$32.00 Bi-Weekly)					
SUBTOTAL of Receipts This Page	(optional)	788.40					

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only or	ne)									
		for each category of the Detailed Summary Page	X 11a	11b 11c	12								
Any information copied from such Reports a or for commercial purposes, other than usir	and Statements ma og the name and a	l ay not be sold or used by any p ddress of any political committe	erson for the pur to solicit contrib	14 15 pose of soliciting putions from such	16 g contribution h committe	17 ons e.							
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	-												
Full Name (Last, First, Middle Initial) A. KAREN L WALKOWSKI			Date of Re	eceipt									
Mailing Address 6359 COUNTRY ROAD			06	0 0 / Y 30	2012	Y							
City EDEN PRAIRIE	State MN	Zip Code 55346	Transaction ID : PR2463723428018           Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С			3 3	60.0	00							
Name of Employer United HealthCare Services Inc	Occupation Dir Provide												
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 280.00	P/R Deducti	ion (\$20.00 Bi-We	ekly)								
Full Name (Last, First, Middle Initial) B. SUE SCHICK			Date of Re	eceipt									
Mailing Address 319 BERKLEY ROAD	01-1-	Zin Onda	06	30	2012								
City MERION STATION	State PA	Zip Code 19066		ion ID : PR24806 Each Receipt th									
FEC ID number of contributing federal political committee.	С		375.00										
Name of Employer United HealthCare Services Inc	Occupation Health Plan												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1750.00	P/R Deducti	P/R Deduction (\$125.00 Bi-Weekly)									
Full Name (Last, First, Middle Initial) C. JOANNE MANDERSON			Date of Re	eceipt									
Mailing Address 6236 KNOLL DRIVE			M M /	D D / Y 30	2012	Y							
City EDINA	State MN	Zip Code 55436		tion ID : PR2484 Each Receipt th									
FEC ID number of contributing federal political committee.	С			7 7	291.0	00							
Name of Employer United HealthCare Services Inc	Occupation VP Integrat	ion											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1358.00	P/R Deduction (\$97.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (option	al)				726.0	0							
TOTAL This Period (last page this line nur	nber only)												

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

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			Detailed Summary Page		11a		11b		11c	12	2									
_			a set ha set to set t		13		14		15	10	-	17								
or	y information copied from such Reports and S for commercial purposes, other than using the																			
$\setminus$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ad PAC (I	Inited for Health)																	
Α.	Full Name (Last, First, Middle Initial) JAMES F COPPENS				Date of	Re	ceipt	-												
	Mailing Address 5965 LAKE LINDEN COURT				м м 06				/ Y	201		Y								
	City	State	Zip Code			acti	ion ID :		R24845											
	SHOREWOOD	MN	55331		Amount															
	FEC ID number of contributing federal political committee.	С		189.45																
	Name of Employer	Occupation																		
	United HealthCare Services Inc	SVP Total (	Compensation																	
	Receipt For:	Aggregate	Year-to-Date ▼		-					-										
	Primary General Other (specify) ▼		884.10	]   P/	/R Dedu	uctic	on (\$63	.15	5 Bi-We	ekly)										
В.	Full Name (Last, First, Middle Initial)		Date of Receipt																	
	Mailing Address 552 DEER LAKE CIRCLE	Idress 552 DEER LAKE CIRCLE							06 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y											
	City	State	Zip Code		Transa	acti	ion ID :		R24845											
	BLUE BELL	PA	19422	#	Amount															
	FEC ID number of contributing federal political committee.	С				_	7		7		90.0	0								
	Name of Employer United HealthCare Services Inc	Occupation Dir Project I	Management																	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 420.00	P/R Deduction (\$30.00 Bi-Weekly)																
с.	Full Name (Last, First, Middle Initial) MARK A PHILLIPS				Date of	Re	ceipt													
	Mailing Address 1760 LUCY RIDGE CT				м м 06	1	30		/ Y	2012		Y								
	City	State MN	Zip Code				ion ID :													
	CHANHASSEN		55317	/	Amount	of	Each F	Rec	ceipt thi	is Per	iod									
	FEC ID number of contributing federal political committee.	С					7		7		117.0	00								
	Name of Employer	Occupation		$\neg$																
	United HealthCare Services Inc	SVP Sales																		
	Receipt For:	Aggregate	Year-to-Date ▼																	
	Primary General Other (specify) ▼		468.00	P/R Deduction (\$39.00 Bi-Weekly)																
s	UBTOTAL of Receipts This Page (optional)					_	7		ŋ	3	396.4	5								
т	OTAL This Period (last page this line number	only)		•			7	ļ	7_											

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

(check only one)

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A. Full Name City FEC ID federal p		he name and a ted PAC (U E State	ddress of any political committee	e to sol		ntrib	oution											
A. Full Name City FEC ID federal p	NATI	he name and a ted PAC (U E State	ddress of any political committee	e to sol	icit con	ntrib	oution											
A. Full Name C United Full Name A. JERI C Mailing A City CINCINI FEC ID federal p	DF COMMITTEE (In Full) dHealth Group Incorpora ne (Last, First, Middle Initial) G KUBICKI Address 7659 COLDSTREAM DRIV	ted PAC (l																
A. Full Nam A. JERI C Mailing A City CINCINI FEC ID federal p	dHealth Group Incorpora ne (Last, First, Middle Initial) & KUBICKI Address 7659 COLDSTREAM DRIVE	E	Jnited for Health)	C	Date of													
A. JERIC Mailing A City CINCINI FEC ID federal p	S KUBICKI Address 7659 COLDSTREAM DRIVI	State			Date of													
City CINCINI FEC ID federal p	NATI	State				Re	eceipt	t										
CINCINI FEC ID federal p			Zip Code	06 30 2012 Transaction ID : PR2486697828018														
FEC ID federal p		CINCINNATI OH 45255						D : P	R24866	6978280	)18							
federal p	FEC ID number of contributing						Amount of Each Receipt this Period											
Name of	olitical committee.	С		150.00														
	Employer	Occupation																
	ealthCare Services Inc	VP Govt Re	91															
Receipt		Aggregate	Year-to-Date ▼	]														
	mary General her (specify)		700.00	P/	R Dedu	uctio	on (\$	50.0	0 Bi-We	eekly)								
	ne (Last, First, Middle Initial) IAS B MANDERFELD				Date of	Re	ceipt	t										
	Address 4835 PENN AVENUE SOU	TH			м м 06	/		30	/ Y	ү ү 2012	Y							
City		State	Zip Code		Transa	acti	on IE	) : P	R24866	979280	18							
MINNEA	POLIS	MN	55419	A	mount	of	Each	ו Re	ceipt th	is Peric	d							
	number of contributing olitical committee.					7		7	12	0.00								
	Employer ealthCare Services Inc	Occupation VP General	Management															
	For: mary General her (specify) ▼	P/R Deduction (\$40.00 Bi-Weekly)																
	ne (Last, First, Middle Initial) C MCMAHON				Date of	Re	eceipt	t										
	Address 1608 SUMMIT OAKS CT				м м 06	/		30	/ Y	ү 2012	Y							
City		State	Zip Code						R2491									
BURNS	VILLE	MN	55337	A	mount	of	Each	n Re	ceipt th	is Peric	d							
	number of contributing olitical committee.	С				_	7		J	3(	00.00							
Name of	Employer	Occupation	1	-														
United H	ealthCare Services Inc	Business S	egment CEO															
Receipt	For:	Aggregate																
	mary General her (specify) ▼		1400.00	P/R Deduction (\$100.00 Bi-Weekly)														
SUBTOTA	L of Receipts This Page (optional).					_	<i></i>			57	0.00							

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)	
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12	
Any information copied from such Reports a	and Statements ma	ay not be sold or used by any p	13     14     15     16       erson for the purpose of soliciting contribution	17 ons
or for commercial purposes, other than usir	ng the name and a	ddress of any political committee	e to solicit contributions from such committe	e.
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	orated PAC (I	Jnited for Health)		
Full Name (Last, First, Middle Initial) <b>A.</b> CHRISTOPHER S STANLEY			Date of Receipt	
Mailing Address 12934 W 81ST AVE			06 30 2012	Y
City ARVADA	State CO	Zip Code 80005	Transaction ID : PR2491457428018 Amount of Each Receipt this Period	3
FEC ID number of contributing federal political committee.	С			00
Name of Employer United HealthCare Services Inc Receipt For:	Occupation Sr Medical Aggregate			
Primary General Other (specify) ▼		700.00	P/R Deduction (\$50.00 Bi-Weekly)	
Full Name (Last, First, Middle Initial) <b>B.</b> KATHRYN M SULLIVAN			Date of Receipt	
Mailing Address 530 N LAKE SHORE DR			06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
City State CHICAGO IL		Zip Code 60611	Transaction ID : PR2491457528018 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		291.0	00
Name of Employer United HealthCare Services Inc	Occupation Region CE0			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1358.00	P/R Deduction (\$97.00 Bi-Weekly)	
Full Name (Last, First, Middle Initial) C. MARTIN C TOOMB	I		Date of Receipt	
Mailing Address 4 STANLEY TERRACE			06 30 2012	Y
City DOVER	State NJ	Zip Code 07801	Transaction ID : PR2538641528018 Amount of Each Receipt this Period	3
FEC ID number of contributing federal political committee.	С			00
Name of Employer	Occupation			
United HealthCare Services Inc VP, IT Receipt For:				
Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 210.00	P/R Deduction (\$15.00 Bi-Weekly)	
SUBTOTAL of Receipts This Page (option	al)		486.0	00
TOTAL This Period (last page this line nur	mber only)			

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

(check only one)

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			Detailed Summary Page		11a 13		11b 14	11c		12 16	<b>□</b> 4 ¬		
	y information copied from such Reports and s for commercial purposes, other than using th				or the		pose of	soliciting		ntributi			
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (l	Jnited for Health)										
A.	Full Name (Last, First, Middle Initial) KARA V SMITH				Date of	Re	eceipt						
	Mailing Address 3 14 STREET NORTH EAST				м м 06	1	D D 30	/ Y		) 12	Y		
	City	State DC	Zip Code				ion ID : I				}		
	WASHINGTON	DC	20002	/	Amount	t of	Each Re	eceipt th	nis F	eriod			
	FEC ID number of contributing federal political committee.	С											
	Name of Employer	Occupation											
	United HealthCare Services Inc	Dir Govt Re	9										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		/D D ·		· · ·	05 51 11	u. •	1.3			
	Other (specify)	2153.90	P/	/R Ded	uctio	on (\$153	.85 Bi-V	Veek	ily)				
в.	Full Name (Last, First, Middle Initial) HYLLIUS R EDWARDS	I			Date of	Re	eceipt						
	Mailing Address PO BOX 44246				м м 06	1	D D 30	/ Y		)12	Y		
	City	State	Zip Code				ion ID : F						
	DENVER	CO	80201	/	Amount	t of	Each Re	eceipt th	nis P	eriod			
	FEC ID number of contributing federal political committee.					7	,		150.	00			
	Name of Employer United HealthCare Services Inc	Occupation Dir Govt Re											
	Receipt For: Primary General Other (specify) ▼	P/R Deduction (\$50.00 Bi-Weekly)											
с.	Full Name (Last, First, Middle Initial) MATTHEW A KING				Date of	Re	eceipt						
	Mailing Address 1112 LORME COURT				м м 06	1	30	/ Y		)12	Y		
	City BRENTWOOD	State TN	Zip Code 37027				ion ID :				3		
			51021	/	Amount	t of	Each Re	eceipt th	nis P	eriod	_		
	FEC ID number of contributing federal political committee.	С				_	7			150.	00		
	Name of Employer	Occupation											
	United HealthCare Services Inc	Dir Govt Re											
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				( <b>*</b>						
	Other (specify)		700.00	P/R Deduction (\$50.00 Bi-Weekly)									
s	UBTOTAL of Receipts This Page (optional)			•		1	7			761.	55		
Т	OTAL This Period (last page this line number	only)		•			,	,					

