

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street) 9900 Bren Road East Minnetonka MN 55343

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

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

5. Covering Period 10/01/2012 through 10/17/2012

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

Type or Print Name of Treasurer Susan Sherwood

Signature of Treasurer Susan Sherwood [Electronically Filed] Date 10/25/2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		184057.86
(b) Cash on Hand at Beginning of Reporting Period.....	152551.40	
(c) Total Receipts (from Line 19)	24590.26	605719.80
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	177141.66	789777.66
7. Total Disbursements (from Line 31).....	22500.00	635136.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	154641.66	154641.66
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	22409.45	451422.54
(ii) Unitemized	2180.81	87812.21
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	24590.26	539234.75
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	24590.26	539234.75
12. Transfers From Affiliated/Other Party Committees.....	0.00	54285.05
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	12000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	200.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	24590.26	605719.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	24590.26	605719.80

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	515000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	3036.00
(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	3036.00
29. Other Disbursements	18500.00	117100.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22500.00	635136.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22500.00	635136.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	24590.26	539234.75
34. Total Contribution Refunds (from Line 28(d))	0.00	3036.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24590.26	536198.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. MOLLIE CHAPMAN
Full Name (Last, First, Middle Initial)
Mailing Address 226 BERNARD DR
City MONROE State OH Zip Code 45050
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Assc Dir Ntwk Conctrctng
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR1159790528814
Amount of Each Receipt this Period **10.00**
P/R Deduction (\$10.00 Bi-Weekly)

B. KEN L HOVERMAN
Full Name (Last, First, Middle Initial)
Mailing Address 16221 SIERRA DE AVILA
City TAMPA State FL Zip Code 33613
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Mktg
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR1159790928814
Amount of Each Receipt this Period **10.00**
P/R Deduction (\$10.00 Bi-Weekly)

C. PAMELA A FRANCCEN
Full Name (Last, First, Middle Initial)
Mailing Address 17715 N 68TH DRIVE
City GLENDALE State AZ Zip Code 85308
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Assc Dir Clms Bus Process
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR1159793128814
Amount of Each Receipt this Period **10.00**
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **30.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. DEBORAH S STREB
Full Name (Last, First, Middle Initial)

Mailing Address 2201 NORTH STAR ROAD

City UPPER ARLINGTON State OH Zip Code 43221

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

Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1159794128814

Amount of Each Receipt this Period 14.00

P/R Deduction (\$14.00 Bi-Weekly)

B. ANTHONY J KAZLAUSKAS
Full Name (Last, First, Middle Initial)

Mailing Address 11 CARNIVAL TERRACE

City WEST WARWICK State RI Zip Code 02893

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

Name of Employer United HealthCare Services Inc Occupation Sr Med Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1159794628814

Amount of Each Receipt this Period 20.00

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

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

Mailing Address 3533 FAIR OAKS LANE

City LONGBOAT KEY State FL Zip Code 34228

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

Name of Employer United HealthCare Services Inc Occupation Ntwk Contract Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1159798228814

Amount of Each Receipt this Period 19.23

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 53.23

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. BRIAN R BELLOWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 SHADOWOOD LANE
 City TRUMBULL State CT Zip Code 06611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Bus Dvlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR1159803828814
 Amount of Each Receipt this Period **15.00**
 P/R Deduction (\$15.00 Bi-Weekly)

B. KEITH W NOBLITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 SOUTH OAK POINTE DR
 City SENECA State SC Zip Code 29672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SCE 3 NAs Ind Contr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR1159805528814
 Amount of Each Receipt this Period **20.00**
 P/R Deduction (\$20.00 Bi-Weekly)

C. JAMES S ELLISTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 S 52ND ST
 City OMAHA State NE Zip Code 68132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR1159805928814
 Amount of Each Receipt this Period **10.00**
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 6520 SHENANDOAH DR

City LINCORN State NE Zip Code 68510

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

Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR1159806028814

Amount of Each Receipt this Period **25.00**

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

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

Mailing Address 7930 GOLDEN VALLEY ROAD UNIT 4

City GOLDEN VALLEY State MN Zip Code 55427

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

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR1159807428814

Amount of Each Receipt this Period **10.00**

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

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

Mailing Address 1200 PEBBLE HILL ROAD

City DOYLESTOWN State PA Zip Code 18901

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

Name of Employer United HealthCare Services Inc Occupation VP Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1260.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR1159812828814

Amount of Each Receipt this Period **60.00**

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

SUBTOTAL of Receipts This Page (optional)..... **95.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 OF 167 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DAVID S WICHMANN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 7000 ANTRIM ROAD		Transaction ID : PR1159814728814
City EDINA	State MN	Zip Code 55439
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer United HealthCare Services Inc	Occupation EVP Pres UHG Ops	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

Full Name (Last, First, Middle Initial) B. PATRICK J ERLANDSON		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 1000 OLD LONG LAKE ROAD		Transaction ID : PR1159815928814
City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer United HealthCare Services Inc	Occupation SVP Bus Ops	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

Full Name (Last, First, Middle Initial) C. PATRICIA R SAURO		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 8943 HIDDEN MEADOW R		Transaction ID : PR1159816428814
City WOODBURY	State MN	Zip Code 55125
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 SVP UnitedHlthcare	P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1260.00	

SUBTOTAL of Receipts This Page (optional).....▶	444.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. WILLIAM A MUNSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2119 WINDSONG CIRCLE
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP UnitedHlth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1159816628814
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JOHN S PENSHORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 BLACK OAKS LANE
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1159816928814
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$192.30 Bi-Weekly)

C. PAUL D KALLMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 HERALD DR
 City AMBLER State PA Zip Code 19002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1159817428814
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	342.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 4913 BRUCE AVE

City	State	Zip Code
EDINA	MN	55424

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **555.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1159817928814

Amount of Each Receipt this Period

97.00

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

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

Mailing Address 4307 BEECHWOOD LANE

City	State	Zip Code
DALLAS	TX	75220

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

Name of Employer	Occupation
United HealthCare Services Inc	Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1159819128814

Amount of Each Receipt this Period

50.00

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

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

Mailing Address 3501 ZENITH AVE SOUTH

City	State	Zip Code
MINNEAPOLIS	MN	55416

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

Name of Employer	Occupation
United HealthCare Services Inc	EVP Consumr Hlth Med Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2422.98**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1159819828814

Amount of Each Receipt this Period

115.38

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

SUBTOTAL of Receipts This Page (optional).....▶	262.38
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. DAVID J FALK
 Full Name (Last, First, Middle Initial)
 Mailing Address 323 LAWRENCE AVE
 City State Zip Code
 HIGHLAND PARK NJ 08904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR1159820228814
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. WILLIAM C TRACY
 Full Name (Last, First, Middle Initial)
 Mailing Address 13016 CANTERBURY
 City State Zip Code
 LEAWOOD KS 66209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1211.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR1159821528814
 Amount of Each Receipt this Period
 57.70
 P/R Deduction (\$57.70 Bi-Weekly)

C. MICHAEL M HAWKINS
 Full Name (Last, First, Middle Initial)
 Mailing Address 11137 AMESITE TRAIL
 City State Zip Code
 AUSTIN TX 78726
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 242.34

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR1159822028814
 Amount of Each Receipt this Period
 11.54
 P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 83.24
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address PO BOX 72

City WAYZATA State MN Zip Code 55391

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

Name of Employer United HealthCare Services Inc Occupation SVP Bus Initi Clin Aff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR1159827428814

Amount of Each Receipt this Period **100.00**

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

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

Mailing Address 128 ROSEBROOK DR

City FLORISSANT State MO Zip Code 63031

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

Name of Employer United HealthCare Services Inc Occupation Dir Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.34**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR1159828728814

Amount of Each Receipt this Period **11.54**

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

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

Mailing Address 4305 TRILLIUM WAY

City MINNETRISTA State MN Zip Code 55364

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

Name of Employer United HealthCare Services Inc Occupation EVP UnitedHlth Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4038.30**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR1159830028814

Amount of Each Receipt this Period **192.30**

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

SUBTOTAL of Receipts This Page (optional).....▶	303.84
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JACK E SHUFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 ASPEN LANE
 City COVINGTON State LA Zip Code 70433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB RVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **819.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR1159830528814
 Amount of Each Receipt this Period **39.00**
 P/R Deduction (\$39.00 Bi-Weekly)

B. JOHN F STEVENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 BARBERRY DRIVE
 City BURLINGTON State CT Zip Code 06013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **205.80**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR1159839328814
 Amount of Each Receipt this Period **9.80**
 P/R Deduction (\$9.80 Bi-Weekly)

C. JILL WINTERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 SPOEDE LN
 City SAINT LOUIS State MO Zip Code 63141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1134.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR1159840428814
 Amount of Each Receipt this Period **54.00**
 P/R Deduction (\$54.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	102.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mr. ANTHONY WELTERS
Full Name (Last, First, Middle Initial)
Mailing Address 919 SAIGON ROAD

City MCLEAN	State VA	Zip Code 22102
----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation EVP UnitedHlth Group
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4038.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1332013228814

Amount of Each Receipt this Period
192.30

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

B. ROBERT J BOHNENKAMP
Full Name (Last, First, Middle Initial)
Mailing Address 4925 WOODS COURT

City GREENWOOD	State MN	Zip Code 55331
-------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Bus Segment CIO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
312.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1551005628814

Amount of Each Receipt this Period
39.00

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

C. MICHAEL J BRESOLIN
Full Name (Last, First, Middle Initial)
Mailing Address 121 W VIEW STREET

City LOMBARD	State IL	Zip Code 60148
-----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Care Advocacy
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1551005728814

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional).....▶	251.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. CHRISTOPHER R HOCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 WINDMILL HILL
 City WETHERSFIELD State CT Zip Code 06109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1551128928814
 Amount of Each Receipt this Period 11.54
 P/R Deduction (\$11.54 Bi-Weekly)

B. JEFFREY W KAGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 CRESTWOOD LANE
 City FARMINGVILLE State NY Zip Code 11738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Prod
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1551132328814
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. MICHAEL C MATTEO
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 JEREMIAHS WAY
 City SOUTH GLASTONBURY State CT Zip Code 06073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Growth Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1551133428814
 Amount of Each Receipt this Period 19.23
 P/R Deduction (\$19.23 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	50.77
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. ERIKA A ROGERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2449 GUYNN AVENUE
 City CHICO State CA Zip Code 95926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SCE 2 NA Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1551160728814
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. THOMAS J VALERIUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2820 DEER RUN TRAIL
 City LONG LAKE State MN Zip Code 55356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Recruitment Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.32

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1551161328814
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$76.92 Bi-Weekly)

C. LOIS T WEIHRAUCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 10392 SHERMAN DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1551161428814
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	146.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JOHN O ENDERLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 ANDREIS TRAIL
 City SOUTH WINDSOR State CT Zip Code 06074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1155.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1554323528814
 Amount of Each Receipt this Period 55.00
 P/R Deduction (\$55.00 Bi-Weekly)

B. CHRISTINE MCCARTNEY HARRIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 JUSTIN LANE
 City WETHERSFIELD State CT Zip Code 06109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1554323628814
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. RICK M JELINEK
 Full Name (Last, First, Middle Initial)
 Mailing Address 5570 WOODSIDE LANE
 City SHOREWOOD State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1554323928814
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$192.30 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 257.30
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. MICHAEL RADU
Full Name (Last, First, Middle Initial)
Mailing Address 42820 VIOLA CT
City LEESBURG State VA Zip Code 20176
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation COO Collaborative Care
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1134.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1554324528814
Amount of Each Receipt this Period 54.00
P/R Deduction (\$54.00 Bi-Weekly)

B. CATHERINE E SPILLANE
Full Name (Last, First, Middle Initial)
Mailing Address 3807 PLEASANT VALLEY DRIVE
City MISSOURI CITY State TX Zip Code 77459
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Bus Process
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1554324628814
Amount of Each Receipt this Period 19.23
P/R Deduction (\$19.23 Bi-Weekly)

C. KIRK E STAPLETON
Full Name (Last, First, Middle Initial)
Mailing Address 3840 INGLEWOOD AVE S
City SAINT LOUIS PARK State MN Zip Code 55416
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Strat Initi
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1554324728814
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 123.23
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. KAREN L ERICKSON		Date of Receipt 10 / 17 / 2012 Transaction ID : PR1575957628814
Mailing Address 15348 RED OAKS ROAD SE		Amount of Each Receipt this Period 192.30
City PRIOR LAKE	State MN	Zip Code 55372
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Optum Exec	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

Full Name (Last, First, Middle Initial) B. ERNEST MONFILETTO		Date of Receipt 10 / 17 / 2012 Transaction ID : PR1575958128814
Mailing Address 3062 COMFORT ROAD		Amount of Each Receipt this Period 76.92
City NEW HOPE	State PA	Zip Code 18938
FEC ID number of contributing federal political committee. C		P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Plan Pres	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.32	

Full Name (Last, First, Middle Initial) C. LEE D VALENTA		Date of Receipt 10 / 17 / 2012 Transaction ID : PR1575958528814
Mailing Address 4701 GOLF TERRACE		Amount of Each Receipt this Period 192.30
City EDINA	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Pres Lif Scis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

SUBTOTAL of Receipts This Page (optional).....▶	461.52
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 2006 QUEEN AVENUE SOUTH

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

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

Name of Employer United HealthCare Services Inc	Occupation UHC Chief Cnsmr Off
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1580864728814

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 4516 DREXEL AVENUE

City EDINA	State MN	Zip Code 55424
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SVP UnitedHlth Group
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4038.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1580865328814

Amount of Each Receipt this Period
192.30

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

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

Mailing Address 735 SAINT MORITZ

City VICTORIA	State MN	Zip Code 55386
------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Human Capital Dev
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1596304128814

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	392.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. THAD C JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 16848 STIRRUP LN
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Group Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1596304328814
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JOHN KING
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 EDEN HILL LANE
 City SOUTHWICK State MA Zip Code 01077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Natl Acct RVP Sls
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1596304428814
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. GAYE ADAMS MASSEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 ABBOTT AVE S
 City MINNEAPOLIS State MN Zip Code 55410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2422.98

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1596304528814
 Amount of Each Receipt this Period 115.38
 P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.38
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 24 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JAY S MATUSHAK		Date of Receipt 10 / 17 / 2012 Transaction ID : PR1596304628814
Mailing Address 9346 SHETLAND ROAD		Amount of Each Receipt this Period 39.00
City EDEN PRAIRIE	State MN	Zip Code 55347
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 369.00	

Full Name (Last, First, Middle Initial) B. CAROL B MORNESS		Date of Receipt 10 / 17 / 2012 Transaction ID : PR1596304928814
Mailing Address 401 N 2ND ST UNIT 512		Amount of Each Receipt this Period 38.46
City MINNEAPOLIS	State MN	Zip Code 55401
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

Full Name (Last, First, Middle Initial) C. DANIEL J SCHUMACHER		Date of Receipt 10 / 17 / 2012 Transaction ID : PR1596305428814
Mailing Address 11582 RASPBERRY HILL ROAD		Amount of Each Receipt this Period 115.00
City EDEN PRAIRIE	State MN	Zip Code 55344
FEC ID number of contributing federal political committee. C		P/R Deduction (\$115.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Mkt Group CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 376.11	

SUBTOTAL of Receipts This Page (optional).....▶	192.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1950 MEADOWWOODS TRAIL

City	State	Zip Code
LONG LAKE	MN	55356

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

Name of Employer	Occupation
United HealthCare Services Inc	Bus Segment CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1596305628814

Amount of Each Receipt this Period
19.23

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

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

Mailing Address 306 CHIPPEWA AVENUE

City	State	Zip Code
TAMPA	FL	33606

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

Name of Employer	Occupation
United HealthCare Services Inc	Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
807.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1596306928814

Amount of Each Receipt this Period
38.46

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

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

Mailing Address 4505 MOORLAND AVENUE

City	State	Zip Code
EDINA	MN	55424

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2310.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1596307028814

Amount of Each Receipt this Period
110.00

P/R Deduction (\$110.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	167.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MICHAEL J ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 17907 INVERNESS CURVE
 City State Zip Code
 EDEN PRAIRIE MN 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR1596309328814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DIANE BEDNAR FLYNN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3318 FOXRIDGE CIRCLE
 City State Zip Code
 TAMPA FL 33618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR1596309728814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. LISA M BEHNKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 19647 CASA VERDE WAY
 City State Zip Code
 FORT MYERS FL 33967
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1457.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR1596309828814
 Amount of Each Receipt this Period 97.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 14021 LEANING PINE DRIVE

City	State	Zip Code
MIAMI LAKES	FL	33014

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1596311528814

Amount of Each Receipt this Period
19.23

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

B. JEFFREY P DOOLEY
Full Name (Last, First, Middle Initial)

Mailing Address 306 W MEADOWS LANE

City	State	Zip Code
DANVILLE	CA	94506

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

Name of Employer	Occupation
United HealthCare Services Inc	KA VP Sls Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
242.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1596312128814

Amount of Each Receipt this Period
11.54

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

C. RICHARD G DUNLOP
Full Name (Last, First, Middle Initial)

Mailing Address 2964 WYSE COURT

City	State	Zip Code
LEWIS CENTER	OH	43035

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1596312328814

Amount of Each Receipt this Period
10.00

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

SUBTOTAL of Receipts This Page (optional).....	40.77
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 28115 BOULDER BRIDGE DRIVE

City SHOREWOOD	State MN	Zip Code 55331
-------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Ops
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1596312928814

Amount of Each Receipt this Period
19.23

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

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

Mailing Address 9825 GERALD DR

City SAINT LOUIS	State MO	Zip Code 63128
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1596313728814

Amount of Each Receipt this Period
20.00

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

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

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City CHARLOTTE	State NC	Zip Code 28269
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Med Dir
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
403.83

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR1596316828814

Amount of Each Receipt this Period
19.23

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

SUBTOTAL of Receipts This Page (optional).....▶	58.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. DANIEL I ROSENTHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 SLEEPY HOLLOW LANE
 City ORINDA State CA Zip Code 94563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1596317328814
 Amount of Each Receipt this Period 19.23
 P/R Deduction (\$19.23 Bi-Weekly)

B. KEVIN J RUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 16621 ALEXANDER MANOR DRIVE
 City SILVER SPRING State MD Zip Code 20905
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Entrprs Clin Alignm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1596317428814
 Amount of Each Receipt this Period 75.00
 P/R Deduction (\$75.00 Bi-Weekly)

C. DAVID C STURKEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 1625 CONE FLOWER WAY
 City SUWANEE State GA Zip Code 30024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 741.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1596318428814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	133.23
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 167
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 720 COUNTRY LAKES DR

City State Zip Code
CIRCLE PINES MN 55014

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

Name of Employer Occupation
United HealthCare Services Inc Dir Prod

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **242.34**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR1596318928814

Amount of Each Receipt this Period
11.54

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

B. JEFFREY ALAN TODD
Full Name (Last, First, Middle Initial)

Mailing Address 467 PRAIRIE WAY SOUTH

City State Zip Code
BAYPORT MN 55003

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

Name of Employer Occupation
United HealthCare Services Inc VP Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR1596319028814

Amount of Each Receipt this Period
25.00

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

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

Mailing Address PO BOX 43216
3741 DUNBAR KNOLL

City State Zip Code
BROOKLYN PARK MN 55443

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

Name of Employer Occupation
United HealthCare Services Inc Dir Tax

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR1596319128814

Amount of Each Receipt this Period
10.00

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

SUBTOTAL of Receipts This Page (optional).....▶	46.54
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address N5021 GREENS COULEE

City ONALASKA State WI Zip Code 54650

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 17 / 2012
Transaction ID : PR1596319428814

Amount of Each Receipt this Period
10.00

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

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

Mailing Address 92 GOODWIN CIRCLE

City HARTFORD State CT Zip Code 06105

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

Name of Employer United HealthCare Services Inc Occupation PS NA VP Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **423.06**

Date of Receipt
10 / 17 / 2012
Transaction ID : PR1596319528814

Amount of Each Receipt this Period
19.23

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

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

Mailing Address 4260 FOXBERRY COURT

City MEDINA State MN Zip Code 55340

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

Name of Employer United HealthCare Services Inc Occupation Dir Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt
10 / 17 / 2012
Transaction ID : PR1596319628814

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional)..... **49.23**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 7 CLIFFORD AVENUE

City TOLLAND State CT Zip Code 06084

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

Name of Employer United HealthCare Services Inc Occupation Dir Underwriting

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR1596320028814

Amount of Each Receipt this Period **10.00**

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

B. JANET PATRICIA GULLETT
Full Name (Last, First, Middle Initial)

Mailing Address 7310 WELLS RD

City PLAIN CITY State OH Zip Code 43064

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

Name of Employer United HealthCare Services Inc Occupation Mgr IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR1596320128814

Amount of Each Receipt this Period **10.00**

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

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

Mailing Address 1 ROXITICUS VIEW

City CHESTER State NJ Zip Code 07930

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

Name of Employer United HealthCare Services Inc Occupation VP Info Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR1600597328814

Amount of Each Receipt this Period **39.00**

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

SUBTOTAL of Receipts This Page (optional)..... **59.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. MICHAEL D MICHAUX
Full Name (Last, First, Middle Initial)

Mailing Address 742 GOODRICH AVE

City SAINT PAUL State MN Zip Code 55105

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

Name of Employer United HealthCare Services Inc Occupation VP GM PCM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR1600598528814

Amount of Each Receipt this Period
 100.00

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

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

Mailing Address 4800 SUNNYSLOPE ROAD E

City EDINA State MN Zip Code 55424

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

Name of Employer United HealthCare Services Inc Occupation SVP Clin Advancement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR1600598728814

Amount of Each Receipt this Period
 100.00

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

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

Mailing Address 20595 SPENCER LANE

City SHOREWOOD State MN Zip Code 55331

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR1602669928814

Amount of Each Receipt this Period
 100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. JEFFREY W MALONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 18076 CLEAR SPRING LANE
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2019.15

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1613243528814
 Amount of Each Receipt this Period 96.15
 P/R Deduction (\$96.15 Bi-Weekly)

B. DANIEL S WALLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 17034 BAINBRIDGE DR
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1632360028814
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. WILLIAM F KENNEDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 MYRA LN
 City BURLINGTON State CT Zip Code 06013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1653443128814
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	146.15
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 4444 ELLSWORTH DRIVE

City EDINA State MN Zip Code 55435

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1653443228814

Amount of Each Receipt this Period 192.30

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

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

Mailing Address 2743 THOMAS AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55416

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

Name of Employer United HealthCare Services Inc Occupation SB RVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1211.70

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1653444328814

Amount of Each Receipt this Period 57.70

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

C. ROBERT L HOLMAN
Full Name (Last, First, Middle Initial)

Mailing Address N12464 HORSESHOE BEND RD

City MINONG State WI Zip Code 54859

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

Name of Employer United HealthCare Services Inc Occupation Dir Prov Reimb

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1653445028814

Amount of Each Receipt this Period 10.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 260.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 645 OLD LONG LAKE ROAD

City State Zip Code
ORONO MN 55391

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

Name of Employer Occupation
United HealthCare Services Inc Bus Segment CIO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
4038.30

Date of Receipt
10 / 17 / 2012
Transaction ID : PR1653445228814

Amount of Each Receipt this Period
192.30

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

B. DANIEL T SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 57 QUORN HUNT ROAD

City State Zip Code
WEST SIMSBURY CT 06092

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

Name of Employer Occupation
United HealthCare Services Inc Dir IT Proj Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
242.34

Date of Receipt
10 / 17 / 2012
Transaction ID : PR1653445828814

Amount of Each Receipt this Period
11.54

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

C. ELIZABETH DARCIE D. CORBIN
Full Name (Last, First, Middle Initial)

Mailing Address 7985 LEA CIRCLE

City State Zip Code
BLOOMINGTON MN 55438

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

Name of Employer Occupation
United HealthCare Services Inc VP Hlth Care Initi

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR1669432228814

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	303.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mr. MILES S SNOWDEN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 4349 FREMONT AVE S		Transaction ID : PR1746717828814
City MINNEAPOLIS	State MN	Zip Code 55409
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.30
Name of Employer United HealthCare Services Inc	Occupation Chief Med Off	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

Full Name (Last, First, Middle Initial) B. ANN DESTWOLINSKI		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 4247 ROSE PETAL COURT		Transaction ID : PR1806441628814
City ELLCOTT CITY	State MD	Zip Code 21043
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 11.00
Name of Employer United HealthCare Services Inc	Occupation Dir Utilization Mgmt	P/R Deduction (\$11.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 231.00	

Full Name (Last, First, Middle Initial) C. JASON DUDASH		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 2918 BACHMAN RD		Transaction ID : PR1806441928814
City MANCHESTER	State MD	Zip Code 21102
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer United HealthCare Services Inc	Occupation Mgr IT	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional).....▶	213.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 11618 ROLLING MEADOW DR

City State Zip Code
GREAT FALLS VA 22066

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

Name of Employer Occupation
United HealthCare Services Inc Six Sigma Cnslt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **616.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR1806444728814

Amount of Each Receipt this Period
40.00

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

B. LORI A ARCHER
Full Name (Last, First, Middle Initial)

Mailing Address 2781 SADDLE CLUB ROAD

City State Zip Code
GREENWOOD IN 46143

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

Name of Employer Occupation
United HealthCare Services Inc Dir Prov Svc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **242.34**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR1806750128814

Amount of Each Receipt this Period
11.54

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

C. PAUL M EMERSON
Full Name (Last, First, Middle Initial)

Mailing Address 18855 MEADOW VIEW BLVD

City State Zip Code
PRIOR LAKE MN 55372

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

Name of Employer Occupation
United HealthCare Services Inc Bus Segment CFO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR1806750328814

Amount of Each Receipt this Period
38.46

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

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

City DRIGGS	State ID	Zip Code 83422
----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1211.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR1903550728814

Amount of Each Receipt this Period
57.70

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

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

City ENFIELD	State CT	Zip Code 06082
-----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Finance
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR1903560828814

Amount of Each Receipt this Period
20.00

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

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

City EAGAN	State MN	Zip Code 55123
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR1903577128814

Amount of Each Receipt this Period
25.00

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

SUBTOTAL of Receipts This Page (optional).....▶	102.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. SUSAN B EDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 9727 WELLINGTON RIDGE
 City State Zip Code
 WOODBURY MN 55125
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment COO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR1903578128814
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. CHRISTOPHER T JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 12880 53RD STREET NORTH
 City State Zip Code
 STILLWATER MN 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR1903591128814
 Amount of Each Receipt this Period
 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. STEVEN F PENN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6766 IDLEWOOD WAY
 City State Zip Code
 EDEN PRAIRIE MN 55346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR1903612928814
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	153.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JOHN C SANTELLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 17498 GEORGE MORAN DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1903622028814
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. PAUL D WEYMOUTH
 Full Name (Last, First, Middle Initial)
 Mailing Address 128 WOODLAND RD
 City COVENTRY State CT Zip Code 06238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 403.83

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1903636928814
 Amount of Each Receipt this Period 19.23
 P/R Deduction (\$19.23 Bi-Weekly)

C. PAMELA JAMIAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 15316 COUTOLENC RD
 City MAGALIA State CA Zip Code 95954
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Cust Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 242.34

Date of Receipt 10 / 17 / 2012
Transaction ID : PR1910417428814
 Amount of Each Receipt this Period 11.54
 P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	130.77
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. BRADLEY E ALLEN

Mailing Address 1046 THORNBERRY CREEK DR

City ONEIDA	State WI	Zip Code 54155
----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Sr Assc Gen Counsel
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2119466828814