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)									
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 1	2								
Any information copied from such Reports an		ay not be sold or used by any p	erson for the purpose of soliciting cont									
or for commercial purposes, other than using	the name and a	ddress of any political committee	e to solicit contributions from such com	imittee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (	Jnited for Health)										
Full Name (Last, First, Middle Initial) A. JOHN VERSAGGI			Date of Receipt									
Mailing Address 800 ALBANY AVENUE			06 / Y Y Y Y Y 2012									
City ALEXANDRIA	State VA	Zip Code 22302	Transaction ID : PR254130082 Amount of Each Receipt this Pe									
FEC ID number of contributing federal political committee.	С			288.48								
Name of Employer United HealthCare Services Inc Receipt For:	Occupation Dir Govt Re	əl										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1346.24	P/R Deduction (\$96.16 Bi-Weekly)									
Full Name (Last, First, Middle Initial) B. JOHN F DOHERTY			Date of Receipt									
Mailing Address 5338 SPILMAN AVENUE         City       State         SACRAMENTO       CA			06 / 30 / 2012									
		Zip Code 95819	Transaction ID : PR254202452           Amount of Each Receipt this Personal Content of Each Receipt the Person									
FEC ID number of contributing federal political committee.	С			150.00								
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Re											
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 700.00	P/R Deduction (\$50.00 Bi-Weekly)									
Full Name (Last, First, Middle Initial) C. MATTHEW D ONSTOTT			Date of Receipt									
Mailing Address 2324 LA SENDA STREE	Г		06 30 201									
City SANTA FE	State NM	Zip Code 87505	Transaction ID : PR254202462									
FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Pe	60.00								
Name of Employer	Occupation	1										
United HealthCare Services Inc	Dir Govt Re	el										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$20.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional	)			498.48								
TOTAL This Period (last page this line num	ber only)											

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check on	ıly or	ne)	L		
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c	12	
			13		14	15	16	17
Any information copied from such Reports and or for commercial purposes, other than using								
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , ,						
UnitedHealth Group Incorpora	ated PAC (	United for Health)						
Full Name (Last, First, Middle Initial) <b>A.</b> BRENDAN HOSTETLER			Date o	of Re	eceipt			
Mailing Address 3643 N SEELEY AVENUE #2			M - M 06	VI /	30	/ Y	ү ү 2012	Y
City	State	Zip Code	Tran	sacti	ion ID :	PR2542	54192801	8
CHICAGO	IL	60618	Amour	nt of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С				,	7	90	.00
Name of Employer	Occupation	1						
United HealthCare Services Inc	Govt Rel D	ir						
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		420.00	P/R De	ductio	on (\$30.	00 Bi-We	ekly)	
		1						
Full Name (Last, First, Middle Initial) B. JENNIFER L MCMULLEN			Date o	of Re	eceipt			
Mailing Address 857 GLENBROOK DRIVE			06	M /	30	/ Y	2012	Y
City	State	Zip Code	Tran	sacti	on ID : I	PR2542	542128018	3
ATLANTA	GA	30318	Amour	nt of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С			_	,	9	75.	00
Name of Employer	Occupatior	1						
United HealthCare Services Inc	Govt Rel D	ir						
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify)		, 350.00	P/R Dec	ekly)				
Full Name (Last, First, Middle Initial) C. RICHARD E RAMSAY			Date o	of Re	eceipt			
Mailing Address 543 E LURAY AVE			06		D D 30	/ Y	2012	Y
City	State	Zip Code	Tran	sact	ion ID :	PR2542	54222801	8
ALEXANDRIA	VA	22301	Amour	nt of	Each R	eceipt th	nis Period	
FEC ID number of contributing federal political committee.	С			_	,		150	.00
Name of Employer	Occupation	1						
United HealthCare Services Inc	Govt Rel D	ir						
Receipt For:	Aggregate	Year-to-Date ▼						
Primary General Other (specify) ▼		700.00	P/R Deduction (\$50.00 Bi-Weekly)					
SUBTOTAL of Receipts This Page (optional).							315.	00
TOTAL This Period (last page this line number	er onlv)	······				,		

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

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			Detailed Summary Page		11a		11b	11c	1	2											
					13		14	15	1	-	17										
or	for commercial purposes, other than using the			ny person for the purpose of soliciting contributions nittee to solicit contributions from such committee.																	
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)																		
A.	Full Name (Last, First, Middle Initial) IPYANA SPENCER				Date of	Re	ceipt														
	Mailing Address 4226 40TH STREET NORTH				м м 06	/	30	/ Y	y 201	2	Y										
	City	State	Zip Code		Trans	acti	ion ID :	PR2542	54232	8018											
	ARLINGTON	VA	22207	A	Amount	of	Each R	eceipt th	nis Per	riod											
	FEC ID number of contributing federal political committee.	С		90.00																	
	Name of Employer	Occupation		$\neg$																	
	United HealthCare Services Inc	Govt Rel Di	r																		
	Receipt For:	Aggregate	Year-to-Date ▼	]																	
	Primary General Other (specify) ▼		420.00	P/	/R Dedu	uctio	on (\$30.0	00 Bi-W	eekly)												
B.	Full Name (Last, First, Middle Initial)				Date of	Re	ceipt														
	Mailing Address 9905 WOODLAND DRIVE									06 2012 Transaction ID : PR2543582528018											
	City	State	Zip Code																		
	SILVER SPRING	MD	20902	/	Amount	of	Each R	eceipt th	nis Per	riod											
	FEC ID number of contributing federal political committee.	С		45.00																	
	Name of Employer United HealthCare Services Inc	Occupation Govt Rel Ma																			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 210.00	P/	'R Dedu	uctio	on (\$15.0	00 Bi-We	eekly)												
c.	Full Name (Last, First, Middle Initial) CHANTA G COMBS				Date of	Re	ceipt														
	Mailing Address 4229 SUMMERTREE DRIVE				м м 06	/	30	/ Y	2012		Y										
	City	State FL	Zip Code				ion ID :														
	TALLAHASSEE	F L	32311	/	Amount	of	Each R	eceipt th	nis Per	riod											
	FEC ID number of contributing federal political committee.	С					,			115.3	38										
	Name of Employer	Occupation		$\neg$																	
	United HealthCare Services Inc	Govt Rel Di	r																		
	Receipt For:	Aggregate	Year-to-Date ▼																		
	Other (specify)		538.44	P.	/R Ded	ucti	on (\$38.	46 Bi-W	eekly)												
s	UBTOTAL of Receipts This Page (optional)			•			7		2	250.3	8										
T	OTAL This Period (last page this line number	only)		•			7														

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FOR LINE NUMBER:

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ITEMIZED RE	CEIDTO	-	Use separate schedule(s)	(ch	eck only	y on	e)							
			for each category of the Detailed Summary Page		< 11a		11b	11c	12					
			ay not be sold or used by any p ddress of any political committed											
		the name and a	duress of any political committee		DIICIL COL	ומחזו	uions in	om suci	1 commu	ee.				
	h Group Incorpora	ated PAC (l	Jnited for Health)											
	First, Middle Initial) IGHN BRYANT				Date of	Red	ceipt							
Mailing Address 1	1700 ARBORHILL DRIVE				м – м 06	/	30	/ Y	2012	Y				
City ZIONSVILLE		State IN	Zip Code 46077	Transaction ID : PR2552961328018 Amount of Each Receipt this Period										
FEC ID number o federal political co	U U	С					,	- 7	105	.00				
Name of Employe United HealthCare		Occupation KA Dir Acct												
Receipt For: Primary Other (speci	General ify) ▼	Aggregate	Year-to-Date ▼ 490.00	]	P/R Dedu	uctio	ın (\$35.0	00 Bi-We	eekly)					
Full Name (Last, I B. SCOTT F FLA	First, Middle Initial) ANNERY				Date of	Red	ceipt							
	Mailing Address 8508 TRELADY CT		7.0.1	06 30 2012 Transaction ID : PR2552962328018										
City PLANO		State TX	Zip Code 75024							8				
FEC ID number o federal political co	U U	С					Amount of Each Receipt this Period							
Name of Employe United HealthCare		Occupation Health Plan												
Receipt For: Primary Other (speci	General ify) ▼	Aggregate	Year-to-Date ▼ 546.00	] P	P/R Dedu	uctio	0 Bi-We	Bi-Weekly)						
Full Name (Last, I C. CLAIRE L H	First, Middle Initial) ANNAN				Date of	Red	ceipt							
Mailing Address 2	25932 PORTAFINO DRIVE	E			м м 06	/	D D D 30	/ Y	y y 2012	Y				
City MISSION VIEJO		State CA	Zip Code 92691						96272801 iis Period	8				
FEC ID number o federal political co	0	C					,	7	117	.00				
Name of Employe		Occupation VP General	Management											
Receipt For: Primary Other (speci	General General	Aggregate	P/R Deduction (\$39.00 Bi-Weekly)											
SUBTOTAL of Rece	eipts This Page (optional)			•					339.	00				
TOTAL This Period	(last page this line numb	er only)		- -										

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12
			13         14         15         16         1           berson for the purpose of soliciting contributions         e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	g the hame and c	adress of any pointour commute	
UnitedHealth Group Incorpo	rated PAC (	Jnited for Health)	
Full Name (Last, First, Middle Initial) <b>GREGORY J JAMES</b>			Date of Receipt
Mailing Address 2323 KINGS POINT DRI	VE		M M / D D / Y Y Y Y Y 06 30 2012
City LARGO	State FL	Zip Code 33774	Transaction ID : PR2552963228018 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		117.00
Name of Employer United HealthCare Services Inc	Occupation Medical Dir		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 546.00	P/R Deduction (\$39.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) B. JARRETT T JEDLICKA			Date of Receipt
Mailing Address 13852 BIRCHWOOD AV			06 30 Y Y Y Y Y Y
City ROSEMOUNT	State MN	Zip Code 55068	Transaction ID : PR2552963328018 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer United HealthCare Services Inc	Occupatior Dir Traffic/V		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00	P/R Deduction (\$40.00 Bi-Weekly)
Full Name (Last, First, Middle Initial) C. BENJAMIN T KEHL			Date of Receipt
Mailing Address 19619 CALUMET COUR	кт		06 30 2012
City FARMINGTON	State MN	Zip Code 55024	Transaction ID : PR2552963528018 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		120.00
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	I	I Management Year-to-Date ▼ 560.00	P/R Deduction (\$40.00 Bi-Weekly)
SUBTOTAL of Receipts This Page (optiona	al)		357.00
SUBTOTAL of Receipts This Page (optiona TOTAL This Period (last page this line nun	,		357.0