Amount of Each Receipt this Period

20.00

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

Full Name (Last, First, Middle Initial)
B. JON D D BEATY

Mailing Address 15110 SE 126TH AVE

City CLACKAMAS	State OR	Zip Code 97015
-------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Clin Qlty
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2119467828814

Amount of Each Receipt this Period

10.00

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

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

Mailing Address 4 HALSEY AVE

City LAGUNA NIGUEL	State CA	Zip Code 92677
-----------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Mktg Bus Dev
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2119468028814

Amount of Each Receipt this Period

20.00

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

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SUSAN LYNN BERKEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 SHADOW GLEN
 City IRVINE State CA Zip Code 92620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4032.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2119468128814
 Amount of Each Receipt this Period 192.00
 P/R Deduction (\$192.00 Bi-Weekly)

B. KATHIE L BRYAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 912 JOSHUA PLACE
 City SAN DIEGO State CA Zip Code 92154
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Mrkting Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2119469428814
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. DANIEL P CADRIEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 23634 NORTH 58TH AVENUE
 City GLENDALE State AZ Zip Code 85310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation PS Dir Strat Accts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2119469828814
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 227.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 44 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

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

Mailing Address 5515 W 73RD AVENUE

City WESTMINSTER State CO Zip Code 80003

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Clin Qty

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119469928814

Amount of Each Receipt this Period **15.00**

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

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

Mailing Address 13130 WESTPORT ST

City MOORPARK State CA Zip Code 93021

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

Name of Employer United HealthCare Services Inc Occupation Dir Mktg Rsch

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119470228814

Amount of Each Receipt this Period **20.00**

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

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

Mailing Address 19021 POPPY HILL CIRCLE

City HUNTINGTON BEACH State CA Zip Code 92648

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

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2016.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119470328814

Amount of Each Receipt this Period **96.00**

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

SUBTOTAL of Receipts This Page (optional)..... **131.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address PO BOX 1025

City RANCHO SANTA FE State CA Zip Code 92067

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

Name of Employer United HealthCare Services Inc Occupation SVP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119471328814

Amount of Each Receipt this Period **30.00**

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

B. RICHARD A CROSS
Full Name (Last, First, Middle Initial)

Mailing Address 11361 DONOVAN ROAD

City ROSSMOOR State CA Zip Code 90720

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

Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119471828814

Amount of Each Receipt this Period **25.00**

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

C. KENNETH R DAVIS
Full Name (Last, First, Middle Initial)

Mailing Address 7640 N 10TH AVE

City PHOENIX State AZ Zip Code 85021

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119472528814

Amount of Each Receipt this Period **20.00**

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

SUBTOTAL of Receipts This Page (optional)..... **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. LINDA M DAYAN
Full Name (Last, First, Middle Initial)

Mailing Address 5364 E ABBEYFIELD ST

City LONG BEACH State CA Zip Code 90815

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

Name of Employer United HealthCare Services Inc Occupation Chief of Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119472628814

Amount of Each Receipt this Period **19.00**

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

B. TODD J DEMBROSKI
Full Name (Last, First, Middle Initial)

Mailing Address 1390 FINCH LN

City GREEN BAY State WI Zip Code 54313

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Act Svs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119472828814

Amount of Each Receipt this Period **15.00**

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

C. TARA M DUNGAN
Full Name (Last, First, Middle Initial)

Mailing Address 619 HIGH COUNTRY RIDGE

City SAN ANTONIO State TX Zip Code 78260

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

Name of Employer United HealthCare Services Inc Occupation Mgr Med Clin Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119473228814

Amount of Each Receipt this Period **10.00**

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

SUBTOTAL of Receipts This Page (optional)..... **44.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 108 NORTH ROLLING OAKS

City SAN ANTONIO State TX Zip Code 78253

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

Name of Employer United HealthCare Services Inc Occupation VP IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119474128814

Amount of Each Receipt this Period **10.00**

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

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

Mailing Address 1821 PARK STREET

City HUNTINGTON BEACH State CA Zip Code 92648

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

Name of Employer United HealthCare Services Inc Occupation SVP Ntwks

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119475128814

Amount of Each Receipt this Period **50.00**

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

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

Mailing Address 2709 WILLIAMS GRANT

City DE PERE State WI Zip Code 54115

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Clms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119475228814

Amount of Each Receipt this Period **20.00**

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

SUBTOTAL of Receipts This Page (optional)..... **80.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 48 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. SANDRA R GLICKMAN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 13622 SIOUX RD		Transaction ID : PR2119475328814
City WESTMINSTER	State CA	Zip Code 92683
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Dir Case Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
		Amount of Each Receipt this Period 10.00
		P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DAVID M HANSEN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 33 VIA CONOCIDO		Transaction ID : PR2119476728814
City SAN CLEMENTE	State CA	Zip Code 92673
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2835.00	
		Amount of Each Receipt this Period 135.00
		P/R Deduction (\$135.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. ANNE P HARVEY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 4916 THOR WAY		Transaction ID : PR2119477228814
City CARMICHAEL	State CA	Zip Code 95608
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Assc Dir Prov Svc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	
		Amount of Each Receipt this Period 10.00
		P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	155.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. PAULINE M HAYES		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR2119477428814
Mailing Address PO BOX 839		Amount of Each Receipt this Period 10.00
City HUNTINGTON BEACH	State CA	Zip Code 92648
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Assc Dir Finance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. SAMUEL W HO		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR2119477928814
Mailing Address 4220 OCEAN DR		Amount of Each Receipt this Period 153.80
City MANHATTAN BEACH	State CA	Zip Code 90266
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Mkt Grp Chief Clin Off
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3229.80	P/R Deduction (\$153.80 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. KEVIN D HOST		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR2119478228814
Mailing Address 14617 GRANT ST		Amount of Each Receipt this Period 20.00
City OVERLAND PARK	State KS	Zip Code 66221
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation VP Pharm Ops
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	183.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. DONNA L HUSER
Full Name (Last, First, Middle Initial)
Mailing Address 406 SKYTRAIL DR
City NEW BRAUNFELS State TX Zip Code 78130
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Clms Bus Proc Anlyst
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2119478628814
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

B. BRIAN JEFFREY
Full Name (Last, First, Middle Initial)
Mailing Address 9 RIMROCK
City IRVINE State CA Zip Code 92603
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Ntwk Contrctng
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2119479128814
Amount of Each Receipt this Period 25.00
P/R Deduction (\$25.00 Bi-Weekly)

C. JOHN D JONES
Full Name (Last, First, Middle Initial)
Mailing Address 3562 REDWOOD
City IRVINE State CA Zip Code 92606
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Govt Rel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2016.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2119479228814
Amount of Each Receipt this Period 96.00
P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 131.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 167
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 13102 PALOMAR WAY

City NORTH TUSTIN State CA Zip Code 92705

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

Name of Employer United HealthCare Services Inc Occupation VP Cust Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119480228814

Amount of Each Receipt this Period **15.00**

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

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

Mailing Address 1208 COPRINUS DR

City GREEN BAY State WI Zip Code 54313

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

Name of Employer United HealthCare Services Inc Occupation IT Database Cnslt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119482228814

Amount of Each Receipt this Period **15.00**

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

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

Mailing Address 13531 CARLTON OAKS

City SAN ANTONIO State TX Zip Code 78232

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

Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119482528814

Amount of Each Receipt this Period **20.00**

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

SUBTOTAL of Receipts This Page (optional)..... **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. JEFFREY S MASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5670 SHEMIRAN ST
 City LA VERNE State CA Zip Code 91750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2119483028814
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. BENITO M MIRANDA
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1522
 City LOMITA State CA Zip Code 90717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Medicr Ind Sls Rep
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2119484228814
 Amount of Each Receipt this Period 12.00
 P/R Deduction (\$12.00 Bi-Weekly)

C. CAROLYN L MURRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 834 WOODTACK COVE WAY
 City HENDERSON State NV Zip Code 89002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation SB Mgr Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2119484828814
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 37.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. SCOTT A NEURURER
 Full Name (Last, First, Middle Initial)
 Mailing Address 23822 VIA MONTE
 City COTO DE CAZA State CA Zip Code 92679
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2119484928814
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. KEITH E NYGARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1139 E OCEAN BOULEVARD #106
 City LONG BEACH State CA Zip Code 90802
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Compli Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2119485028814
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. TRACY L OLLMANN-WAGNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2839 TIMBER LANE
 City GREEN BAY State WI Zip Code 54313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mgr Traffic/Workforce
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2119485228814
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. WILLIAM H OLSON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 1825 GALINDO AVE APT 416		Transaction ID : PR2119485328814
City CONCORD	State CA	Zip Code 94520
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer United HealthCare Services Inc	Occupation Med Dir	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) B. CYNTHIA ANN OTTO		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 1855 O LEARY ROAD		Transaction ID : PR2119485428814
City NEENAH	State WI	Zip Code 54956
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer United HealthCare Services Inc	Occupation Assc Dir Case Mgmt	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) C. LYND A PAXSON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 3924 E GARNET PL		Transaction ID : PR2119485828814
City HIGHLANDS RANCH	State CO	Zip Code 80126
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer United HealthCare Services Inc	Occupation Sr Field Acct Mgr	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. DIANA S PETE
Full Name (Last, First, Middle Initial)
Mailing Address 9010 MORNINGSTAR DRIVE
City SUGAR LAND State TX Zip Code 77479
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Utilization Mgmt
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **252.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR2119486328814
Amount of Each Receipt this Period **12.00**
P/R Deduction (\$12.00 Bi-Weekly)

B. MICHELLE LYNN PETERS
Full Name (Last, First, Middle Initial)
Mailing Address 1128 COUNTRYSIDE DR
City DE PERE State WI Zip Code 54115
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Act Svs
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **315.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR2119486428814
Amount of Each Receipt this Period **15.00**
P/R Deduction (\$15.00 Bi-Weekly)

C. AUSTIN T PITTMAN
Full Name (Last, First, Middle Initial)
Mailing Address 14 LOCH RIDGE DRIVE
City GREENSBORO State NC Zip Code 27408
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Pres Ntwks
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2835.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR2119486728814
Amount of Each Receipt this Period **135.00**
P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	162.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. CYNTHIA L POLICH

Mailing Address 3401 E VIA PALOMITA

City TUCSON State AZ Zip Code 85718

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

Name of Employer United HealthCare Services Inc Occupation M R Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2012			

Transaction ID : PR2119486828814

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 55 PERENNIAL

City IRVINE State CA Zip Code 92603

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

Name of Employer United HealthCare Services Inc Occupation Dir Clin Qlty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2012			

Transaction ID : PR2119487928814

Amount of Each Receipt this Period
20.00

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

Full Name (Last, First, Middle Initial)
C. DEBBIE E ROGERS

Mailing Address 413 DOE RUN RD

City SEQUIM State WA Zip Code 98382

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

Name of Employer United HealthCare Services Inc Occupation Sr Proj Mgr I

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2012			

Transaction ID : PR2119488628814

Amount of Each Receipt this Period
10.00

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

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. CAROL A SCACCIA
Full Name (Last, First, Middle Initial)

Mailing Address 14848 LANDERWOOD DR

City EASTVALE State CA Zip Code 92880

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

Name of Employer United HealthCare Services Inc Occupation KA New Bus Coord

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119489328814

Amount of Each Receipt this Period **10.00**

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

B. MARTIN SING
Full Name (Last, First, Middle Initial)

Mailing Address 9407 LLANO VERDE

City HELOTES State TX Zip Code 78023

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

Name of Employer United HealthCare Services Inc Occupation Dir Cust Service

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119490128814

Amount of Each Receipt this Period **10.00**

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

C. RONALD R STETTLER
Full Name (Last, First, Middle Initial)

Mailing Address 6028 SCOTMIST DR

City RANCHO PALOS VERDES State CA Zip Code 90275

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

Name of Employer United HealthCare Services Inc Occupation VP Hlthcare Econ

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2119490428814

Amount of Each Receipt this Period **10.00**

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

SUBTOTAL of Receipts This Page (optional)..... **30.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. MARILYNN D STYERS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 6485 WAYFINDERS CT		Transaction ID : PR2119490728814
City CARLSBAD	State CA	Zip Code 92009
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer United HealthCare Services Inc	Occupation VP Med Clin Ops	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. CHERYL TANIGAWA MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 5598 NAPLES CANAL		Transaction ID : PR2119491128814
City LONG BEACH	State CA	Zip Code 90803
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer United HealthCare Services Inc	Occupation SVP Entrprs Hlth Svs	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) C. CHERYL A THOMSON		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 222 FOREST DR		Transaction ID : PR2119491628814
City SOBIESKI	State WI	Zip Code 54171
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 15.00	
Name of Employer United HealthCare Services Inc	Occupation Dir Compli	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional).....▶	85.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 12331 COUNTRY LANE

City State Zip Code
SANTA ANA CA 92705

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

Name of Employer Occupation
United HealthCare Services Inc VP Regl Affs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2016.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR2119492028814

Amount of Each Receipt this Period
96.00

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

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

Mailing Address W313 GOLDEN GLOW RD

City State Zip Code
KAUKAUNA WI 54130

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

Name of Employer Occupation
United HealthCare Services Inc Site Dir Medicr Ins Sls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR2119492628814

Amount of Each Receipt this Period
40.00

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

Full Name (Last, First, Middle Initial)
C. SCOTT B WESTPHAL

Mailing Address 4536 ROCKY RUN LN

City State Zip Code
OCONTO WI 54153

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

Name of Employer Occupation
United HealthCare Services Inc Dir Act Svs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **242.34**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR2119493228814

Amount of Each Receipt this Period
11.54

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

SUBTOTAL of Receipts This Page (optional)..... **147.54**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. LINDA D DAUGHERTY		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 15442 NORTH 19TH WAY		Transaction ID : PR2119493528814
City PHOENIX	State AZ	Zip Code 85022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer United HealthCare Services Inc	Occupation Assc Gen Counsel	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. GREGORY WRIGHT		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 13901 MAUVE DRIVE		Transaction ID : PR2119494128814
City SANTA ANA	State CA	Zip Code 92705
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer United HealthCare Services Inc	Occupation VP Ops	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) C. GEORGE M YOUNG		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 36296 N 98TH WAY		Transaction ID : PR2119494428814
City SCOTTSDALE	State AZ	Zip Code 85262
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer United HealthCare Services Inc	Occupation Regn Exec	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. STEVEN C YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 10765 QUAIL CREEK DRIVE EAST

City PARKER	State CO	Zip Code 80138
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SB Acct Exec
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2119494528814

Amount of Each Receipt this Period

10.00

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

B. FORREST G BURKE
Full Name (Last, First, Middle Initial)

Mailing Address 380 LEAF STREET

City ORONO	State MN	Zip Code 55356
---------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Pres PS Labor Trust
--	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2133132428814

Amount of Each Receipt this Period

100.00

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

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

Mailing Address 831 RATLEY ROAD

City WEST SUFFIELD	State CT	Zip Code 06093
-----------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Clms
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2133132528814

Amount of Each Receipt this Period

12.00

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

SUBTOTAL of Receipts This Page (optional).....▶	122.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1929 FAIRMOUNT AVE

City SAINT PAUL State MN Zip Code 55105

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

Name of Employer United HealthCare Services Inc Occupation Dir Accting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2133132628814

Amount of Each Receipt this Period
15.00

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

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

Mailing Address 408 22ND ST

City GOLDEN State CO Zip Code 80401

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

Name of Employer United HealthCare Services Inc Occupation VP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2133133228814

Amount of Each Receipt this Period
38.46

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

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

Mailing Address 6209 CRESCENT DRIVE

City EDINA State MN Zip Code 55436

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

Name of Employer United HealthCare Services Inc Occupation Regn Exec Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **735.00**

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2133133628814

Amount of Each Receipt this Period
35.00

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

SUBTOTAL of Receipts This Page (optional)..... **88.46**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 238 ARDMORE ROAD

City DES PLAINES State IL Zip Code 60016

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

Name of Employer United HealthCare Services Inc Occupation Pres Insurance Sols

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3623.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2133133828814

Amount of Each Receipt this Period
193.00

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

B. KIMBERLY ALLENE NETTLETON
Full Name (Last, First, Middle Initial)

Mailing Address 5003 DARNELL

City HOUSTON State TX Zip Code 77096

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2133133928814

Amount of Each Receipt this Period
15.00

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

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

Mailing Address 303 ELMWOOD PLACE WEST

City MINNEAPOLIS State MN Zip Code 55419

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

Name of Employer United HealthCare Services Inc Occupation SVP Financial Plng Anlys

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2133134228814

Amount of Each Receipt this Period
192.30

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DIANE M SCHIMMELBUSCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 2203 RIVER FALLS DRIVE
 City KINGWOOD State TX Zip Code 77339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2133134628814
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. ANITA W SHIELS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7729 KENSINGTON MANOR LANE
 City WAKE FOREST State NC Zip Code 27587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2133134728814
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. DANIEL M COLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9790 FOXWORTH DRIVE
 City JOHNS CREEK State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation UHC SIs RVP KA SB
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2145728328814
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. ROBERT C FALKENBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 6069 WEATHERED OAK CT
 City WESTERVILLE State OH Zip Code 43082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2145728428814
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Bi-Weekly)

B. ROB FARAHANI
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 704
 City HUNTINGTON State NY Zip Code 11743
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir IT Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2145728528814
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$38.46 Bi-Weekly)

C. WILLIAM Y MICKLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 8 DURANGO COURT
 City ALISO VIEJO State CA Zip Code 92656
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2145729128814
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 86.92
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. WAYNE MILLER		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR2145729228814
Mailing Address 19521 SIERRA SOTO RD		Amount of Each Receipt this Period 20.00
City IRVINE	State CA	Zip Code 92603
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation SVP Clnt Relhips	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) B. LEAH C RUMMEL		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR2145729528814
Mailing Address 12100 TRAUTWEIN ROAD		Amount of Each Receipt this Period 15.00
City AUSTIN	State TX	Zip Code 78737
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) C. MICHAEL P SCHWARZ		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012 Transaction ID : PR2145729728814
Mailing Address 13935 WOODRIDGE PATH		Amount of Each Receipt this Period 35.00
City SAVAGE	State MN	Zip Code 55378
FEC ID number of contributing federal political committee. C		P/R Deduction (\$35.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 735.00	

SUBTOTAL of Receipts This Page (optional).....▶	70.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 5414 BYSCANE LANE

City State Zip Code
MINNETONKA MN 55345

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

Name of Employer Occupation
United HealthCare Services Inc Sr Deputy Gen Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
4053.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2145729928814

Amount of Each Receipt this Period
193.00

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

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

Mailing Address 20607 BROADWATER DRIVE

City State Zip Code
LAND O LAKES FL 34638

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

Name of Employer Occupation
United HealthCare Services Inc VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
242.34

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2145730028814

Amount of Each Receipt this Period
11.54

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

Full Name (Last, First, Middle Initial)
C. MARGARET W WEAR

Mailing Address 44 TOPANGA

City State Zip Code
IRVINE CA 92602

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

Name of Employer Occupation
United HealthCare Services Inc VP Actuary

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2145730228814

Amount of Each Receipt this Period
50.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 254.54

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. MARYNELL F BENSON
Full Name (Last, First, Middle Initial)

Mailing Address 222 IRON WORKS WAY

City	State	Zip Code
WAYNE	PA	19087

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

Name of Employer	Occupation
United HealthCare Services Inc	Exec Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2162866928814

Amount of Each Receipt this Period

10.00

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

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

Mailing Address 37 HIDDEN TRAIL

City	State	Zip Code
IRVINE	CA	92603

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP Bus Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4038.30**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2162867628814

Amount of Each Receipt this Period

192.30

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

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

Mailing Address 961 RIVER FOREST DRIVE

City	State	Zip Code
MAINEVILLE	OH	45039

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

Name of Employer	Occupation
United HealthCare Services Inc	KA VP SIs Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **242.34**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2203967528814

Amount of Each Receipt this Period

11.54

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

SUBTOTAL of Receipts This Page (optional).....▶	213.84
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. CHRISTINE W GIBSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8516 29TH AVE N
 City NEW HOPE State MN Zip Code 55427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Strat Initi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2422.98

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2225166728814
 Amount of Each Receipt this Period 115.38
 P/R Deduction (\$115.38 Bi-Weekly)

B. JEAN-FRANCOIS BEAULE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1211.70

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2225813628814
 Amount of Each Receipt this Period 57.70
 P/R Deduction (\$57.70 Bi-Weekly)

C. NANCY S MACK
 Full Name (Last, First, Middle Initial)
 Mailing Address 10140 26TH AVENUE NORTH
 City PLYMOUTH State MN Zip Code 55441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2225818428814
 Amount of Each Receipt this Period 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	188.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 OF 167 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 437 DRURY LANE

City WYCKOFF State NJ Zip Code 07481

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR2225818828814

Amount of Each Receipt this Period
 20.00

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

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

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372

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

Name of Employer United HealthCare Services Inc Occupation SVP Chief Accting Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4038.30**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR2225819328814

Amount of Each Receipt this Period
 192.30

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

C. JOHN D RYAN
Full Name (Last, First, Middle Initial)

Mailing Address 45 WESTMORELAND LN

City NAPERVILLE State IL Zip Code 60540

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

Name of Employer United HealthCare Services Inc Occupation RVP Clnt Mgmt Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR2225819628814

Amount of Each Receipt this Period
 38.46

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.76**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. ROY THOMAS SAILOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 276 COYOTE WILLOW DRIVE
 City COLORADO SPRINGS State CO Zip Code 80921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1615.32

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2225819728814
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$76.92 Bi-Weekly)

B. MICHAEL LEE CORNE
 Full Name (Last, First, Middle Initial)
 Mailing Address 12642 CHIEFS COURT
 City FISHERS State IN Zip Code 46037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Golden Rule Financial Corp. Occupation VP Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2231346928814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. KAREN A DIPALMO
 Full Name (Last, First, Middle Initial)
 Mailing Address 7533 PRAIRIE VIEW DR
 City INDIANAPOLIS State IN Zip Code 46256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Golden Rule Financial Corp. Occupation Dir Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2231347228814
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	120.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 OF 167 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 4396 CREEKSIDE PASS

City ZIONSVILLE	State IN	Zip Code 46077
--------------------	-------------	-------------------

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

Name of Employer Golden Rule Financial Corp.	Occupation VP UHO SIs
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2231349728814

Amount of Each Receipt this Period

15.00

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

B. KASIA HANNA
Full Name (Last, First, Middle Initial)

Mailing Address 1419 HORNADAY RD

City BROWNSBURG	State IN	Zip Code 46112
--------------------	-------------	-------------------

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

Name of Employer Golden Rule Insurance Company	Occupation Sr IT Proj Cnslt
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2231350628814

Amount of Each Receipt this Period

10.00

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

C. MARGARET C HAYS
Full Name (Last, First, Middle Initial)

Mailing Address 507 WOODLAND W DRIVE

City GREENFIELD	State IN	Zip Code 46140
--------------------	-------------	-------------------

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

Name of Employer Golden Rule Insurance Company	Occupation Dir Clms
---	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2231350728814

Amount of Each Receipt this Period

10.00

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

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 73 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KIP J METHENY
Full Name (Last, First, Middle Initial)
Mailing Address 808 JEFFERSON

City LAWRENCEVILLE	State IL	Zip Code 62439
-----------------------	-------------	-------------------

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

Name of Employer Golden Rule Insurance Company	Occupation Spvsr Clms
---	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2231351428814

Amount of Each Receipt this Period
10.00

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

B. PAMELA ANN MOORE
Full Name (Last, First, Middle Initial)
Mailing Address 7488 SHILOH LANE

City BRIDGEPORT	State IL	Zip Code 62417
--------------------	-------------	-------------------

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

Name of Employer Golden Rule Insurance Company	Occupation Mgr Facilities
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
207.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2231351728814

Amount of Each Receipt this Period
9.90

P/R Deduction (\$9.90 Bi-Weekly)

C. DONALD M MUDGETT
Full Name (Last, First, Middle Initial)
Mailing Address 8131 LAKE POINT WAY

City INDIANAPOLIS	State IN	Zip Code 46256
----------------------	-------------	-------------------

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

Name of Employer Golden Rule Financial Corp.	Occupation Assc Dir Gen Mgmt
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2231351928814

Amount of Each Receipt this Period
14.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	33.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. ANDREW L PEARSON
Full Name (Last, First, Middle Initial)
Mailing Address 7371 OAKLAND HILLS CIR
City INDIANAPOLIS State IN Zip Code 46236
FEC ID number of contributing federal political committee. **C**
Name of Employer Golden Rule Insurance Company Occupation Mgr IT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2231352028814
Amount of Each Receipt this Period 100.00
P/R Deduction (\$10.00 Bi-Weekly)

B. JILL PHELPS
Full Name (Last, First, Middle Initial)
Mailing Address 95 KENSINGTON CT
City PITTSBORO State IN Zip Code 46167
FEC ID number of contributing federal political committee. **C**
Name of Employer Golden Rule Insurance Company Occupation Sr Bus Anlyst
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2231352128814
Amount of Each Receipt this Period 100.00
P/R Deduction (\$10.00 Bi-Weekly)

C. DARRELL S RICHEY
Full Name (Last, First, Middle Initial)
Mailing Address 10823 MOORS END CIRCLE
City FISHERS State IN Zip Code 46038
FEC ID number of contributing federal political committee. **C**
Name of Employer Golden Rule Financial Corp. Occupation Deputy Gen Counsel Mgr
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2231352328814
Amount of Each Receipt this Period 80.00
P/R Deduction (\$80.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 75 OF 167 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. AMANDA JANE WINKLE
Full Name (Last, First, Middle Initial)
Mailing Address 704 EAST MAIN STREET
City CARMEL State IN Zip Code 46032
FEC ID number of contributing federal political committee. C
Name of Employer Golden Rule Insurance Company Occupation UHO Dir NA Sis
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2231352528814
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

B. MICHAEL R CONNLY
Full Name (Last, First, Middle Initial)
Mailing Address 570 MONTCALM PL
City SAINT PAUL State MN Zip Code 55116
FEC ID number of contributing federal political committee. C
Name of Employer United HealthCare Services Inc Occupation Chief Tech Off
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2247625828814
Amount of Each Receipt this Period 100.00
P/R Deduction (\$100.00 Bi-Weekly)

C. SHANKAR RAO
Full Name (Last, First, Middle Initial)
Mailing Address 10622 EQUESTRIAN DR
City COWAN HEIGHTS State CA Zip Code 92705
FEC ID number of contributing federal political committee. C
Name of Employer United HealthCare Services Inc Occupation VP IT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 201.81

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2247626328814
Amount of Each Receipt this Period 9.61
P/R Deduction (\$9.61 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	119.61
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. JOSEPH R CARCIONE JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CARRIAGE WAY
 City WHITE PLAINS State NY Zip Code 10605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1211.70

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2247626828814
 Amount of Each Receipt this Period 57.70
 P/R Deduction (\$57.70 Bi-Weekly)

B. KEVIN DAVID KANTOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7031 HALSTEAD DRIVE
 City MINNETRISTA State MN Zip Code 55364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 567.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2247627028814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. DENNIS P O'BRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 LOUGHLIN AVE
 City COS COB State CT Zip Code 06807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation RVP Ntwk Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1211.70

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2247627328814
 Amount of Each Receipt this Period 57.70
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 154.40
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. JEFFERY RICHARD VERNEY
Full Name (Last, First, Middle Initial)

Mailing Address 266 WESTLEDGE ROAD

City WEST SIMSBURY State CT Zip Code 06092

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1211.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2247627428814

Amount of Each Receipt this Period
 57.70

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

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

Mailing Address 425 QUEENSLAND LANE NORTH

City PLYMOUTH State MN Zip Code 55447

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

Name of Employer United HealthCare Services Inc Occupation VP Info Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1211.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2247627628814