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
		for each category of the Detailed Summary Page		11c 12								
Any information copied from such Reports a or for commercial purposes, other than usin			erson for the purpose of sol									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpo	-											
Full Name (Last, First, Middle Initial) A. NARASIMHAN KIDAMBI			Date of Receipt									
Mailing Address 18477 85TH AVE N			M = M / D = D / Y = Y = Y = Y 06 30 _ 2012 _									
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : PR									
FEC ID number of contributing federal political committee.	С			60.00								
Name of Employer United HealthCare Services Inc	Occupatior Assoc Dir E	n Business Analysis	_									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$20.00	Bi-Weekly)								
Full Name (Last, First, Middle Initial) B. THOMAS D SCIUTO	·		Date of Receipt									
Mailing Address 160 ACORN LANE	Ohaia	7:0.0-4-	06 / D D /	2012								
City MILFORD	State CT	Zip Code 06461	Transaction ID : PR2552966128018           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С			117.00								
Name of Employer United HealthCare Services Inc	Occupatior KA Dir Acc		_									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 546.00	P/R Deduction (\$39.00 B	3i-Weekly)								
Full Name (Last, First, Middle Initial) C. WILLIAM OWEN WILLIAMS II			Date of Receipt									
Mailing Address 12419 BELLINGRATH S	TREET		06 30	2012								
City CARMEL	State IN	Zip Code 46032	Transaction ID : PR Amount of Each Rece									
FEC ID number of contributing federal political committee.	С			120.00								
Name of Employer Golden Rule Insurance Company		General Counsel	-									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 560.00	P/R Deduction (\$40.00	Bi-Weekly)								
SUBTOTAL of Receipts This Page (optiona	al)			297.00								
TOTAL This Period (last page this line nun	nber only)											

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	-	Use separate schedule(s)	(check or	nly on	ie)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a		11b	11c	12					
Any information conied from such Departs an	d Statamanta		13		14	15	16	17 ions				
Any information copied from such Reports an or for commercial purposes, other than using	the name and a	address of any political committee	e to solicit c	ontrib	utions fro	oniciting	committe	ee.				
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	United for Health)										
Full Name (Last, First, Middle Initial) A. MONICA L RAYBURN			Date	of Re	ceipt							
Mailing Address 688 WEST SYCAMORE			06	06 30 _ 2012 _								
City VERNON HILLS	State IL	Zip Code 60061			<b>on ID : P</b> Each Re		7512801	8				
FEC ID number of contributing federal political committee.	С				7	7	117	00				
Name of Employer United HealthCare Services Inc Receipt For:	Occupation Dir Claims		_									
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 546.00	P/R De	ductio	on (\$39.0	0 Bi-We	ekly)					
Full Name (Last, First, Middle Initial) B. RICHARD D THOMAS			Date	of Re	ceipt							
Mailing Address 5121 DUPONT AVENUE S		7.0.1	06		<sup>D</sup> D 30	/ Y	2012	Y				
City MINNEAPOLIS	State MN	Zip Code 55419			on ID : P Each Re		75428018 is Period	3				
FEC ID number of contributing federal political committee.	С				7	, ,	291.	00				
Name of Employer United HealthCare Services Inc	Occupation VP General	n I Management										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1358.00	P/R De	ductio	on (\$97.00	0 Bi-We	ekly)					
Full Name (Last, First, Middle Initial) C. DENEEN VOJTA			Date	of Re	ceipt							
Mailing Address 5201 KELLOGG AVENUE			06	M /	30	/ Y	2012	Y				
City EDINA	State MN	Zip Code 55424					17552801	8				
FEC ID number of contributing federal political committee.	С				Each Re		579	.00				
Name of Employer United HealthCare Services Inc	Occupation SVP Bus Ir	n nitiatives & Clin Aff										
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 2702.00	P/R De	P/R Deduction (\$193.00 Bi-Weekly)								
SUBTOTAL of Receipts This Page (optional)	)				3		987.	00				
TOTAL This Period (last page this line numb	per only)				3	,						

#### SCHEDULE A (FEC Form 3X) \_ \_ \_ \_

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			Use separate schedule(s)	(check or	ck only one)								
	D RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12						
				13	14	15	16	17					
Any informa or for comm	tion copied from such Reports an nercial purposes, other than using	the name and a	ay not be sold or used by any poddress of any political committee	erson for the	purpose ontribution	of soliciting s from suc	g contribut h committe	ions ee.					
	F COMMITTEE (In Full)												
/ United	Health Group Incorpor	ated PAC (l	United for Health)										
	e (Last, First, Middle Initial)												
	TEN S FLAGSTAD			Date of	of Receipt								
Mailing A	ddress 13420 JAY ST NW												
City		State	Zip Code		06302012 Transaction ID : PR2554013028018								
ANDOVI	ER	MN	55304	Amour	nt of Each	Receipt th	nis Period						
	number of contributing	С					117.	.00					
federal p	olitical committee.	U			7	7							
	Employer	Occupation											
	ealthCare Services Inc		tion Technology	_									
Receipt I	-or: mary	Aggregate	Year-to-Date ▼		duction (*	39.00 Bi-W	ookly						
	ner (specify)		546.00	F/K De	uuction (a	39.00 DI-W	eekiy)						
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	Address 6017 N 68TH STREET				of Receipt	D / Y	YYY	V					
Maining /	NOT NOT STREET			06		30	2012	Ť					
City		State	Zip Code	Tran	saction II	) : PR2560	064428018	3					
OMAHA		NE	68104	Amour	nt of Each	Receipt th	nis Period						
	number of contributing olitical committee.	С			7	7	291.	00					
	Employer ealthCare Services Inc	Occupation											
Receipt I		Medical Dire											
·	mary General	Aggregate	Year-to-Date ▼		duction (\$								
	ner (specify)		1358.00	F/K Dec	uction (a:	97.00 Bi-We	eekiy)						
	e (Last, First, Middle Initial) G W GAGE			Date of	of Receipt	:							
Mailing A	ddress 275 BAYSHORE BLVD #7	1007		06		D / Y 30	2012	Y					
City		State	Zip Code	Tran	saction II	D : PR2560	06472801	8					
TAMPA		FL	33606	Amour	nt of Each	Receipt th	nis Period						
	number of contributing olitical committee.	С			7		117	.00					
Name of	Employer	Occupation											
	ealthCare Services Inc	Medical Dir	ector										
Receipt I	-or: mary	Aggregate	Year-to-Date ▼		duction (f	20.00 D: W							
	ner (specify)		546.00	P/K De	uuction (\$	39.00 Bi-W	еекіу)						
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	L of Receipts This Page (optional	·					525.	00					

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11							
or	for commercial purposes, other than using the			erson for the purpose of soliciting contributions							
$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (I	Jnited for Health)								
۹.	Full Name (Last, First, Middle Initial) DONALD J GIANCURSIO			Date of Receipt							
	Mailing Address 72 MIDNIGHT RIDGE DR			06 / Y Y Y Y Y Y 06 30 2012							
	City LAS VEGAS	State NV	Zip Code 89135	Transaction ID : PR2560064928018							
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period							
	Name of Employer Health Plan of Nevada	Occupation Health Plan									
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 2702.00	P/R Deduction (\$193.00 Bi-Weekly)							
	Full Name (Last, First, Middle Initial) JERI L JONES			Date of Receipt							
	Mailing Address 512 W ORANGEWOOD AVE			06 30 2012							
	City PHOENIX	State AZ	Zip Code 85021	Transaction ID : PR2560065128018 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С		117.00							
	Name of Employer United HealthCare Services Inc	Occupation Health Plan									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 546.00	P/R Deduction (\$39.00 Bi-Weekly)							
	Full Name (Last, First, Middle Initial) SHELDON LIPPMAN			Date of Receipt							
	Mailing Address 55 CLIFFIELD ROAD			06 / Y Y Y Y 2012							
	City BEDFORD	State NY	Zip Code 10506	Transaction ID : PR2560065428018							
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period 291.00							
	Name of Employer	Occupation									
	United HealthCare Services Inc	Medical Dir									
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1358.00	P/R Deduction (\$97.00 Bi-Weekly)							
s	UBTOTAL of Receipts This Page (optional)			987.00							
T	OTAL This Period (last page this line number	only)	••••••								

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check o	nly or	ne)									
		for each category of the Detailed Summary Page	X 11a		11b	11c	12							
Any information copied from such Reports or for commercial purposes, other than us														
	ang the name and a	address of any political committe		Contra		Sucr	1 COmmitte	e.						
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorp	orated PAC (	United for Health)												
Full Name (Last, First, Middle Initial) ANGELA L LOBERG			Date	of Re	eceipt									
Mailing Address 2837 EAST PARK PLA	ACE			M = M / D = D / Y = Y = Y 06 30 2012										
City MILWAUKEE	State WI	Zip Code 53211		Transaction ID : PR2560065528 Amount of Each Receipt this Peri										
FEC ID number of contributing federal political committee.	С				7	3	291.	00						
Name of Employer United HealthCare Services Inc	Occupation SB VP Sale	n es and Account Mgmt												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1358.00	P/R De	əducti	ion (\$97.0	0 Bi-We	eekly)							
Full Name (Last, First, Middle Initial) B. JEFFREY D LUCHT			Date	of Re	eceipt									
Mailing Address 191 MAIN ST	01-11-	7. 0.1	06	Y										
City S GLASTONBURY	State	State Zip Code CT 06073				Transaction ID : PR2560065628018 Amount of Each Receipt this Period								
	CI	00073	Amou	int of	Each Re	ceipt th	is Period							
FEC ID number of contributing federal political committee.	C				3	9	291.	00						
Name of Employer United HealthCare Services Inc	Occupation SVP, Actua	n rial & Underwriting												
Receipt For:	Aggregate	Year-to-Date ▼												
Primary General Other (specify) ▼		1358.00	P/R De	∍ducti	on (\$97.0	0 Bi-We	ekly)							
Full Name (Last, First, Middle Initial) C. DAVID MILICH			Date	of Re	eceipt									
Mailing Address 2702 BIRCHMERE CO	URT		06		D D 30	/ Y	у у 2012	Y						
City KATY	State TX	Zip Code 77450			t <b>ion ID : F</b> Each Re		06602801 is Period	3						
FEC ID number of contributing federal political committee.	C				7	7	117.	00						
Name of Employer	Occupation	1												
United HealthCare Services Inc	Health Plar	n CEO												
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 546.00	P/R D	educti	ion (\$39.0	0 Bi-We	eekly)							
SUBTOTAL of Receipts This Page (optic	nal)						699.	00						
TOTAL This Period (last page this line n	umber only)							. 1						