Amount of Each Receipt this Period
 57.70

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

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

Mailing Address 282 MIDDAUGH

City CLARENDON HILLS State IL Zip Code 60514

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

Name of Employer United HealthCare Services Inc Occupation COO IBS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 807.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2247627828814

Amount of Each Receipt this Period
 38.46

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

SUBTOTAL of Receipts This Page (optional).....▶	153.86
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DANIEL L OHMAN		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 8970 MOOR PARK RUN		Transaction ID : PR2247628028814
City DULUTH	State GA	Zip Code 30097
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 26.92	
Name of Employer United HealthCare Services Inc	Occupation Regn CEO	P/R Deduction (\$26.92 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.32	

Full Name (Last, First, Middle Initial) B. JEFFREY J CRUMBAUGH		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 226 25TH ST DR SE		Transaction ID : PR2259635228814
City CEDAR RAPIDS	State IA	Zip Code 52403
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 14.00	
Name of Employer United HealthCare Services Inc	Occupation M R Sls Dir	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) C. JOHN M PRINCE		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 17 / 2012
Mailing Address 546 HARRINGTON ROAD		Transaction ID : PR2259738428814
City WAYZATA	State MN	Zip Code 55391
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 97.00	
Name of Employer United HealthCare Services Inc	Occupation Mkt Group CFO	P/R Deduction (\$97.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2037.00	

SUBTOTAL of Receipts This Page (optional).....▶	137.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. CHRISTOPHER L CRONN
Full Name (Last, First, Middle Initial)

Mailing Address 507 PRESSLER #3128

City AUSTIN State TX Zip Code 78703

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2270522928814

Amount of Each Receipt this Period **38.46**

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

B. KAREN R FINNERTY
Full Name (Last, First, Middle Initial)

Mailing Address 4430 PARK POINT

City LEWIS CENTER State OH Zip Code 43035

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2270546628814

Amount of Each Receipt this Period **10.00**

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

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

Mailing Address 1716 EMERSON AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55403

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

Name of Employer United HealthCare Services Inc Occupation EVP UnitedHlth Group

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **4456.62**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2364863228814

Amount of Each Receipt this Period **108.70**

P/R Deduction (\$108.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **157.16**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 3000 TILDEN STREET NW #204-1

City WASHINGTON	State DC	Zip Code 20008
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation VP Rsch
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2402315928814

Amount of Each Receipt this Period
50.00

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

B. DONALD D JACOBS
Full Name (Last, First, Middle Initial)

Mailing Address 19495 VINE RIDGE ROAD

City SHOREWOOD	State MN	Zip Code 55331
-------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Sr Proj Mgr II
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2402317328814

Amount of Each Receipt this Period
10.00

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

C. ANGELA DAWN KEPLEY CARRIER
Full Name (Last, First, Middle Initial)

Mailing Address 3219 PENINSULA DRIVE

City JAMESTOWN	State NC	Zip Code 27282
-------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Case Mgmt
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2402317728814

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. MARILYN LEVI-BAUMGARTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 W 27TH ST
 City SAINT LOUIS PARK State MN Zip Code 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2402317928814
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JAKE LOGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4826 EAST CALLE REDONDA
 City PHOENIX State AZ Zip Code 85018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2402318228814
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. MARIA MCCAULEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6321 MANATEE AVENUE WEST
 City BRADENTON State FL Zip Code 34209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Proj Mgr II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2402318428814
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. STACY S MCGRATH
Full Name (Last, First, Middle Initial)
Mailing Address 5625 CHOWEN AVE S
City EDINA State MN Zip Code 55410
FEC ID number of contributing federal political committee. C
Name of Employer United HealthCare Services Inc Occupation Dir Bus Process
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2402318528814
Amount of Each Receipt this Period 15.00
P/R Deduction (\$15.00 Bi-Weekly)

B. RICHARD W MOCKLER
Full Name (Last, First, Middle Initial)
Mailing Address 2113 13TH AVE SOUTH
City SEATTLE State WA Zip Code 98144
FEC ID number of contributing federal political committee. C
Name of Employer United HealthCare Services Inc Occupation VP Bus Dvlp
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2402318728814
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

C. ANDREA MORRISON DAVIS
Full Name (Last, First, Middle Initial)
Mailing Address 2 LAKESHIRE COURT
City OWINGS MILLS State MD Zip Code 21117
FEC ID number of contributing federal political committee. C
Name of Employer United HealthCare Services Inc Occupation Acct Mgt Cons Clnt Svc
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2402318928814
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 35.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. KATHERINE E SHERWIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 85 CENTRAL AVE
 City NEWTON State MA Zip Code 02460
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clin Med Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2402319928814
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. DIANE D SOUZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 360 STANLEY DRIVE
 City GLASTONBURY State CT Zip Code 06033
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation CEO Spclty Bens
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2402320028814
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$192.30 Bi-Weekly)

C. LORI SWEERE LILIENTHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 11826 GERMAINE TERRACE
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4053.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2402320228814
 Amount of Each Receipt this Period 193.00
 P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 395.30
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 3801 MAURICE COURT

City LAS VEGAS State NV Zip Code 89108

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

Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2402444428814

Amount of Each Receipt this Period 100.00

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

B. DANIEL J WEAVER
Full Name (Last, First, Middle Initial)

Mailing Address 618 VILLA DRIVE 2026

City CASTLE PINES State CO Zip Code 80108

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2402444628814

Amount of Each Receipt this Period 14.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 4306 MOUNTAIN LANE

City WAUSAU State WI Zip Code 54401

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

Name of Employer United HealthCare Services Inc Occupation CEO TPA

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2402445028814

Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 134.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JAMES H BECKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 378 FERNDALE ROAD WEST
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **713.55**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR2402445128814
 Amount of Each Receipt this Period **153.85**
 P/R Deduction (\$153.85 Bi-Weekly)

B. JAMES C COLEMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4135 ETHAN DRIVE
 City EAGAN State MN Zip Code 55123
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Empl Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **2100.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR2402445228814
 Amount of Each Receipt this Period **100.00**
 P/R Deduction (\$100.00 Bi-Weekly)

C. JAMES D DONOVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2816 MONTREAUX DRIVE
 City FRISCO State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Bus Dev Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1365.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR2402445328814
 Amount of Each Receipt this Period **65.00**
 P/R Deduction (\$65.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	318.85
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. JOHN L LARSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 11688 TANGLEWOOD DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4053.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2402445628814
 Amount of Each Receipt this Period 193.00
 P/R Deduction (\$193.00 Bi-Weekly)

B. JOY O HIGA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2208 ELM AVENUE
 City MANHATTAN BEACH State CA Zip Code 90266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2402446228814
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Bi-Weekly)

C. SOHINI G JINDAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 9300 IVY TREE LANE
 City GREAT FALLS State VA Zip Code 22066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2402446328814
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	323.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 4612 MOORLAND AVENUE

City	State	Zip Code
EDINA	MN	55424

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

Name of Employer	Occupation
United HealthCare Services Inc	Pres C S

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2402446428814

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 4203 BRADLEY LANE

City	State	Zip Code
CHEVY CHASE	MD	20815

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
4038.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2405428828814

Amount of Each Receipt this Period
192.30

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

C. CHRIS A SCHERER
Full Name (Last, First, Middle Initial)

Mailing Address 1044 ST JAMES PARK AVE

City	State	Zip Code
MONROE	MI	48161

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2405429028814

Amount of Each Receipt this Period
10.00

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

SUBTOTAL of Receipts This Page (optional).....	▶	302.30
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. JOSEPH R STEVENS
Full Name (Last, First, Middle Initial)

Mailing Address 1621 BERKSHIRE RD

City COLUMBUS State OH Zip Code 43221

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.60

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2405429128814

Amount of Each Receipt this Period 47.60

P/R Deduction (\$47.60 Bi-Weekly)

B. RODNEY CHARLES ARMSTEAD
Full Name (Last, First, Middle Initial)

Mailing Address 406 LEWELEN CIRCLE

City ENGLEWOOD State NJ Zip Code 07631

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

Name of Employer United HealthCare Services Inc Occupation VP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2405430228814

Amount of Each Receipt this Period 40.00

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

C. KAREN ANN SAELENS
Full Name (Last, First, Middle Initial)

Mailing Address 105 N FLORENCE AVE

City LITCHFIELD PARK State AZ Zip Code 85340

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

Name of Employer United HealthCare Services Inc Occupation Exec Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2408544828814

Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 107.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. KATHLYN G WEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 4118 38TH ST NW
 City WASHINGTON State DC Zip Code 20016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2408545028814
 Amount of Each Receipt this Period 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. GAIL KOZIARA KOZIARA BOUDREAU
 Full Name (Last, First, Middle Initial)
 Mailing Address 841 HOLDEN COURT
 City LAKE FOREST State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Gr Pres UHC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4038.51

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2437119528814
 Amount of Each Receipt this Period 192.31
 P/R Deduction (\$192.31 Bi-Weekly)

C. SCOTT A BOWERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 GADSDEN PLACE
 City FRANKLIN State TN Zip Code 37067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Plan Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2437119628814
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	222.31
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 90 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JEFFREY SEAN CORZINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7649 EARLINGTON PARKWAY
 City State Zip Code
 DUBLIN OH 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2437119728814
 Amount of Each Receipt this Period
 20.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. ANA T FUENTEVILLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4815 NORTH CAMINO ESCUELA
 City State Zip Code
 TUCSON AZ 85718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2437119828814
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. RITA FAYE JOHNSON-MILLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9727 SKY LANE
 City State Zip Code
 EDEN PRAIRIE MN 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2437120128814
 Amount of Each Receipt this Period
 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 45.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 91 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. DAVID K LIVINGSTON

Mailing Address 24570 RIDGE POLE COURT

City SOUTH LYON State MI Zip Code 48178

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

Name of Employer United HealthCare Services Inc Occupation Plan Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2037.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR2437120228814

Amount of Each Receipt this Period
97.00

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

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

Mailing Address 841 LAKE ROAD

City BRADFORD WOODS State PA Zip Code 15015

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

Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR2437120428814

Amount of Each Receipt this Period
10.00

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

Full Name (Last, First, Middle Initial)
C. JACK S WEISS

Mailing Address 6245 NORTH 75 STREET

City SCOTTSDALE State AZ Zip Code 85250

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

Name of Employer United HealthCare Services Inc Occupation NA Med Dir/CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR2437120528814

Amount of Each Receipt this Period
25.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **132.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 92 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PAUL JOSEPH BALTHAZOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9013 FARNSWORTH AVENUE NORTH
 City State Zip Code
 BROOKLYN PARK MN 55443
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1260.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2437120728814
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$60.00 Bi-Weekly)

B. KELLY L CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 13540 BIRCHWOOD AVENUE
 City State Zip Code
 ROSEMOUNT MN 55068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 807.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2437121328814
 Amount of Each Receipt this Period
 38.46
 P/R Deduction (\$38.46 Bi-Weekly)

C. LAURA L NESS
 Full Name (Last, First, Middle Initial)
 Mailing Address 10550 PINNACLE WAY
 City State Zip Code
 WOODBURY MN 55129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2437121528814
 Amount of Each Receipt this Period
 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	137.46
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. JOHN W COSGRIFF
 Full Name (Last, First, Middle Initial)
 Mailing Address 1837 SUMMIT LANE
 City MENDOTA HEIGHTS State MN Zip Code 55118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief of Staff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR2437121628814
 Amount of Each Receipt this Period **200.00**
 P/R Deduction (\$20.00 Bi-Weekly)

B. PETER W RAINEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3115 WEST 47 STREET
 City MINNEAPOLIS State MN Zip Code 55410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Finance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1047.00**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR2437127528814
 Amount of Each Receipt this Period **115.00**
 P/R Deduction (\$115.00 Bi-Weekly)

C. ROBIN E LIPPERT
 Full Name (Last, First, Middle Initial)
 Mailing Address 522 4 STREET SOUTH EAST
 City WASHINGTON State DC Zip Code 20003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **4038.51**

Date of Receipt **10 / 17 / 2012**
Transaction ID : PR2439928028814
 Amount of Each Receipt this Period **192.31**
 P/R Deduction (\$192.31 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	327.31
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. STEPHEN M HEYMAN
Full Name (Last, First, Middle Initial)

Mailing Address 5300 SHERRILL AVENUE

City CHEVY CHASE State MD Zip Code 20815

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

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2444265728814

Amount of Each Receipt this Period 100.00

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

B. LORI C MCDOUGAL
Full Name (Last, First, Middle Initial)

Mailing Address 19705 LAKEVIEW AVENUE

City DEEPHAVEN State MN Zip Code 55331

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

Name of Employer United HealthCare Services Inc Occupation CEO UMVS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4038.30

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2445015328814

Amount of Each Receipt this Period 192.30

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

C. DONALD S LANGER
Full Name (Last, First, Middle Initial)

Mailing Address 5110 OAK RAMBLING DRIVE

City KATY State TX Zip Code 77494

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

Name of Employer United HealthCare Services Inc Occupation Plan Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2445015428814

Amount of Each Receipt this Period 20.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 312.30

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. LILLI ANN HIRSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 7379 DEVIN LANE
 City SHAKOPEE State MN Zip Code 55379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Human Capital Partner Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2445016728814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. LENYS M ALCOREZA
 Full Name (Last, First, Middle Initial)
 Mailing Address 809 SANTA FE COURT
 City VIRGINIA BEACH State VA Zip Code 23456
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Sls Mktg C S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2445016828814
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. MARK J DUHAIME
 Full Name (Last, First, Middle Initial)
 Mailing Address 5781 RUBY DRIVE
 City TROY State MI Zip Code 48085
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2445016928814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 63.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. EILEEN J LIVERANI
Full Name (Last, First, Middle Initial)

Mailing Address 100 BOSTOCK ROAD

City SHOKAN State NY Zip Code 12481

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

Name of Employer United HealthCare Services Inc Occupation Dir Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **581.70**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2460167228814

Amount of Each Receipt this Period **27.70**

P/R Deduction (\$27.70 Bi-Weekly)

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

Mailing Address 9958 BUTTOWNDOWN LANE

City ZIONSVILLE State IN Zip Code 46077

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2460167328814

Amount of Each Receipt this Period **20.00**

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

C. LUKE J MALLOY
Full Name (Last, First, Middle Initial)

Mailing Address 4635 URBANDALE COURT NORTH

City PLYMOUTH State MN Zip Code 55446

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

Name of Employer United HealthCare Services Inc Occupation Dir Comp Bus Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2460167428814

Amount of Each Receipt this Period **10.00**

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

SUBTOTAL of Receipts This Page (optional)..... **57.70**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 97 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JUNE THIELEN
Full Name (Last, First, Middle Initial)
Mailing Address 6245 WAKEFIELD COURT
City SHAKOPEE State MN Zip Code 55379
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP Human Capital
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 289.80

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2460167528814
Amount of Each Receipt this Period 13.80
P/R Deduction (\$13.80 Bi-Weekly)

B. KARIN KEITEL
Full Name (Last, First, Middle Initial)
Mailing Address 3918 HAVEN ROAD
City MINNETONKA State MN Zip Code 55345
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2460167628814
Amount of Each Receipt this Period 50.00
P/R Deduction (\$50.00 Bi-Weekly)

C. SHELBY P SOLOMON
Full Name (Last, First, Middle Initial)
Mailing Address 5702 BLAKE ROAD
City EDINA State MN Zip Code 55436
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Pres Govt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2415.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2460167928814
Amount of Each Receipt this Period 115.00
P/R Deduction (\$115.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 178.80
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. JELKA S PETROVIC
Full Name (Last, First, Middle Initial)

Mailing Address 4454 PEPPER MILL LANE

City ORION State MI Zip Code 48359

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2460168028814

Amount of Each Receipt this Period **20.00**

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

B. LARRY C RENFRO
Full Name (Last, First, Middle Initial)

Mailing Address 5 DOVE LANE

City ANDOVER State MA Zip Code 01810

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

Name of Employer United HealthCare Services Inc Occupation EVP UHG CEO Optum

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **4038.30**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2460168128814

Amount of Each Receipt this Period **192.30**

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

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

Mailing Address 3370 SYCAMORE LANE

City PLYMOUTH State MN Zip Code 55441

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

Name of Employer United HealthCare Services Inc Occupation Chief Compli Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **808.50**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2460168228814

Amount of Each Receipt this Period **38.50**

P/R Deduction (\$38.50 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **250.80**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 99 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ERIC J WEXLER		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 7220 WILLOW OAK DR		Transaction ID : PR2463723128814
City WEST BLOOMFIELD	State MI	Zip Code 48324
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Deputy Gen Counsel Mgr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 672.00	
		Amount of Each Receipt this Period 32.00
		P/R Deduction (\$32.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. KAREN L WALKOWSKI		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 6359 COUNTRY ROAD		Transaction ID : PR2463723428814
City EDEN PRAIRIE	State MN	Zip Code 55346
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Dir Bus Process	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
		Amount of Each Receipt this Period 20.00
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. SUE SCHICK		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 319 BERKLEY ROAD		Transaction ID : PR2480620528814
City MERION STATION	State PA	Zip Code 19066
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2625.00	
		Amount of Each Receipt this Period 125.00
		P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	177.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. CHRISTOPHER MARK ABBOTT
Full Name (Last, First, Middle Initial)

Mailing Address W154N6076 HICKORY HOLLOW CT

City	State	Zip Code
MENOMONEE FALLS	WI	53051

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

Name of Employer	Occupation
United HealthCare Services Inc	Regn Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2484541528814

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-Weekly)

B. JO ANNE M ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 6236 KNOLL DRIVE

City	State	Zip Code
EDINA	MN	55436

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Integration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2037.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2484541628814

Amount of Each Receipt this Period

97.00

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

C. JAMES F COPPENS
Full Name (Last, First, Middle Initial)

Mailing Address 5965 LAKE LINDEN COURT

City	State	Zip Code
SHOREWOOD	MN	55331

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

Name of Employer	Occupation
United HealthCare Services Inc	SVP Total Comp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1326.15**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2484541928814

Amount of Each Receipt this Period

63.15

P/R Deduction (\$63.15 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	174.15
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. LILLIAN R HECKMAN
Full Name (Last, First, Middle Initial)
Mailing Address 552 DEER LAKE CIRCLE
City BLUE BELL State PA Zip Code 19422
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2484542128814
Amount of Each Receipt this Period 30.00
P/R Deduction (\$30.00 Bi-Weekly)

B. MARK A PHILLIPS
Full Name (Last, First, Middle Initial)
Mailing Address 1760 LUCY RIDGE CT
City CHANHASSEN State MN Zip Code 55317
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP SIs
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 741.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2484542628814
Amount of Each Receipt this Period 39.00
P/R Deduction (\$39.00 Bi-Weekly)

C. DANIEL R TROPEANO
Full Name (Last, First, Middle Initial)
Mailing Address 270 RAVENSCLIFF RD
City SAINT DAVIDS State PA Zip Code 19087
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SB KA VP SIs Acct Mgt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2484542828814
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 79.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 7659 COLDSTREAM DRIVE

City CINCINNATI State OH Zip Code 45255

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

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2486697828814

Amount of Each Receipt this Period **50.00**

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

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

Mailing Address 4835 PENN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55419

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2486697928814

Amount of Each Receipt this Period **40.00**

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

C. LEANNE E SCHEIBER
Full Name (Last, First, Middle Initial)

Mailing Address 1008 LEXINGTON AVE N

City NEW PRAGUE State MN Zip Code 56071

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

Name of Employer United HealthCare Services Inc Occupation Dir Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2486698128814

Amount of Each Receipt this Period **10.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. DIRK C MCMAHON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1608 SUMMIT OAKS CT
 City BURNSVILLE State MN Zip Code 55337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2491457028814
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. KATHRYN M SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 530 N LAKE SHORE DR # 2309
 City CHICAGO State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2491457528814
 Amount of Each Receipt this Period
 97.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. MARTIN C TOOMB
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 STANLEY TERRACE
 City DOVER State NJ Zip Code 07801
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2538641528814
 Amount of Each Receipt this Period
 15.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	212.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. KARA V SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 610 CRESTWOOD DRIVE

City ALEXANDRIA State VA Zip Code 22302

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3230.85**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2540175328814

Amount of Each Receipt this Period **153.85**

P/R Deduction (\$153.85 Bi-Weekly)

B. PATRICK J BRENNAN
Full Name (Last, First, Middle Initial)

Mailing Address 141 - 92ND STREET

City BROOKLYN State NY Zip Code 11209

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2541300228814

Amount of Each Receipt this Period **10.00**

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

C. HYLLIUS R EDWARDS
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 44246

City DENVER State CO Zip Code 80201

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2541300428814

Amount of Each Receipt this Period **50.00**

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

SUBTOTAL of Receipts This Page (optional)..... **213.85**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA State VA Zip Code 22302

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2019.36

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2541300828814

Amount of Each Receipt this Period
96.16

P/R Deduction (\$96.16 Bi-Weekly)

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

Mailing Address 5338 SPILMAN AVENUE

City SACRAMENTO State CA Zip Code 95819

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2542024528814

Amount of Each Receipt this Period
50.00

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

C. MATTHEW D ONSTOTT
Full Name (Last, First, Middle Initial)

Mailing Address 2324 LA SENDA STREET

City SANTA FE State NM Zip Code 87505

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2542024628814

Amount of Each Receipt this Period
20.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 166.16

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 167
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. BRENDAN HOSTETLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3643 N SEELEY AVENUE #2
 City CHICAGO State IL Zip Code 60618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2542541928814
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$30.00 Bi-Weekly)

B. JENNIFER L MCMULLEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 857 GLENBROOK DRIVE
 City ATLANTA State GA Zip Code 30318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2542542128814
 Amount of Each Receipt this Period 25.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. RICHARD E RAMSAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 543 E LURAY AVE
 City ALEXANDRIA State VA Zip Code 22301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2542542228814
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 105.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 107 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. IPYANA SPENCER
Full Name (Last, First, Middle Initial)
Mailing Address 4226 40TH STREET NORTH

City ARLINGTON	State VA	Zip Code 22207
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2542542328814

Amount of Each Receipt this Period

30.00

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

B. ANNE YAU
Full Name (Last, First, Middle Initial)
Mailing Address 9905 WOODLAND DRIVE

City SILVER SPRING	State MD	Zip Code 20902
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2543582528814

Amount of Each Receipt this Period

15.00

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

C. CHANTA G COMBS
Full Name (Last, First, Middle Initial)
Mailing Address 4229 SUMMERTREE DRIVE

City TALLAHASSEE	State FL	Zip Code 32311
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.66**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2552313528814

Amount of Each Receipt this Period

38.46

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

SUBTOTAL of Receipts This Page (optional).....▶	83.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. RICHARD N BAER
Full Name (Last, First, Middle Initial)

Mailing Address 6356 SMITHTOWN ROAD

City EXCELSIOR State MN Zip Code 55331

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

Name of Employer United HealthCare Services Inc Occupation EVP Gen Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2916.69

Date of Receipt
 / /
Transaction ID : PR2552960528814

Amount of Each Receipt this Period

P/R Deduction (\$416.67 Bi-Weekly)

B. THOMAS A BLOCHER
Full Name (Last, First, Middle Initial)

Mailing Address 78 PATTI LYNN LANE

City HOUSTON State TX Zip Code 77024

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

Name of Employer United HealthCare Services Inc Occupation Assc Behvrl Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
 / /
Transaction ID : PR2552960728814

Amount of Each Receipt this Period

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

C. KEVIN BROOKS
Full Name (Last, First, Middle Initial)

Mailing Address 2750 FOUNTAIN LANE NORTH

City PLYMOUTH State MN Zip Code 55447

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

Name of Employer United HealthCare Services Inc Occupation Dir Mktg/Prod DB

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt
 / /
Transaction ID : PR2552961028814

Amount of Each Receipt this Period

P/R Deduction (\$14.00 Bi-Weekly)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address **20 VERMILION CLIFFS**

City **ALISO VIEJO** State **CA** Zip Code **92656**

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

Name of Employer **United HealthCare Services Inc** Occupation **Dir Clnt Svc Acct Mgt**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR2552961228814

Amount of Each Receipt this Period
14.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address **11700 ARBORHILL DRIVE**

City **ZIONSVILLE** State **IN** Zip Code **46077**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **735.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR2552961328814

Amount of Each Receipt this Period
35.00

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

Full Name (Last, First, Middle Initial)
C. MICHAEL T COLEMAN

Mailing Address **3325 LACEBARK PINE STREET**

City **LAS VEGAS** State **NV** Zip Code **89129**

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

Name of Employer **United HealthCare Services Inc** Occupation **CEO Regn Med Groups**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR2552961428814

Amount of Each Receipt this Period
10.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ **59.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MICHAEL A EHLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10051 VALLEY RIDGE COURT
 City LAS VEGAS State NV Zip Code 89148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Dir Apps Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2552962228814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. SCOTT F FLANNERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8508 TRELADY CT
 City PLANO State TX Zip Code 75024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2552962328814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. CYNTHIA L GOSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 11515 FRIARS WALK TERRACE
 City GLEN ALLEN State VA Zip Code 23059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Hlth Econ Outc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2552962528814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	67.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. WILLIAM W GWINN JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 9302 CENTURY OAK COURT
 City BRENWOOD State TN Zip Code 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Proj Rsch Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.84

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2552962628814
 Amount of Each Receipt this Period 14.04
 P/R Deduction (\$14.04 Bi-Weekly)

B. CLAIRE L HANNAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 25932 PORTAFINO DRIVE
 City MISSION VIEJO State CA Zip Code 92691
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2552962728814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. OREN J HERMEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 7705 WALDEN BLVD
 City WAUSAU State WI Zip Code 54401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2552962828814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	67.04
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. GREGORY J JAMES
Full Name (Last, First, Middle Initial)

Mailing Address 2323 KINGS POINT DRIVE

City LARGO State FL Zip Code 33774

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR2552963228814

Amount of Each Receipt this Period
39.00

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

B. JARRETT T JEDLICKA
Full Name (Last, First, Middle Initial)

Mailing Address 13852 BIRCHWOOD AVE

City ROSEMOUNT State MN Zip Code 55068

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **840.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR2552963328814

Amount of Each Receipt this Period
40.00

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

C. BRADLEY C JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 6705 SOUTHCREST DRIVE

City EDINA State MN Zip Code 55435

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

Name of Employer United HealthCare Services Inc Occupation Dir Bus Process

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
10 / 17 / 2012

Transaction ID : PR2552963428814

Amount of Each Receipt this Period
14.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **93.00**