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		Detailed Summary Page		11a 13		11b 14	11c	12	<b>1</b> -1-7		
Any information copied from such Reports and				or the		pose of					
or for commercial purposes, other than using th	ie name and a	audress of any political committe	e to sol	ICIT COT	ntrib	outions f	rom such	i commiti	ee.		
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ted PAC (I	United for Health)									
Full Name (Last, First, Middle Initial)				Date of	Re	ceipt					
Mailing Address 3862 CARRIAGE HILL DRIV	/E			м м 06	1	30	/ Y	y y 2012	Y		
City	State	Zip Code		Trans	acti	ion ID :	PR25603	39802801	8		
FREDERICK	MD	21704	A	mount	of	Each R	eceipt th	is Period			
FEC ID number of contributing federal political committee.	С			_	_	<u>, , , , , , , , , , , , , , , , , , , </u>	7	45	.00		
Name of Employer	Occupation	1									
United HealthCare Services Inc	Dir Network	< Programs									
Receipt For:		Year-to-Date ▼	$\neg$								
Primary General Other (specify) ▼		210.00	]   P/	'R Dedi	uctio	on (\$15.	00 Bi-We	ekly)			
Full Name (Last, First, Middle Initial) B. ROBERT LASSITER				Date of	Re	ceipt					
Mailing Address 848 N RAINBOW BLVD				м м 06	1	30	/ Y	y y 2012	Y		
City	State	Zip Code		Transa	acti	ion ID :	PR25603	39862801	8		
LAS VEGAS	NV	89107	A	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С			_	39	.00					
Name of Employer United HealthCare Services Inc	Occupation Solution SIs	n s Exec OptumInsight									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 468.00	<b>]</b> P/	R Dedu	uctic	on (\$39.	00 Bi-We	ekly)			
Full Name (Last, First, Middle Initial) TIMOTHY J NOEL	. <u> </u>			Date of	Re	ceipt					
Mailing Address 4408 THOMAS AVE SOUTH				м м 06	1	30	/ Y	ү ү 2012	Y		
	State	Zip Code						39882801	8		
MINNEAPOLIS	MN	55410	A	\mount	tof	Each R	eceipt th	is Period			
FEC ID number of contributing federal political committee.	С				_	7	7	117	.00		
Name of Employer	Occupation	1	$\neg$								
United HealthCare Services Inc	VP Finance	<u>}</u>	_								
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General			P/	'R Ded	uctio	on (\$39.	.00 Bi-We	ekly)			
Other (specify)		546.00									
SUBTOTAL of Receipts This Page (optional)			• [		Ξ			201	00		
TOTAL This Period (last page this line number			- 1	_		7					

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	<b>X</b> 11a	1 🗌	11b	11c	12					
Any information conied from such Densite an	d Statamanta		13		14	15	16	17				
Any information copied from such Reports an or for commercial purposes, other than using												
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor	ated PAC (I	United for Health)										
Full Name (Last, First, Middle Initial) A. JAMES CRONIN			Date	of Re	eceipt							
Mailing Address 20700 DELTA DRIVE				06 30 _ 2012 _								
City GAITHERSBURG	State MD	Zip Code 20882					32112801 is Period	8				
FEC ID number of contributing federal political committee.	С		E		7	- 7	115	.38				
Name of Employer United HealthCare Services Inc Receipt For:	Occupation Health Plar Aggregate											
Other (specify) ▼		538.44	P/R D	educt	ion (\$38.4	46 Bi-We	ekly)					
Full Name (Last, First, Middle Initial) B. BRIAN W LUND			Date	of Re	eceipt							
Mailing Address 464 EAST NORTH AVE	State	Zip Code	06 / 30 2012 Transaction ID : PP2561457628018									
GRANTSBURG	WI	54840	Transaction ID : PR2561457628018           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		С		7		117.	00				
Name of Employer United HealthCare Services Inc	Occupation Mgr Tax	1	_									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 296.00	P/R D	educti	on (\$39.0	)0 Bi-We	ekly)					
Full Name (Last, First, Middle Initial) C. LARRY W CAVANAUGH			Date	of Re	eceipt							
Mailing Address 520 NE 20TH ST # 1010			0	M	30	/ Y	2012	Y				
City FORT LAUDERDALE	State FL	Zip Code 33305					21102801 is Period	8				
FEC ID number of contributing federal political committee.	C				1	1	117	.00				
Name of Employer United HealthCare Services Inc	Occupation	n Govt Dental Sales Mgr										
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 546.00	P/R D	educt	ion (\$39.(	00 Bi-We	eekly)					
SUBTOTAL of Receipts This Page (optional	)				7		349.	38				
TOTAL This Period (last page this line numl	per only)				,							

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

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	EIMIZED RECEIPTS		Detailed Summary Page		11a		11b		11c	1	2				
			, ,		13		14		15		6	17			
or	y information copied from such Reports and for commercial purposes, other than using th														
	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporat	ed PAC (l	Jnited for Health)												
Α.	Full Name (Last, First, Middle Initial) KATHLEEN R CRAMPTON				Date of Receipt										
	Mailing Address 2335 SOUTH OCEAN BLVD	B5			06 30 2012										
	City	State	Zip Code	Transaction ID : PR2563211128018											
	PALM BEACH	FL	33480	/	Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	С					7		7	_	300.0	00			
	Name of Employer	Occupation													
	United HealthCare Services Inc	Plan Presid	ent												
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1400.00	P	/R Ded	uctio	on (\$	\$100.0	00 Bi-W	/eekly	<i>י</i> )				
	Full Name (Last, First, Middle Initial) JENNIFER F WALSH				Date of	Re	eceip	ot							
	Mailing Address 3116 4TH STREET NORTH				м м 06	/		30	/ Y	201	ү 2	Y			
	City	State	Zip Code		Trans	acti	ion II	D : Pl	R25642	29682	8018				
	ARLINGTON	VA	22201	/	Amount	of	Each	h Reo	ceipt th	is Pe	riod				
	FEC ID number of contributing federal political committee.	С					,		7		291.0	00			
	Name of Employer United HealthCare Services Inc	Occupation Dir Govt Re													
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1358.00	P/	'R Dedi	uctio	on (\$	97.00	) Bi-We	ekly)					
с.	Full Name (Last, First, Middle Initial) ARTHUR R MILLER	I			Date of	Re	eceip	t							
	Mailing Address 5009 ASHINGTON LANDING	G DRIVE			м м 06	/		о 30	/ Y	201		Y			
	City TAMPA	State FL	Zip Code 33647						R25642 ceipt th						
	FEC ID number of contributing federal political committee.	С					7		7		500.	01			
	Name of Employer	Occupation													
	United HealthCare Services Inc	VP Genera	I Management												
	Receipt For:		Year-to-Date ▼												
	Primary General Other (specify) ▼		2333.38	]   P.	/R Ded	ucti	ion (\$	\$166.0	67 Bi-W	/eekly	/)				
s	UBTOTAL of Receipts This Page (optional)						,		7	1	091.0	1			
т	OTAL This Period (last page this line number	only)					7		7						

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

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	EMIZED RECEIPTS		Detailed Summary Page	×	11a		11	b	11c		12				
٨٠٠	u information conied from such Density and	l Statomanta	w not be cold or wood by are a		13		14		15		16 ntribut	17			
	y information copied from such Reports and for commercial purposes, other than using t														
$\setminus$	NAME OF COMMITTEE (In Full)														
	UnitedHealth Group Incorpora	iliea PAC (l	Tor Health)												
۹.	Full Name (Last, First, Middle Initial) ANDREW C MACKENZIE				Date of	Re	ecei	pt							
	Mailing Address 1912 IRVING AVE S				06 30 2012										
	City	State	Zip Code		Transaction ID : PR2564297128018										
	MINNEAPOLIS	MN	55403		Amount	of	Ea	ch Re	eceipt t	nis F	Period				
	FEC ID number of contributing federal political committee.	С					7		9		300.	00			
	Name of Employer	Occupation													
	United HealthCare Services Inc	Business S	egment CMO												
	Receipt For:	Aggregate	Year-to-Date ▼	_				· • · -							
	Other (specify) ▼		1400.00		/R Ded	uctio	on (	(\$100	.00 Bi-\	Veek	dy)				
	Full Name (Last, First, Middle Initial) STEPHEN E SWANSON	I			Date of	Re	ecei	pt							
	Mailing Address 3001 HUNTINGTON COUR	RT			M M	/	ľ		/ Y		Y 10	Y			
	City	State	Zip Code		06 30 2012 Transaction ID : PR2564297328018										
	КАТҮ	ТХ	77493						eceipt t			•			
	FEC ID number of contributing federal political committee.	С					,				117.	00			
	Name of Employer United HealthCare Services Inc	Occupation													
	Receipt For:		ount Management												
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 546.00	]   P/	/R Ded	uctio	on (	(\$39.0	00 Bi-W	eekly	/)				
	Full Name (Last, First, Middle Initial) HARVEY J BALTHASER	1			Date of	Re	ecei	pt							
	Mailing Address 11417 ARCHSTONE DR				м м 06	/		30	/ Y		)12	Y			
	City	State	Zip Code		Trans	act	ion	ID : I	PR2564	297	52801	B			
	AUSTIN	ТХ	78739		Amount	t of	Ea	ch Re	eceipt t	nis F	Period				
	FEC ID number of contributing federal political committee.	С					,		7		117	.00			
	Name of Employer	Occupation													
	United HealthCare Services Inc	Medical Dir	ector												
	Receipt For:	Aggregate	Year-to-Date ▼												
	Other (specify) ▼		546.00	<sup>P</sup>	/R Ded	ucti	on	(\$39.0	00 Bi-W	eekl	y)				
s	JBTOTAL of Receipts This Page (optional).										534.	00			

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)									
ILWIZED RECEIPIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12									
			13     14     15     16     17       berson for the purpose of soliciting contributions       e to solicit contributions from such committee.									
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpor												
Full Name (Last, First, Middle Initial) <b>A.</b> CHRISTOPHER CHARLES CARL	SON		Date of Receipt									
Mailing Address 12801 OVERLOOK ROAL	)		M M / D D / Y Y Y Y Y 06 30 2012									
City DAYTON	State MN	Zip Code 55327	Transaction ID : PR2564802628018           Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		60.00									
Name of Employer United HealthCare Services Inc Receipt For:		l Management										
Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 280.00	P/R Deduction (\$20.00 Bi-Weekly)									
Full Name (Last, First, Middle Initial) B. PAUL DANIEL HANSEN			Date of Receipt									
Mailing Address 18430 62ND PLACE NOR		7: 0 1	06 / 0 / Y Y Y Y 06 2012									
City MAPLE GROVE	State MN	Zip Code 55311	Transaction ID : PR2564802728018 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		291.00									
Name of Employer United HealthCare Services Inc	Occupation Controller -	n Market Group										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1358.00	P/R Deduction (\$97.00 Bi-Weekly)									
Full Name (Last, First, Middle Initial) C. ELIZABETH D MORAN			Date of Receipt									
Mailing Address 2231 BENT TREE LANE			06 30 / Y Y Y Y 06 30 2012									
City MENDOTA HEIGHTS	State MN	Zip Code 55120	Transaction ID : PR2564803128018 Amount of Each Receipt this Period									
FEC ID number of contributing federal political committee.	С		291.00									
Name of Employer United HealthCare Services Inc	Occupation Chief Com	n pInc/Ethics Officer										
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1358.00	P/R Deduction (\$97.00 Bi-Weekly)									
SUBTOTAL of Receipts This Page (optional	)		642.00									
TOTAL This Period (last page this line num	ber only)											