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

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

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

FOR LINE NUMBER: PAGE 113 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. BENJAMIN T KEHL
 Mailing Address 19619 CALUMET COURT
 City State Zip Code
 FARMINGTON MN 55024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
840.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR2552963528814
 Amount of Each Receipt this Period
40.00
 P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. NARASIMHAN KIDAMBI
 Mailing Address 18477 85TH AVE N
 City State Zip Code
 MAPLE GROVE MN 55311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Assc Dir Bus Anlys
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
420.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR2552963828814
 Amount of Each Receipt this Period
20.00
 P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. KENNETH G LANTER
 Mailing Address 140 WILLING WAY
 City State Zip Code
 TROY IL 62294
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA Dir Sls Producing
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012
Transaction ID : PR2552964028814
 Amount of Each Receipt this Period
10.00
 P/R Deduction (\$10.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **70.00**
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. JULIE K MACLEOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15314 JEFFERS PASS NW
 City PRIOR LAKE State MN Zip Code 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Human Capital Partner Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2552964428814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. KRISTINE W MACRAE
 Full Name (Last, First, Middle Initial)
 Mailing Address 3324 EAST 1ST STREET
 City LONG BEACH State CA Zip Code 90803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir IT Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2552964528814
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. MICHELLE MARTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 149 WILLIAMSBURG COURT
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2552964728814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 38.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 115 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CARL A MATTSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 ELIZABETH COURT
 City State Zip Code
 SCHENECTADY NY 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Clnt Svc Acct Mgt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2552964828814
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. REBECCA BALLARD MCCABE
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 CONNORS CIRCLE
 City State Zip Code
 CARY NC 27511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA Sr Sls Exec
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2552964928814
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. LESLIE K PAULUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 E TUCKEY LN
 City State Zip Code
 PHOENIX AZ 85012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2552965228814
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 42.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. GARY W PEKA		Date of Receipt 10 / 17 / 2012
Mailing Address 1122 FALLS CURVE		Transaction ID : PR2552965328814
City CHASKA	State MN	Zip Code 55318
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer United HealthCare Services Inc	Occupation Six Sigma Cnslt	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) B. DONALD W POTTER JR		Date of Receipt 10 / 17 / 2012
Mailing Address 116 FULLER LANE		Transaction ID : PR2552965428814
City WINNETKA	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer United HealthCare Services Inc	Occupation NA VP Clnt Relhips	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) C. KRISTINE G SAMSEL		Date of Receipt 10 / 17 / 2012
Mailing Address 91 WAVERLY RD		Transaction ID : PR2552965728814
City HUNTINGTON	State CT	Zip Code 06484
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00
Name of Employer United HealthCare Services Inc	Occupation Dir Prov Data	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

SUBTOTAL of Receipts This Page (optional).....▶	42.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 117 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. THOMAS D SCIUTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 ACORN LANE
 City State Zip Code
 MILFORD CT 06461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA Dir Acct Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2552966128814
 Amount of Each Receipt this Period
 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. BARRY R STREIT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5421 KELLOGG AVENUE
 City State Zip Code
 EDINA MN 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc RVP Medicr Field Sls
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 351.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2552966728814
 Amount of Each Receipt this Period
 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. ANN R TINKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2125 SPURS COURT
 City State Zip Code
 LAS VEGAS NV 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regl Affs Sr Cnslt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2552966828814
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 92.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. THOMAS C VANDERHEYDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 534 WAYZATA BLVD E
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Prod
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2552966928814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. AARON C WACKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4704 CAVAN ROAD
 City MOUND State MN Zip Code 55364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mgr Apps Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2552967028814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. WILLIAM OWEN WILLIAMS II
 Full Name (Last, First, Middle Initial)
 Mailing Address 12419 BELLINGRATH STREET
 City CARMEL State IN Zip Code 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Golden Rule Insurance Company Occupation Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2552967128814
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	68.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. GRETTA R WOODINGTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 10555 GARDEN ROSE DRIVE
 City LAS VEGAS State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Clin Pharmc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2552967228814
 Amount of Each Receipt this Period 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

B. MARK W HENRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2237 REGAL COURT
 City MURFREESBORO State TN Zip Code 37129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2553474428814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. SCOTT A NAASZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 14327 BLUEBIRD TRAIL NE
 City PRIOR LAKE State MN Zip Code 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Cust Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2553474728814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 38.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. MONICA L RAYBURN
Full Name (Last, First, Middle Initial)

Mailing Address 688 WEST SYCAMORE

City VERNON HILLS State IL Zip Code 60061

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

Name of Employer United HealthCare Services Inc Occupation Dir Clms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt
 / /
Transaction ID : PR2553475128814

Amount of Each Receipt this Period

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

B. ANDREW J SULLIVAN
Full Name (Last, First, Middle Initial)

Mailing Address 1101 ROSEWOOD DRIVE

City ATLANTA State GA Zip Code 30306

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

Name of Employer United HealthCare Services Inc Occupation SVP Optuml Cnslt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
 / /
Transaction ID : PR2553475328814

Amount of Each Receipt this Period

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 5121 DUPONT AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55419

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2037.00**

Date of Receipt
 / /
Transaction ID : PR2553475428814

Amount of Each Receipt this Period

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

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

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

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

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

FOR LINE NUMBER: PAGE 121 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. DENEEN VOJTA

Mailing Address 5201 KELLOGG AVENUE

City State Zip Code
 EDINA MN 55424

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

Name of Employer Occupation
 United HealthCare Services Inc SVP Bus Initi Clin Aff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 4053.00

Date of Receipt
 10 / 17 / 2012
Transaction ID : PR2553475528814

Amount of Each Receipt this Period
 193.00

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

Full Name (Last, First, Middle Initial)
B. DANIEL J ZERFA

Mailing Address 61234 ADMIRAL DRIVE

City State Zip Code
 WASHINGTON TOWNSHIP MI 48094

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

Name of Employer Occupation
 United HealthCare Services Inc VP IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 10 / 17 / 2012
Transaction ID : PR2553475728814

Amount of Each Receipt this Period
 14.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. COLLEEN C COHAN

Mailing Address 17402 SAINT THERESA DRIVE

City State Zip Code
 OLNEY MD 20832

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

Name of Employer Occupation
 United HealthCare Services Inc Assc Gen Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 10 / 17 / 2012
Transaction ID : PR2554012728814

Amount of Each Receipt this Period
 14.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 221.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DINO J COLALUCA
Full Name (Last, First, Middle Initial)

Mailing Address 23314 EVAN COURT NORTH

City NEW BOSTON	State MI	Zip Code 48164
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2554012828814

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-Weekly)

B. SHELLY A ESPINOSA
Full Name (Last, First, Middle Initial)

Mailing Address 4060 WHITE OAK LANE

City EXCELSIOR	State MN	Zip Code 55331
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Found/Social Resp
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2554012928814

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-Weekly)

C. KARSTEN S FLAGSTAD
Full Name (Last, First, Middle Initial)

Mailing Address 13420 JAY ST NW

City ANDOVER	State MN	Zip Code 55304
-----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Info Tech
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **941.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2554013028814

Amount of Each Receipt this Period

100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	128.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 123 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PATRICK J MEYER
Full Name (Last, First, Middle Initial)

Mailing Address 20676 HAZELWOOD TRAIL

City LAKEVILLE	State MN	Zip Code 55044
-------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Assc Dir Intl Aud Adv Svs
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2554013128814

Amount of Each Receipt this Period
14.00

P/R Deduction (\$14.00 Bi-Weekly)

B. THOMAS W MOORE
Full Name (Last, First, Middle Initial)

Mailing Address 10733 TAVISTOCK DRIVE

City TAMPA	State FL	Zip Code 33626
---------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation PS VP Sls Regn
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2554013228814

Amount of Each Receipt this Period
14.00

P/R Deduction (\$14.00 Bi-Weekly)

C. GREGORY D REIDY
Full Name (Last, First, Middle Initial)

Mailing Address 1016 BLAKEFIELD DRIVE

City BRENTWOOD	State TN	Zip Code 37027
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2554013328814

Amount of Each Receipt this Period
14.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	42.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 124 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. ASIR U AHMAD

Mailing Address 1935 HILLWOOD DRIVE

City State Zip Code
 BLOOMFIELD HILLS MI 48304

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

Name of Employer Occupation
 United HealthCare Services Inc Med Dir

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 10 / 17 / 2012
Transaction ID : PR2560064028814

Amount of Each Receipt this Period
 14.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JOY L ALEXANDER

Mailing Address 7624 HASKELL FLATS DRIVE

City State Zip Code
 LAS VEGAS NV 89128

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

Name of Employer Occupation
 Health Plan of Nevada Assc Dir Mktg

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 10 / 17 / 2012
Transaction ID : PR2560064128814

Amount of Each Receipt this Period
 14.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. JIM L BENNETT

Mailing Address 3724 PINE TIP ROAD

City State Zip Code
 TALLAHASSEE FL 32312

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

Name of Employer Occupation
 United HealthCare Services Inc Sr Assc Gen Counsel

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 10 / 17 / 2012
Transaction ID : PR2560064228814

Amount of Each Receipt this Period
 14.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 42.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. DANIEL J CLUTE
Full Name (Last, First, Middle Initial)

Mailing Address 6017 N 68TH STREET

City OMAHA State NE Zip Code 68104

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2560064428814

Amount of Each Receipt this Period 97.00

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

B. THOMAS K COY
Full Name (Last, First, Middle Initial)

Mailing Address 6970 SUZANNE COURT

City SCHENECTADY State NY Zip Code 12303

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2560064528814

Amount of Each Receipt this Period 10.00

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

C. SANDRA L FORQUER
Full Name (Last, First, Middle Initial)

Mailing Address 96 AVENIDA ALDEA

City SANTA FE State NM Zip Code 87507

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

Name of Employer United HealthCare Services Inc Occupation Dir Prod

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2560064628814

Amount of Each Receipt this Period 10.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 117.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 5724 EAGLEMOUNT CIRCLE

City LITHIA	State FL	Zip Code 33547
----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Med Dir
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2560064728814

Amount of Each Receipt this Period

39.00

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

Full Name (Last, First, Middle Initial)
B. PAULA A GAZELEY

Mailing Address 36 MAYFAIR ROAD

City WYNANTSKILL	State NY	Zip Code 12198
---------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Strat Clnt Exec EmpireRx
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2560064828814

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 72 MIDNIGHT RIDGE DR

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4053.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2560064928814

Amount of Each Receipt this Period

193.00

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

SUBTOTAL of Receipts This Page (optional).....▶	246.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. STEVEN G HOLM
Full Name (Last, First, Middle Initial)

Mailing Address 9369 GLACIER ROAD

City MINNETRISTA State MN Zip Code 55375

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

Name of Employer United HealthCare Services Inc Occupation IT Proj Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2560065028814

Amount of Each Receipt this Period **14.00**

P/R Deduction (\$14.00 Bi-Weekly)

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

Mailing Address 512 W ORANGEWOOD AVE

City PHOENIX State AZ Zip Code 85021

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2560065128814

Amount of Each Receipt this Period **39.00**

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

C. SHELDON LIPPMAN
Full Name (Last, First, Middle Initial)

Mailing Address 55 CLIFFFIELD ROAD

City BEDFORD State NY Zip Code 10506

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2037.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2560065428814

Amount of Each Receipt this Period **97.00**

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

SUBTOTAL of Receipts This Page (optional)..... **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 128 OF 167
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. ANGELA L LOBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 2837 EAST PARK PLACE
 City MILWAUKEE State WI Zip Code 53211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR256006528814
 Amount of Each Receipt this Period 97.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. JEFFREY D LUCHT
 Full Name (Last, First, Middle Initial)
 Mailing Address 191 MAIN ST
 City S GLASTONBURY State CT Zip Code 06073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Act Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2560065628814
 Amount of Each Receipt this Period 97.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. KEVIN MICHAEL MARONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5052 NORMAN DRIVE
 City MINNETONKA State MN Zip Code 55345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2560065728814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 208.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 129 OF 167
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 2702 BIRCHMERE COURT

City KATY	State TX	Zip Code 77450
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2560066028814

Amount of Each Receipt this Period

39.00

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

B. WILLIAM B O'BRYANT
Full Name (Last, First, Middle Initial)

Mailing Address 22191 WESTCLIFF

City MISSION VIEJO	State CA	Zip Code 92692
-----------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Sr Med Dir
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2560066128814

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-Weekly)

C. RICHARD A PERRIER
Full Name (Last, First, Middle Initial)

Mailing Address 9502 MANY MILE MEWS

City COLUMBIA	State MD	Zip Code 21046
------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation KA VP Acct Mgmt
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2560066228814

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	67.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DONALD G ROWE
Full Name (Last, First, Middle Initial)
Mailing Address 5 LANTERN LANE

City MAYNARD	State MA	Zip Code 01754
-----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation KA Dir of AM producing
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2560066528814

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-Weekly)

B. CANDACE SHAEFFER
Full Name (Last, First, Middle Initial)
Mailing Address 390 MISSY LANE

City WHITEFISH	State MT	Zip Code 59937
-------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Compli
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2560066628814

Amount of Each Receipt this Period

10.00

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

C. DENISE VAIL
Full Name (Last, First, Middle Initial)
Mailing Address 35 CLEVELAND AVENUE

City SAYVILLE	State NY	Zip Code 11782
------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Clnt Svc Acct Mgt
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
294.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2012

Transaction ID : PR2560066828814

Amount of Each Receipt this Period

14.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	38.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 3862 CARRIAGE HILL DRIVE

City FREDERICK State MD Zip Code 21704

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

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Prgms

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2560398028814

Amount of Each Receipt this Period **15.00**

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

B. KRISTA J DICKMAN
Full Name (Last, First, Middle Initial)

Mailing Address 2533 ONYX DRIVE

City SHAKOPEE State MN Zip Code 55379

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

Name of Employer United HealthCare Services Inc Occupation Dir Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2560398128814

Amount of Each Receipt this Period **14.00**

P/R Deduction (\$14.00 Bi-Weekly)

C. GEORGE N KOREAN
Full Name (Last, First, Middle Initial)

Mailing Address 6 VERANO

City FOOTHILL RANCH State CA Zip Code 92610

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

Name of Employer United HealthCare Services Inc Occupation Dir Act Svs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2560398528814

Amount of Each Receipt this Period **14.00**

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **43.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. GARY MURRAY
Full Name (Last, First, Middle Initial)
Mailing Address 13093 GROUSE POINTE COVE
City DRAPER State UT Zip Code 84020
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Bus Risk Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2560398728814
Amount of Each Receipt this Period 10.00
P/R Deduction (\$10.00 Bi-Weekly)

B. TIMOTHY J NOEL
Full Name (Last, First, Middle Initial)
Mailing Address 4408 THOMAS AVE SOUTH
City MINNEAPOLIS State MN Zip Code 55410
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2560398828814
Amount of Each Receipt this Period 39.00
P/R Deduction (\$39.00 Bi-Weekly)

C. JAMES CRONIN
Full Name (Last, First, Middle Initial)
Mailing Address 20700 DELTA DRIVE
City GAITHERSBURG State MD Zip Code 20882
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 807.66