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			Detailed Summary Page		11a		11b	11c	12				
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	y information copied from such Reports and S for commercial purposes, other than using the												
$\backslash$	NAME OF COMMITTEE (In Full)												
$\Big)$	UnitedHealth Group Incorporate	ed PAC (I	Jnited for Health)										
Α.	Full Name (Last, First, Middle Initial) KATHERINE L KENNY				Date of	Re	ceipt						
	Mailing Address 22408 FITZGERALD DRIVE				M = M / D = D / Y = Y = Y 06 30 _ 2012 _								
	City	State	Zip Code	Transaction ID : PR2564803228018									
	LAYTONSVILLE	MD	20882	A	mount	of	Each Re	eceipt th	is Period				
	FEC ID number of contributing federal political committee.	С					7	- 7	117	.00			
	Name of Employer	Occupation	1	_									
	United HealthCare Services Inc	SB, VP of A	Account Management										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General	33. 594.0		P/	R Ded	uctio	on (\$39.0	00 Bi-We	ekly)				
	Other (specify)		546.00										
В.	Full Name (Last, First, Middle Initial) PAUL O MARDEN				Date of	Re	ceipt						
	Mailing Address 718 HICKORY HILL RD				M M	7	D D	/ Y	Y Y	Y			
					06		30		2012				
	City	State	Zip Code		Trans	acti	on ID : F	PR25648	303328018	3			
	FRANKLIN LAKES	NJ	07417	A	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С											
	Name of Employer	Occupation	1										
	United HealthCare Services Inc	KA VP Sale	s and Account Mgmt										
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General			P/	R Dedu	uctic	on (\$39.0	0 Bi-We	ekly)				
	Other (specify)		546.00										
c.	Full Name (Last, First, Middle Initial) WILLIAM T MCENERY			C	Date of	Re	ceipt						
	Mailing Address 2012 HUMBOLDT AVENUE S				м м 06	/	D D D 30	/ Y	у у 2012	Y			
	City	State	Zip Code		Trans	acti	ion ID : I	PR25648	80362801	8			
	MINNEAPOLIS	MN	55405	A	mount	of	Each Re	eceipt th	is Period				
	FEC ID number of contributing federal political committee.	С					7	,	300	.00			
	Name of Employer	Occupation	1										
	United HealthCare Services Inc	Business S	egment CMO										
	Receipt For:	1	Year-to-Date ▼										
	Primary General	33. 294.0	P/	R Ded	uctio	on (\$100	.00 Bi-W	/eekly)					
	Other (specify)												
s	UBTOTAL of Receipts This Page (optional)								534.	00			
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		Detailed Summary Page		11a		11b		11c	12		
		, ,		13		14		15	16	17	
Any information copied from such Reports and or for commercial purposes, other than using t											
NAME OF COMMITTEE (In Full)											
UnitedHealth Group Incorpora	ted PAC (	United for Health)									
Full Name (Last, First, Middle Initial) <b>A.</b> TAMMY A O'HARE			[	Date of	Re	eceipt					
Mailing Address 2420 SAINT GEORGE WA	Y		M M / D D / Y Y Y Y Y 06 30 2012								
City	State	Zip Code		Trans	acti	ion IC	) : P	R25648	80392801	8	
BROOKEVILLE	MD	20833	A	Amount	of	Each	Red	ceipt th	is Period		
FEC ID number of contributing federal political committee.	С					7		7	117	.00	
Name of Employer	Occupation	1									
United HealthCare Services Inc	SB VP Sale	es and Account Mgmt									
Receipt For:	Aggregate	Year-to-Date ▼									
Primary General Other (specify) ▼		546.00	]   P/	/R Ded	uctio	on (\$:	39.00	) Bi-We	ekly)		
Full Name (Last, First, Middle Initial) B. DEBRA J BERNS				Date of	Re	eceipt					
Mailing Address 2553 WASHBURN AVENUE	E SOUTH			M M	/	· ·	D	/ Y	Y Y	Y	
			06 30 2012								
City	State	Zip Code		Transaction ID : PR2564804028018							
MINNEAPOLIS	MN	55416	Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		291.00								
Name of Employer	Occupation	1									
United HealthCare Services Inc	Sr Deputy (	General Counsel									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1358.00	P/	′R Dedu	uctio	on (\$9	97.00	) Bi-We	ekly)		
Full Name (Last, First, Middle Initial) C. KATHRYN S RUBIN				Date of	Re	eceipt					
Mailing Address 310 SYCAMORE LANE				м м 06	/		D 30	/ Y	y y 2012	Y	
	State MN	Zip Code 55441							80432801	8	
PLYMOUTH	IVIIN	JJ44 I	/	Amount	of	Each	Red	ceipt th	is Period		
FEC ID number of contributing federal political committee.	С					3		7	291	.00	
Name of Employer	Occupation	1									
United HealthCare Services Inc	VP Social I	Resp/Pres Foundation									
Receipt For:	Aggregate	Year-to-Date ▼									
Other (specify) ▼		1358.00	P.	/R Ded	ucti	on (\$9	97.00	0 Bi-We	ekly)		
SUBTOTAL of Receipts This Page (optional).									699.	00	
TOTAL This Period (last page this line number						7		- 5			

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			Detailed Summary Page		11a 13		11b	11c 15	12	17
	y information copied from such Reports and S for commercial purposes, other than using the				or the		pose of :	soliciting	contribu	tions
$\left\langle \right\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate									
A.	Full Name (Last, First, Middle Initial) JARROD A FORBES				Date of	Re	eceipt			
	Mailing Address 2121 PARK FOREST DRIVE				м м 06	1	D □ D 30	/ Y	y y 2012	Y
	City CHESTERFIELD	State MO	Zip Code 63017						80452801	
		IVIO	03017	A	Amount	of	Each Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С					7	7	120	
	Name of Employer	Occupation								
	United HealthCare Services Inc	Dir Govt Re								
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				on (\$40.(		okly)	
	Other (specify)		560.00		K Deu	ucu	011 (\$40.0	л рі-лле	екіу)	
В.	Full Name (Last, First, Middle Initial) ROBERT EDWARD CLARK				Date of	Re	eceipt			
	Mailing Address 3220 XANTHUS LANE NORT	Ή			м м 06	/	30	/ Y	y y 2012	Y
	City	State	Zip Code						2962801	
	PLYMOUTH	MN	55447	A	Mount	of	Each Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С				_			117	.00
	Name of Employer United HealthCare Services Inc	Occupation Dir Marketir								
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 546.00	P/	R Dedi	uctio	on (\$39.0	0 Bi-We	ekly)	
с.	Full Name (Last, First, Middle Initial) WENDY D ARNONE				Date of	Re	eceipt			
	Mailing Address N62W13531 SUNBRUST DR				м м 06	1	30	/ Y	үүү 2012	Y
	City MENOMONEE FALLS	State WI	Zip Code 53051						90052801	
		VVI	55051	^	Amount	of	Each Re	eceipt th	is Period	
	FEC ID number of contributing federal political committee.	С							150	0.00
	Name of Employer	Occupation	l							
	United HealthCare Services Inc	Health Plar	n CEO							
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_		4 :	( <b>¢</b> ) (		المالية م	
	Other (specify) ▼		700.00		R Deu	ucu	on (\$50.0	JO DI-VVE	екіу)	
s	UBTOTAL of Receipts This Page (optional)								387	.00
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only	(check only one)							
		for each category of the Detailed Summary Page	<b>X</b> 11a		lc 12						
Any information copied from such Reports or for commercial purposes, other than us					iting contribut						
NAME OF COMMITTEE (In Full)	-										
> UnitedHealth Group Incorp	orated PAC (L	Inited for Health)									
Full Name (Last, First, Middle Initial) A. KENDALL B MARSH			Date of	Receipt							
Mailing Address N72 W24078 CRAVEN	I DR		06	/ D D /	2012	Y					
City	State	Zip Code		action ID : PR2		В					
SUSSEX	WI	53089	Amount	of Each Receip	ot this Period						
FEC ID number of contributing federal political committee.	C				, 117.	00					
Name of Employer	Occupation										
United HealthCare Services Inc	SB Dir Acco	unt Mgmt									
	Aggregate	lear-to-Date ▼									
Other (specify) ▼		546.00	P/R Ded	uction (\$39.00 B	i-Weekly)						
Full Name (Last, First, Middle Initial) B. MATTHEW H STEARNS			Date of	Receipt							
Mailing Address 5131 MASSACHUSET	TS AVENUE		06	/ D D / 30	2012	Y					
City	State	Zip Code	Trans	action ID : PR2	571777928018	3					
BETHESDA	MD	20816	Amount	of Each Receip	ot this Period						
FEC ID number of contributing federal political committee.	С			, 117.	00						
Name of Employer United HealthCare Services Inc	Occupation Dir Commun	ications									
Receipt For:		/ear-to-Date ▼									
Primary General Other (specify) ▼		468.00	P/R Ded	uction (\$39.00 B	i-Weekly)						
Full Name (Last, First, Middle Initial) C. RICHARD A ELLIOTT			Date of	Receipt							
Mailing Address 715 WOODSCAPE TR	AIL		M M 06	/ D D / 30	2012	Y					
City	State	Zip Code	Trans	action ID : PR2	57258882801	8					
ALPHARETTA	GA	30022	Amount	of Each Receip	ot this Period						
FEC ID number of contributing federal political committee.	C				117	.00					
Name of Employer	Occupation										
United HealthCare Services Inc	Health Plan	CEO									
Receipt For:	Aggregate V	lear-to-Date ▼									
Primary General Other (specify) ▼		, 429.00	P/R Ded	uction (\$39.00 B	i-Weekly)						
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PAGE 99 OF

ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17										
or for commercial purposes, other than using t	I Statements may not be sold or used by any pe the name and address of any political committee											
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ted PAC (United for Health)											
Full Name (Last, First, Middle Initial) A. JEFFREY P DEAN		Date of Receipt										
Mailing Address W5912 DEAN ROAD	Oteste Zie Ocele	M = M / D = D / Y = Y = Y = Y 06 30 2012										
City TOMAHAWK	State Zip Code WI 54487	Transaction ID : PR2572589428018										
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period										
Name of Employer United HealthCare Services Inc Receipt For: Primary General Other (specify) ▼	Occupation Assoc Dir Finance Aggregate Year-to-Date ▼ 440.00	P/R Deduction (\$40.00 Bi-Weekly)										
Full Name (Last, First, Middle Initial) B. KEVIN JAMES CARLSON		Date of Receipt										
Mailing Address 4909 WEST SUNNYSLOPE	ROAD	06 30 2012										
City	State Zip Code	Transaction ID : PR2572590028018										
EDINA	MN 55424	Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee.	С	117.00										
Name of Employer United HealthCare Services Inc	Occupation Chief of Staff	_										
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	P/R Deduction (\$39.00 Bi-Weekly)										
Full Name (Last, First, Middle Initial) C. THERESA M CLARKE		Date of Receipt										
Mailing Address 16644 GRAND AVE		06 30 2012										
City BELLFLOWER	State Zip Code CA 90706	Transaction ID : PR2572591128018										
FEC ID number of contributing federal political committee.	CA 90706	Amount of Each Receipt this Period										
Name of Employer	Occupation											
United HealthCare Services Inc Receipt For:	Assoc Dir Utilization Mgmt	_										
Primary General Other (specify)	Aggregate Year-to-Date ▼ 429.00	P/R Deduction (\$39.00 Bi-Weekly)										
SUBTOTAL of Receipts This Page (optional).	·····	354.00										
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PAGE 100 OF

ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)								
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Any information conied from such Reports an	d Statements m	av not be sold or used by any r	13     14     15     16     1       person for the purpose of soliciting contributions								
			e to solicit contributions from such committee.								
NAME OF COMMITTEE (In Full) UnitedHealth Group Incorpora	ated PAC (I	United for Health)									
Full Name (Last, First, Middle Initial) A. THOMAS P WIFFLER			Date of Receipt								
Mailing Address 1421 SOMERFIELD DRIV	E		M M / D D / Y Y Y Y Y 06 30 2012								
City BOLINGBROOK	State IL	Zip Code 60490	Transaction ID : PR2572992728018           Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		291.00								
Name of Employer United HealthCare Services Inc Receipt For:	Occupation Health Plan										
Primary General Other (specify) ▼	Aggregate	970.00	P/R Deduction (\$97.00 Bi-Weekly)								
Full Name (Last, First, Middle Initial) B. MICHAEL J MCGINNITY			Date of Receipt								
Mailing Address 903 MCINDOE ST	21.1		06 30 / Y Y Y Y Y 2012								
City WAUSAU	State WI	Zip Code 54403	Transaction ID : PR2573519028018 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С		117.00								
Name of Employer United HealthCare Services Inc	Occupation Dir Client S	vc Acct Mgt									
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 351.00	P/R Deduction (\$39.00 Bi-Weekly)								
Full Name (Last, First, Middle Initial) C. JOHN C SICKELS			Date of Receipt								
Mailing Address 1706 TALL OAKS			06 30 2012								
City WAUSAU	State WI	Zip Code 54403	Transaction ID : PR2573519128018 Amount of Each Receipt this Period								
FEC ID number of contributing federal political committee.	С										
Name of Employer	Occupation	1	_								
United HealthCare Services Inc		nal VP Sales & AM									
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 351.00	P/R Deduction (\$39.00 Bi-Weekly)								
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PAGE 101 OF

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			for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	Г	17			
			l ay not be sold or used by any po ddress of any political committee		for the		oose of		g contri	ibutio				
NAME OF COMMIT	TEE (In Full) Group Incorporat	ed PAC (l	Jnited for Health)											
Full Name (Last, Fi A. ANITA Q MESS					Date of	Re	ceipt							
Mailing Address 16	935 41ST AVE N				06 30 2012									
City PLYMOUTH		State MN	Zip Code 55446					PR2573 Receipt th	877028	8018				
FEC ID number of federal political com	U U	С					y	7	3	375.0	0			
Name of Employer United HealthCare S Receipt For:	Services Inc		Management											
Primary [ Other (specify	General ') ▼	Aggregate	Year-to-Date ▼ 1000.00		/R Ded	uctio	on (\$12	5.00 Bi-V	Veekly)	)				
Full Name (Last, Fi B. CARY J MCCA					Date of	Re	ceipt							
Mailing Address 88	00 RUMFIELD RD			06 / D D / Y Y Y Y Y Y 06 30 2012										
City NORTH RICHLAND	HILLS	State TX	Zip Code 76182				-	PR2575 Receipt th						
FEC ID number of federal political com	contributing	С			Amount		1			117.0	0			
Name of Employer United HealthCare S	Services Inc	Occupation VP General	Management											
Receipt For: Primary Other (specify	General ') ▼	Aggregate	Year-to-Date ▼ 234.00	P	/R Dedu	uctic	on (\$39.	.00 Bi-We	∋ekly)					
Full Name (Last, Fi		I			Date of	Re	ceipt							
Mailing Address 2	PLOWBOY PATH	-			м м 06	/	30		y 2012					
City COMMACK		State NY	Zip Code 11725					PR2575 Receipt th						
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Name of Employer United HealthCare S	Services Inc	Occupation KA Dir Acc												
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PAGE 102 OF

		Detailed Summary Page		11a		11b		11c	12						
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NAME OF COMMITTEE (In Full)															
UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)													
Full Name (Last, First, Middle Initial) <b>A.</b>				Date of	Re	ceipt									
Mailing Address 4842 NORTH PAULINA STRE	ET		_ [	06 / Y Y Y Y Y 06 30 2012											
City	State	Zip Code		Trans	acti			R25751	4652801	8					
CHICAGO	IL	60640	Amount of Each Receipt this Period												
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Name of Employer	Occupation		$\neg$												
United HealthCare Services Inc	Dir Commu	nications													
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Full Name (Last, First, Middle Initial) B. PAUL B HEBERT				Date of	Re	ceipt									
Mailing Address 14 WINTER VILLAGE ROAD			][	м м 06		D	0	/ Y	2012	Y					
City	State Zip Code														
GRANBY															
FEC ID number of contributing federal political committee.	C			_	_	7		- 7	is Period 250	.00					
Name of Employer United HealthCare Services Inc	Occupation CEO Specia	alty Benefits -Dental													
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	<b>]</b> P/	R Dedu	JCtic	on (\$1	25.0	00 Bi-W	eekly)						
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Mailing Address 9908 GLENROCK DRIVE				M M 06	_	D	D 80	/ Y	2012	Y					
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LAS VEGAS	NV	89134	A	\mount	of	Each	Re	ceipt thi	is Period						
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Name of Employer	Occupation		_												
Health Plan of Nevada	Sr Medical	Director													
Receipt For:	Aggregate	Year-to-Date ▼													
Primary General	50 0		P/	/R Dedu	uctic	on (\$2	2525	5.00 Bi-\	Neekly)						
Other (specify)		2525.00	]												
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PAGE 103 OF

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$\rangle$	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporate	ed PAC (l	Jnited for Health)								
Α.	Full Name (Last, First, Middle Initial) DANIEL J KENIRY			[	Date of	Re	eceipt				
	Mailing Address 5553 LITTLE FALLS ROAD		7: 0-1		м м 06	/	3	D 30		2012	
	City ARLINGTON	State VA	Zip Code 22207				-			37932801	-
	FEC ID number of contributing federal political committee.	C			Amount	L OT	⊨acn	i Hec	eipt th	iis Period 291	1.00
	Name of Employer United HealthCare Services Inc	Occupation VP Gov't Re									
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PAGE 104 OF

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NAME OF COMMITTEE (In Full)	<u> </u>										
VinitedHealth Group Inc	•	United for Health)									
Full Name (Last, First, Middle Initia A. Citizens For Altmire	al)			Date of	f Re	eceip	ot				
Mailing Address P.O. Box 1776				м м 06	/		06	/ Y		) 012	Y
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S	CHEDULE B (FEC Form 3X)			=	ו אכ					PA	GE 10	05 OF	- 116			
	EMIZED DISBURSEMENTS		parate schedule(s) a category of the		heck	only		•								
			I Summary Page			21b 27	22 28a	•••	23 28b	24 28c		25 29	26 30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nan															
$\left[ \right]$	NAME OF COMMITTEE (In Full)															
	UnitedHealth Group Incorporated F	PAC (U	nited for Hea	lth)												
	Full Name (Last, First, Middle Initial)						-									
А.	Jeffries For Congress						Date o	_	burse		/ Y	VVV				
	Mailing Address 630 Washington Avenue						06	Í	0		201					
	,	State NY	Zip Code 11238				Trans	actio	on ID	: 348537	95					
	Brooklyn			ITalia	acin		. 540557	33								
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В.	Friends Of Jim Clyburn						Date o	f Dis	burse	ment						
	Mailing Address PO Box 12567						м м 06	/	0		201	2				
	City S Columbia	State SC	Zip Code 29211				Transaction ID : 34878713									
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_	Full Name (Last, First, Middle Initial)															
C.	Bob Corker For Senate 2012						Date o	_	burse		( Y	V				
	Mailing Address 1910 21st Avenue South						06	Ĺ	20		201					
		State	Zip Code				Trans	sactio	on ID	: 349573	37					
	Nashville Purpose of Disbursement	TN	37212	_	_											
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	Sen. Robert P. Corker Jr. Office Sought: House Disburser	ment For:		Ţ	ype				7		_					
	Senate President	Primary Other (spe	General				Contrib	ution								
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$\backslash$	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated I	PAC (United for He	alth)								
<u>ل</u>	Full Name (Last, First, Middle Initial)			Date of Disbursement							
Λ.	Michigan Republican Party										
	Mailing Address 520 Seymour Street			06 20 2012							
	City Lansing	State Zip Code MI 48933		Transaction ID : 34959044							
	Purpose of Disbursement Contribution	40000									
	Candidate Name		011	Amount of Each Disbursement this Period							
	Michigan Republican Party		Category/ Type	5000.00							
		ment For: Primary General Other (specify)		Contribution							
	State: District:	1									
в.	Full Name (Last, First, Middle Initial)			Date of Disbursement							
	Mailing Address 25 East Main Street, Suite 200			06 / D D / Y Y Y Y 20 2012							
	City Richmond	StateZip CodeVA23219		Transaction ID : 34959045							
	Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period							
	Candidate Name ERICPAC		Category/ Type	2500.00							
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼	1,100	Contribution							
_	State: District: Full Name (Last, First, Middle Initial)										
C.	Friends Of John Barrow			Date of Disbursement							
	Mailing Address PO Box 8166			06 / D D / Y Y Y Y 20 2012							
	City Savannah	State Zip Code GA 31412		Transaction ID : 34959047							
	Contribution		011								
	Candidate Name		Category/	Amount of Each Disbursement this Period							
	Rep. John J. Barrow		Туре	5000.00							
	Senate President	ment For: 2012 Primary		Contribution							
	State: GA District: 12										
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	y information copied from such Reports and Stater for commercial purposes, other than using the nam																	
$\left \right\rangle$	NAME OF COMMITTEE (In Full)																	
	UnitedHealth Group Incorporated F	PAC (Ur	nited for Hea	lth)														
Α.	Full Name (Last, First, Middle Initial) Majority Initiative to Keep Electing Repu	blicans F	und A K A Mi	ke R	Εu	Ind	Da	ate o	f Dis	sburse	eme	ent						
	Mailing Address PO Box 2485						7	и м 06	/	2	20	/		012	Y			
	City Springfield	Transaction ID : 34959049																
	Purpose of Disbursement	22152	_	_	_													
	Contribution			0	)11		Amount of Each Disbursement this Period											
	Candidate Name Majority Initiative to Keep Electing Republicans Fund	d A.K.A. Mik	e R Fund	Cate	egoi ype		- E			,				5000	0.00			
	Office Sought: House Disburser Senate President District:	nent For: Primary Other (spe	General General				Сс	ontrib	utior	١								
В.	Full Name (Last, First, Middle Initial)						D/	ato o	fDid	sburse	2000	nt						
Ь.	Bob Casey For Senate Inc						_		_	D				Y	V			
	Mailing Address 30 South 15th Street, Suite 400							06	Í		20			012	Y			
	Philadelphia	State PA	Zip Code 19102				Transaction ID : 34959051											
	Purpose of Disbursement Contribution			C	011		Ar	noun	unt of Each Disbursement this Perio						Period			
	Candidate Name Sen. Robert P. Casey Jr.			Cate		ry/	- [						250	0.00				
		nent For: Primary Other (spe	X General		ype		Contribution											
-	Full Name (Last, First, Middle Initial)						D	ate o	f Die	sburse	ome	nt						
0.	Manchin For West Virginia						_	л – м		D		/	Y	Y	Y			
	Mailing Address PO Box 5202							06		2	20	I L	20	012				
	5	State	Zip Code				-	Frans	sact	ion IC	):3	49590	52					
	Charleston Purpose of Disbursement	WV	25361	_	_	_												
	Contribution			0	)11		Ar	noun	t of	Each	Dis	sburse	ment	t this	Period			
	Candidate Name Sen. Joe Manchin III			Cate	egoi ype		2500.00											
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	Senate President	Primary Other (spe	K General				Co	ontrib	utior	١								
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S	CHEDULE B (FEC Form 3X)		INF N	IUMBER			P	AGE	108 (	OF 116						
IT	EMIZED DISBURSEMENTS	for each	category of the Summary Page			21b 27	-	X	23 28b	24		25 29	26 30b			
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	NAME OF COMMITTEE (In Full) UnitedHealth Group Incorporated F	PAC (Ui	nited for Hea	lth)												
Α.	Full Name (Last, First, Middle Initial) Kind for Congress Committee						Date c	_	sburse		Y	Y	Y			
	Mailing Address 205 5th Avenue South						06			0		012				
	La Crosse	State WI	Zip Code 54601		Transaction ID : 34959053											
	Purpose of Disbursement Contribution Candidate Name	)11		Amount of Each Disbursement this Period												
	Rep. Ron Kind			Cate T	egor ype	y/			7	7	_	2500	0.00			
	Office Sought: House Disburser Senate President State: WI District: 33	nent For: Primary Other (spe	X General				Contrib	utior	ı							
В.	Full Name (Last, First, Middle Initial) Tim Walz For US Congress Mailing Address PO Box 938						Date c		D			2012	Y			
		State	Zip Code	Transaction ID : 34959054												
	Mankato Purpose of Disbursement	MN	56002				Tran	sact	ion ID	: 34959	054					
	Contribution Candidate Name Rep. Timothy J. Walz			Cate	)11 egory	y/	Amour	it of	Each	Disburse	emen	t this 2000				
		nent For: Primary Other (spe	General				Contrib	outior	ו							
C.	Full Name (Last, First, Middle Initial) Kelly PAC						Date c	_	sburse		Y	Y	Y			
	Mailing Address 901 N Washington Street, Suite 10	2					06		2			012				
	Alexandria	State VA	Zip Code 22314				Tran	sact	ion ID	: 34959	055					
	Purpose of Disbursement Contribution Candidate Name Kelly PAC			Cate	)11 egor ype	y/	Amour	it of	Each	Disburse	emen	t this 1000	_			
	Office Sought:     House     Disburser       Senate     President     Image: Construct to the senate of the s	nent For: Primary Other (spe	General ecify) ▼	<u>_</u>	уре		Contrib	utior	1	7						
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	CHEDULE B (FEC Form 3X)					FOR LINE NUMBER: PAGE 109 OF 116									OF 116		
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(C	hec	k or 21	nly or	າe) ີ 22	X	23		24		25	26			
		Detailed	Summary Page		-	27		28a		23 28b	$\vdash$	24 28c	$\vdash$	29	30b		
	y information copied from such Reports and Stater for commercial purposes, other than using the nar																
$\left \right\rangle$	NAME OF COMMITTEE (In Full)																
	UnitedHealth Group Incorporated I	PAC (U	nited for Hea	lth)													
Α.	Full Name (Last, First, Middle Initial) Mike McIntyre For Congress							Date o	f Dis	sburse	eme	nt					
	wike wontyre For Congress							M M	_				Y	Y	Y		
	Mailing Address PO Box 1							06 20 2012									
	,	State	Zip Code					Trans	acti	on ID	):34	49590	56				
	Lumberton Purpose of Disbursement	NC	28359				Transaction ID : 34959056										
	Contribution			0	11			Amoun	t of	Each	Dis	burse	ment	t this	Period		
	Candidate Name			Cate	0	,	1	2000.00									
	Rep. Mike McIntyre           Office Sought:         Y House         Disburser	ment For:	2012	Ty	ype		_			7	_	- 7		200			
	Senate	Primary	General					Contrib	utior	n							
	President	Other (spe	ecify)														
	State: NC District: 07						_										
в.	Full Name (Last, First, Middle Initial) Tenn Political Action Committee In	nc (TEN	NPAC)						Date of Disbursement								
								M M	_	D		/ Y	Y	Y	Y		
	Mailing Address 228 South Washington Street, Suite							06		2	20		2	012			
	Alexandria	State VA	Zip Code 22314					Transaction ID : 34959057									
	Purpose of Disbursement Contribution 01							Amount of Each Disbursement this Period									
	Candidate Name	ee Inc (TENNPAC) bursement For: Primary General Other (specify)				n/											
	Tenn Political Action Committee In							L.		7		- 7		250	0.00		
	Office Sought: House Disburser							Contribution									
	President																
	State: District:		, , , , , , , , , , , , , , , , , , ,														
_	Full Name (Last, First, Middle Initial)							<b>.</b> .	( D.								
C.	ORRINPAC							Date o	_			nt					
	Mailing Address PO Box 900427							<sup>M</sup> 06	/	2	20	/ Y		012	Ŷ		
	City	State	Zip Code					Trans	sacti	ion ID	) · 3	49590	58				
	Sandy Purpose of Disbursement	UT	84090														
	Contribution			0	11			Amoun	t of	Fach	Dis	burse	ment	t this	Period		
	Candidate Name Category/					ry/	Amount of Each Disbursement this										
	ORRINPAC			Ty	/pe	_	_			7				500	5.00		
	Senate	ffice Sought: House Disbursement For: Senate Primary General							ution								
	President	Other (spe					Contribution										
	State: District:																
s	UBTOTAL of Disbursements This Page (optional)								Ţ					9500	0.00		
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SCHEDULE B (FEC F	Form 3X)			FC	OR L	INE N	UMBER:			PA	GE 110	OF 116	
ITEMIZED DISBURSEN	MENTS	for each	arate schedule(s) category of the Summary Page		heck	only c 21b 27	-	X 23 28	L	24 28c	25 29	26 30b	
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NAME OF COMMITTEE (In Fu	,												
UnitedHealth Group	Incorporated F	PAC (Ur	nited for Hea	lth)									
Full Name (Last, First, Middle	,			Date of Disbursement									
A. Walberg For Congres	SS						Date of Disbursement						
Mailing Address PO Box 1362													
City	S	State	Zip Code				Trans	action	ID :	349590	59		
Jackson		MI	49204				mano	aonon		0.00000			
Purpose of Disbursement Contribution				0	11		Amount	of Ead	ch D	Disburser	nent this	Period	
Candidate Name				Cate	egory	//							
Rep. Timothy L. Walk					ype						50	00.00	
Office Sought: K House Senate Preside State: MI District: 0		nent For: Primary Other (spe	General				Contribu	ition					
Full Name (Last, First, Middle													
B. Walberg For Congres					Date of	_	rsen		Y Y	V			
Mailing Address PO Box 1362				1			06 20 2012					- 1	
City Jackson	S	State MI	Zip Code 49204				Transaction ID : 34959062						
Purpose of Disbursement Contribution	Contribution				)11		Amount of Each Disbursement this Period						
Candidate Name				Category/		//	2000.00						
Rep. Timothy L. Walk	<u> </u>	ment For: 2012		Туре									
Senate Preside		Primary Other (spe	X General				Contribu	ution					
Full Name (Last, First, Middle C. Team Emerson For J	,	20					Date of	Disbu	rsen	nent			
		ЛТ					M M	_			Y Y	Y	
Mailing Address PO Box 822 400 Broadway	r, Suite 501						06		20		2012		
City Cape Girardeau		State MO	Zip Code 63702				Trans	action	ID :	349590	67		
Purpose of Disbursement			03702	_	_	_							
Contribution				0	11		Amount	of Ead	ch E	Disburser	nent this	Period	
Candidate Name	_				egory ype	//			1		15(	00.00	
•	Rep. Jo Ann Emerson         ffice Sought:       X         House       Disbursement For: 2012										10	0.00	
Office Sought: House Senate Preside	ent X	Primary Other (spe	General				Contribu	ition					
State: MO District: (	)8						_						
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SCHEDULE B (FEC Form 3X)					parate schedule(s)		-			NUMBER: PAGE 111 OF 116									
ITEMIZ	ed dis	BURSEM	ENTS	5	for each	a category of the Summary Page	(0		ck on 21b 27	· _	one) 22 28a	×	23 28b		24 28c		25 29	26 30b	
or for con	mmercial pu	irposes, other t	than usi			not be sold or us dress of any polition													
		IITTEE (In Full h Group Ir	,	orated F	PAC (U	nited for Hea	alth)												
	Full Name (Last, First, Middle Initial) Friends Of Jeb Hensarling							Date of Disbursement											
	g Address I	PO Box 820504	ŀ			7. 0				06 20 2012									
City Dallas Purpos	se of Disbu	rsement			State TX	Zip Code 75382				Transaction ID : 34959070									
Contr	ribution date Name						1	011			Amoun	t of	Each	Dis	sburser	nent	this I	Period	
	. Jeb He Sought:	ensarling X House		Disburser	nent For:	2012	Cat T	ego ype		_	L.		7	_	7		2000	.00	
State:	ТХ	Senate     Primary     ∑ Gen       President     Other (specify)     ▼									Contribu	ution	ı						
	Full Name (Last, First, Middle Initial) Dave Camp For Congress										Date of Disbursement								
Mailing	Mailing Address 5915 Eastman Avenue, Suite 100							06 20 2012											
City Midlan				5	State MI	Zip Code 48640				Transaction ID : 34959081									
Contr Candic	se of Disbu ribution date Name	Lee Camp	<b>`</b>				011 Category/ Type		Amount of Each Disbursement this Period 2500.00										
	Sought:	X House Senate Presiden District: 04	t		nent For: Primary Other (spe	X General		уре	5		Contribution								
		First, Middle Initial) ey For Congress							Date of Disbursement										
Mailing	Mailing Address PO Box 2162							06			20		20						
City Wilmin		rsement			State DE	Zip Code 19899					Trans	sacti	ion ID	):3	349590	86			
Contr Candic	Purpose of Disbursement Contribution Candidate Name Rep. John Charles Carney Jr.					Cat	011 ego īype	ory/	Amount of Each Disbursement this Period 1000.00										
Office State:	Sought: DE	House Senate Presiden District: 00		Disburser	nent For: Primary Other (spe	General				Contribution									
				(optional)									,		- 1		5500	.00	
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S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 112 OF 116							
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b							
	y information copied from such Reports and Stater for commercial purposes, other than using the nan										
$\left  \right $	NAME OF COMMITTEE (In Full)										
$ \rangle$	UnitedHealth Group Incorporated F	PAC (United for Heal	th)								
<u> </u>	Full Name (Last, First, Middle Initial)										
А.	Freedom Fund		Date of Disbursement								
	Mailing Address 701 8th Street NW, Suite 500		06 20 2012								
	City		Transaction ID : 34959093								
	Washington	DC 20001									
	Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period							
	Candidate Name										
	Freedom Fund		Category/ Type	5000.00							
	Office Sought: House Disburser		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	President	Primary General Other (specify) ▼		Contribution							
	State: District:										
_	Full Name (Last, First, Middle Initial)										
В.	Brian Bilbray For Congress			Date of Disbursement							
	Mailing Address 970 Seacoast Drive, # 7			06 / D D / Y Y Y Y 20 2012							
	City S Imperial Beach	State Zip Code CA 91932		Transaction ID : 34959096							
	Purpose of Disbursement Contribution	011	Amount of Each Disbursement this Period								
	Candidate Name		Category/								
	Rep. Brian Phillip Bilbray		Type	1500.00							
	· · ·	ment For: 2012		1							
	Senate	Primary X General		Contribution							
	President	Other (specify)									
_	State: CA District: 52										
C.	Full Name (Last, First, Middle Initial) Ben Chandler For Congress			Date of Disbursement							
	Mailing Address PO Box 12678		06 20 / Y Y Y Y 2012								
	City	State Zip Code		T							
	Lexington	KY 40508		Transaction ID : 34959144							
	Purpose of Disbursement Contribution		014								
	Candidate Name		011	Amount of Each Disbursement this Period							
	Rep. Benjamin Chandler	Category/ Type	2000.00								
		ment For: 2012	iyhe								
	Senate President	Primary General Other (specify)		Contribution							
	State: KY District: 06										
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SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	-	E NUMBER: PAGE 113 OF 116							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	r one) 22 X 23 24 25 26 28a 28b 28c 29 30b							
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NAME OF COMMITTEE (In Full)										
UnitedHealth Group Incorporated	PAC (United for Hea	lth)								
Full Name (Last, First, Middle Initial) A. Forward Together PAC			Date of Disbursement							
Mailing Address 201 North Union Street, Suite 300			06 / D D / Y Y Y Y 06 20 / 2012							
City Alexandria	State Zip Code VA 22314		Transaction ID : 34959148							
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period							
Candidate Name Forward Together PAC		Category/ Type	2500.00							
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼	Турс	Contribution							
Full Name (Last, First, Middle Initial) B. Gillibrand For Senate Mailing Address 236 Massachusetts Ave NE, Suite	Gillibrand For Senate									
City Washington	State Zip Code DC 20002		Transaction ID : 34959151							
Purpose of Disbursement Contribution	20002	011	Amount of Each Disbursement this Period							
Candidate Name Rep. Kirsten Gillibrand		Category/ Type	2500.00							
Office Sought: X House Disburse	ment For: 2012 Primary General Other (specify) v	туре	Contribution							
Full Name (Last, First, Middle Initial) C. Friends of Max Baucus			Date of Disbursement							
Mailing Address PO Box 586			06 / D D / Y Y Y Y 20 2012							
City Helena	State Zip Code MT 59624		Transaction ID : 34959164							
Purpose of Disbursement Contribution	Purpose of Disbursement									
Candidate Name Sen. Max Baucus	51									
Senate President										
SUBTOTAL of Disbursements This Page (optional). TOTAL This Period (last page this line number only			7500.00							

SC	HEDULE B (FEC Form 3X)			FO	R L	INE N	UMBER:				PA	GE	114 (	DF 11	
ITE	MIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			eck		lly one) p 22 🗙 23 24 25 5							20	
		Detailed Summary Pa	age	F		27	22 28a		23 28b		24 28c		25	30	
	v information copied from such Reports and Staten for commercial purposes, other than using the name														
	NAME OF COMMITTEE (In Full)														
V	UnitedHealth Group Incorporated F	PAC (United for H	Health	ר)											
	Full Name (Last, First, Middle Initial) <ul> <li>John Sullivan For Congress Inc</li> </ul>							Date of Disbursement							
	Mailing Address PO Box 470840						06 / D D / Y Y Y Y 06 20 / 2012								
	Tulsa	State Zip Code OK 74147					Trans	acti	on ID	: 34	9591	65			
	Purpose of Disbursement Contribution		Г	01	1	1	Amoun	t of	Each	Dist	ourse	ment	t this I	Period	
	Candidate Name Rep. John Sullivan		(	Cateo Typ		/			, ,		7		2000	0.00	
	Senate	nent For: 2012 Primary Gene Other (specify) <del>V</del>	ral				Contribu	ution	1						
	Full Name (Last, First, Middle Initial)						Date of	f Dis	sburse	emer	nt				
	Mailing Address														
	City State Zip Code														
Ì	Purpose of Disbursement						Amount of Each Disbursement this Period								
ī	Candidate Name					1	· · · · · · · · · · · · · · · · · · ·								
	President	nent For: Primary Gene Other (specify) <del>v</del>	ral												
	State: District:														
C.	Full Name (Last, First, Middle Initial)						Date of	f Dis	sburse	-			Y	V	
	Mailing Address							ĺ		U		r = r	- 1	T	
	City State Zip Code														
	Purpose of Disbursement	e of Disbursement						t of	Each	Dist	ourse	ment	t this I	Period	
	Candidate Name Category/ Type					/									
	President	nent For: Primary Gene Other (specify) <del></del>	ral												
	State: District:							_		_					
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	CHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE (check only	NUMBER: PAGE 115 OF 116							
		for each category of the Detailed Summary Page	21b 27	22         23         24         25         26           28a         28b         28c         X         29         30b							
	y information copied from such Reports and Stater for commercial purposes, other than using the nar										
$\left \right\rangle$	NAME OF COMMITTEE (In Full)										
	UnitedHealth Group Incorporated I	PAC (United for Hea	alth)								
Α.	Full Name (Last, First, Middle Initial) Committee to Elect Jeff McClain			Date of Disbursement							
	Mailing Address 428 South Sandusky			06 / D D / Y Y Y Y 25 / 2012							
	Upper Sandusky	State Zip Code OH 43351		Transaction ID : 34969195							
	Purpose of Disbursement Jeffrey McClain, STATE HOUSE 87th OH		011	Amount of Each Disbursement this Period							
	Candidate Name OH Rep. Jeffrey McClain		Category/ Type	500.00							
	Office Sought: House Disburser Senate President State: OH District: 87	ment For: 2012 Primary X General Other (specify) ▼		Jeffrey McClain, STATE HOUSE 87th OH							
в.	Full Name (Last, First, Middle Initial) Batchelder for Representative Con		Date of Disbursement								
	Mailing Address 4086 Irvine Oval		06 25 2012								
	City Medina Purpose of Disbursement		Transaction ID : 34969201								
	William Batchelder, STATE HOUSE 69th OH		011	Amount of Each Disbursement this Period							
	OH Rep. William Batchelder		Category/ Type	1000.00							
	Office Sought: House Disburser Senate President State: OH District: 69	ment For: 2012 Primary X General Other (specify) ▼		William Batchelder, STATE HOUSE 69th OH							
C.	Full Name (Last, First, Middle Initial) Citizens for Kevin Bacon			Date of Disbursement							
	Mailing Address 5325 Ponderosa Drive		06 / 25 / Y Y Y Y 2012								
	Columbus	StateZip CodeOH43231		Transaction ID : 34969206							
	Purpose of Disbursement Kevin Bacon, STATE SENATE 3rd OH	011	Amount of Each Disbursement this Period								
	Candidate Name OH Rep. Kevin Bacon	Category/ Type	1000.00								
	Office Sought: House Disburser Senate President State: OH District:	ment For: 2014 Primary General Other (specify) ▼		Kevin Bacon, STATE SENATE 3rd OH							
s	UBTOTAL of Disbursements This Page (optional)		••••••	2500.00							
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S	HEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 116 OF 116								
IT	EMIZED DISBURSEMENTS	Use separate schedule(s for each category of the Detailed Summary Page	) (check onl 21b 27	y one)								
	y information copied from such Reports and Stater for commercial purposes, other than using the nar											
$\setminus$	NAME OF COMMITTEE (In Full)											
$ \rangle$	UnitedHealth Group Incorporated I	PAC (United for Hea	alth)									
<u> </u>	Full Name (Last, First, Middle Initial) Citizens for Hottinger			Date of Disbursement								
				06 / 25 / 2012								
	Mailing Address 2135 Horns Hill Road											
	,	State Zip Code		Transaction ID : 34969210								
	Newark Purpose of Disbursement	OH 43055		-								
	Jay Hottinger, STATE HOUSE 71st OH		011	Amount of Each Disbursement this Period								
	Candidate Name		Category/	E00.00								
	OH Rep. Jay Hottinger		Туре	500.00								
	Office Sought: X House Disburse Senate President	ment For: 2012 Primary X General Other (specify) ▼		Jay Hottinger, STATE HOUSE 71st OH								
	State: OH District: 71											
В.	Full Name (Last, First, Middle Initial) Friends of Faber			Date of Disbursement								
				M = M / D = D / Y = Y = Y								
	Mailing Address 7706 State Route 703			06 25 2012								
	Celina	StateZip CodeOH45822		Transaction ID : 34969211								
	Purpose of Disbursement Keith Faber, STATE SENATE 12th OH		011	Amount of Each Disbursement this Period								
	Candidate Name OH Sen. Keith Faber		Category/	1000.00								
		ment For: 2012	Туре									
	State: OH District:	Primary X General Other (specify) ▼		Keith Faber, STATE SENATE 12th OH								
_	Full Name (Last, First, Middle Initial)											
C.				Date of Disbursement								
	Mailing Address											
	City	State Zip Code										
	Purpose of Disbursement											
	Candidate Name	Category/ Type	Amount of Each Disbursement this Period									
	Office Sought: House Disburser Senate President District:	ment For: Primary General Other (specify) ▼										
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