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2560821128814
Amount of Each Receipt this Period 38.46
P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	87.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. PATRICK J O'BRIEN
Full Name (Last, First, Middle Initial)

Mailing Address 33 BARRINGTON DRIVE

City BEDFORD State NH Zip Code 03110

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
 / /
 10 / 17 / 2012

Transaction ID : PR2560821428814

Amount of Each Receipt this Period
 14.00

P/R Deduction (\$14.00 Bi-Weekly)

B. MARIE A PERO
Full Name (Last, First, Middle Initial)

Mailing Address 516 APPLE LANE

City HARLEYSVILLE State PA Zip Code 19438

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

Name of Employer United HealthCare Services Inc Occupation Dir Prod

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
 / /
 10 / 17 / 2012

Transaction ID : PR2560821528814

Amount of Each Receipt this Period
 14.00

P/R Deduction (\$14.00 Bi-Weekly)

C. JOY M STEPHENS
Full Name (Last, First, Middle Initial)

Mailing Address 7320 YORK AVE N

City BROOKLYN PARK State MN Zip Code 55443

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

Name of Employer United HealthCare Services Inc Occupation Sr Bus Anlys Consltn

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
 / /
 10 / 17 / 2012

Transaction ID : PR2560821628814

Amount of Each Receipt this Period
 14.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 42.00
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. BRIAN W LUND
Full Name (Last, First, Middle Initial)

Mailing Address 464 EAST NORTH AVE

City GRANTSBURG	State WI	Zip Code 54840
--------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Mgr Tax
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
569.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2561457628814

Amount of Each Receipt this Period
39.00

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

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

Mailing Address 520 NE 20TH ST # 1010

City FORT LAUDERDALE	State FL	Zip Code 33305
-------------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Spc Ben Govt Dntl Sls Mgr
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
819.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2563211028814

Amount of Each Receipt this Period
39.00

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

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

Mailing Address 2335 SOUTH OCEAN BLVD B5

City PALM BEACH	State FL	Zip Code 33480
--------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Plan Pres
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt
10 / 17 / 2012
Transaction ID : PR2563211128814

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional).....	178.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JACQULYN M BARTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1587 112 TH COURT WEST
 City State Zip Code
 INVER GROVE HEIGHTS MN 55077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Human Capital Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2563211228814
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DIANE M HUSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2622 LITER COURT
 City State Zip Code
 ELLICOTT CITY MD 21042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Social Worker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2564296728814
 Amount of Each Receipt this Period
 10.00
 P/R Deduction (\$10.00 Bi-Weekly)

C. JENNIFER F WALSH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3116 4TH STREET NORTH
 City State Zip Code
 ARLINGTON VA 22201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2564296828814
 Amount of Each Receipt this Period
 97.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	121.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. ARTHUR R MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5009 ASHINGTON LANDING DRIVE
 City TAMPA State FL Zip Code 33647
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2564296928814
 Amount of Each Receipt this Period 166.67
 P/R Deduction (\$166.67 Bi-Weekly)

B. ANDREW C MACKENZIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1912 IRVING AVE S
 City MINNEAPOLIS State MN Zip Code 55403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2564297128814
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. STEPHEN E SWANSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 HUNTINGTON COURT
 City KATY State TX Zip Code 77493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2564297328814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	305.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. HARVEY J BALTHASER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11417 ARCHSTONE DR
 City AUSTIN State TX Zip Code 78739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2564297528814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. STEVEN C WALLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 18615 CHARLEVOIX LANE
 City CHESTERFIELD State MO Zip Code 63005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2564297628814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. ELLEN L DAMATO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1300 DALHART DRIVE
 City ALLEN State TX Zip Code 75013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2564802228814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	67.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JOSH A WILLSON		Date of Receipt 10 / 17 / 2012 Transaction ID : PR2564802528814
Mailing Address 704 SUELLEN CIR		Amount of Each Receipt this Period 14.00
City COLLEYVILLE	State TX	Zip Code 76034
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation SB VP Sls Acct Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

Full Name (Last, First, Middle Initial) B. CHRISTOPHER CHARLES CARLSON		Date of Receipt 10 / 17 / 2012 Transaction ID : PR2564802628814
Mailing Address 12801 OVERLOOK ROAD		Amount of Each Receipt this Period 20.00
City DAYTON	State MN	Zip Code 55327
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) C. PAUL DANIEL HANSEN		Date of Receipt 10 / 17 / 2012 Transaction ID : PR2564802728814
Mailing Address 18430 62ND PLACE NORTH		Amount of Each Receipt this Period 97.00
City MAPLE GROVE	State MN	Zip Code 55311
FEC ID number of contributing federal political committee. C		P/R Deduction (\$97.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Controller Mkt Group	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2037.00	

SUBTOTAL of Receipts This Page (optional).....▶	131.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. MARYELLEN GOODWIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1678 BRIDGEWATER DRIVE
 City LAKE MARY State FL Zip Code 32746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2564802928814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. ELIZABETH D MORAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2231 BENT TREE LANE
 City MENDOTA HEIGHTS State MN Zip Code 55120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Complnc/Ethics Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2564803128814
 Amount of Each Receipt this Period 97.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. KATHERINE L KENNY
 Full Name (Last, First, Middle Initial)
 Mailing Address 22408 FITZGERALD DRIVE
 City LAYTONSVILLE State MD Zip Code 20882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB VP of Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2564803228814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PAUL O MARDEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 718 HICKORY HILL RD
 City State Zip Code
 FRANKLIN LAKES NJ 07417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA VP Sls Acct Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 819.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2564803328814
 Amount of Each Receipt this Period
 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. MARK BELLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5601 VAN WINKLE LN
 City State Zip Code
 AUSTIN TX 78739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB VP Sls Acct Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2564803528814
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. WILLIAM T MCENERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2012 HUMBOLDT AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CMO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2564803628814
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	153.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. LISA R WRIGHT
Full Name (Last, First, Middle Initial)
Mailing Address 1512 PARK BLVD
City CHERRY HILL State NJ Zip Code 08002
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Sr Prod Mgr
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2564803728814
Amount of Each Receipt this Period 14.00
P/R Deduction (\$14.00 Bi-Weekly)

B. TAMMY A O'HARE
Full Name (Last, First, Middle Initial)
Mailing Address 2420 SAINT GEORGE WAY
City BROOKEVILLE State MD Zip Code 20833
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SB VP Sls Acct Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2564803928814
Amount of Each Receipt this Period 39.00
P/R Deduction (\$39.00 Bi-Weekly)

C. DEBRA J BERNS
Full Name (Last, First, Middle Initial)
Mailing Address 2553 WASHBURN AVENUE SOUTH
City MINNEAPOLIS State MN Zip Code 55416
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2037.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2564804028814
Amount of Each Receipt this Period 97.00
P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. BARRY HOFER		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>17</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	17	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	17	/	2012								
Mailing Address 10464 SHELTER GROVE		Transaction ID : PR2564804128814										
City EDEN PRAIRIE	State MN	Zip Code 55347										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00										
Name of Employer United HealthCare Services Inc	Occupation VP Finance	P/R Deduction (\$14.00 Bi-Weekly)										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00											

Full Name (Last, First, Middle Initial) B. KATHRYN S RUBIN		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>17</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	17	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	17	/	2012								
Mailing Address 310 SYCAMORE LANE		Transaction ID : PR2564804328814										
City PLYMOUTH	State MN	Zip Code 55441										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 97.00										
Name of Employer United HealthCare Services Inc	Occupation VP Social Resp/Pres Found	P/R Deduction (\$97.00 Bi-Weekly)										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2037.00											

Full Name (Last, First, Middle Initial) C. MELISSA A EASON		Date of Receipt <table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>10</td> <td>/</td> <td>17</td> <td>/</td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	10	/	17	/	2012
M M M	/	D D D	/	Y Y Y Y Y Y								
10	/	17	/	2012								
Mailing Address 2501 COLBY COVE		Transaction ID : PR2564804428814										
City AUSTIN	State TX	Zip Code 78723										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 14.00										
Name of Employer United HealthCare Services Inc	Occupation Dir Regl Affs	P/R Deduction (\$14.00 Bi-Weekly)										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00											

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 143 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JARROD A FORBES
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 PARK FOREST DRIVE
 City State Zip Code
 CHESTERFIELD MO 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **840.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2564804528814
 Amount of Each Receipt this Period
40.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. DONNA M CRAIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 10761 INDEPENDENCE WAY
 City State Zip Code
 CARMEL IN 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Regn Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2565448828814
 Amount of Each Receipt this Period
14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. NORINE YUKON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4904 BALCONES DRIVE
 City State Zip Code
 AUSTIN TX 78731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Plan Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **294.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2565449028814
 Amount of Each Receipt this Period
14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **68.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. NEIL A MANSUKHANI
 Full Name (Last, First, Middle Initial)
 Mailing Address 4215 LAUREL RIDGE CIRCLE
 City WESTON State FL Zip Code 33331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB Dir PEO SIs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2567129428814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. DENISE V ZAMORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 NOLAN CIRCLE
 City MANCHESTER State CT Zip Code 06042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 294.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2567129528814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. ROBERT EDWARD CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 3220 XANTHUS LANE NORTH
 City PLYMOUTH State MN Zip Code 55447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 819.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2567129628814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	67.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. WENDY D ARNONE
Full Name (Last, First, Middle Initial)
Mailing Address N62W13531 SUNBRUST DRIVE

City MENOMONEE FALLS	State WI	Zip Code 53051
-------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : PR2568900528814

Amount of Each Receipt this Period
50.00

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

B. KENDALL B MARSH
Full Name (Last, First, Middle Initial)
Mailing Address N72 W24078 CRAVEN DR

City SUSSEX	State WI	Zip Code 53089
----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation SB Dir Acct Mgmt
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
819.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : PR2568900628814

Amount of Each Receipt this Period
39.00

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

C. MATTHEW H STEARNS
Full Name (Last, First, Middle Initial)
Mailing Address 5131 MASSACHUSETTS AVENUE

City BETHESDA	State MD	Zip Code 20816
------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Comm
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
741.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		17		2012

Transaction ID : PR2571777928814

Amount of Each Receipt this Period
39.00

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

SUBTOTAL of Receipts This Page (optional).....	128.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 146 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. CHRISTOPHER A PARRILLO
Full Name (Last, First, Middle Initial)

Mailing Address 9501 WEXCROFT DRIVE

City BRENWOOD State TN Zip Code 37027

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

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **266.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2571778228814

Amount of Each Receipt this Period **14.00**

P/R Deduction (\$14.00 Bi-Weekly)

B. BRUCE E MOYER
Full Name (Last, First, Middle Initial)

Mailing Address 18426 MAGENTA BAY

City EDEN PRAIRIE State MN Zip Code 55347

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

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **316.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2571778328814

Amount of Each Receipt this Period **39.00**

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

C. JAMES E BAKER
Full Name (Last, First, Middle Initial)

Mailing Address 215 FORREST LAKE ROAD

City ALPHARETTA State GA Zip Code 30022

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

Name of Employer United HealthCare Services Inc Occupation KA Sr SIs Exec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2572588728814

Amount of Each Receipt this Period **14.00**

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **67.00**

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

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

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

FOR LINE NUMBER: PAGE 147 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 715 WOODSCAPE TRAIL

City State Zip Code
 ALPHARETTA GA 30022

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

Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 702.00

Date of Receipt
 10 / 17 / 2012
Transaction ID : PR2572588828814

Amount of Each Receipt this Period
 39.00

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

Full Name (Last, First, Middle Initial)
B. MARCUS A ROBINSON

Mailing Address 595 JEFFERSON CHASE ST

City State Zip Code
 ATLANTA GA 30354

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

Name of Employer Occupation
 United HealthCare Services Inc SB Mgr Sls Producing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 10 / 17 / 2012
Transaction ID : PR2572588928814

Amount of Each Receipt this Period
 14.00

P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. ANNEMARIE L HARTWIG

Mailing Address 9432 W 157TH PLACE

City State Zip Code
 OVERLAND PARK KS 66221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
 United HealthCare Services Inc Sr Ntwk Prgm Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 10 / 17 / 2012
Transaction ID : PR2572589228814

Amount of Each Receipt this Period
 15.00

P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 148 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. SHAUN R JACQUET
Full Name (Last, First, Middle Initial)

Mailing Address 4332 FOREST RIDGE DRIVE

City GREEN BAY State WI Zip Code 54313

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR2572589328814

Amount of Each Receipt this Period
 14.00

P/R Deduction (\$14.00 Bi-Weekly)

B. JEFFREY P DEAN
Full Name (Last, First, Middle Initial)

Mailing Address W5912 DEAN ROAD

City TOMAHAWK State WI Zip Code 54487

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Assc Dir Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR2572589428814

Amount of Each Receipt this Period
 40.00

P/R Deduction (\$40.00 Bi-Weekly)

C. THOMAS E SMITH
Full Name (Last, First, Middle Initial)

Mailing Address 1502 EAST AVENUE NORTH

City ONALASKA State WI Zip Code 54650

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012

Transaction ID : PR2572589528814

Amount of Each Receipt this Period
 14.00

P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 167
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOSEPH A GRAY
 Full Name (Last, First, Middle Initial)
 Mailing Address 19480 ELBERT POINT
 City SHOREWOOD State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Human Capital Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2572589828814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. KEVIN JAMES CARLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 4909 WEST SUNNYSLOPE ROAD
 City EDINA State MN Zip Code 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief of Staff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 702.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2572590028814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. CHARLES WACKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2747 WEST VIEW DRIVE
 City NEW PRAGUE State MN Zip Code 56071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Strat Clnt Rel Ex Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2572590128814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 67.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. CHRISTINE OBRIEN
Full Name (Last, First, Middle Initial)
Mailing Address 764 TOPAZ STREET
City NEW ORLEANS State LA Zip Code 70124
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA Dir Sls Acct Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2572590628814
Amount of Each Receipt this Period 14.00
P/R Deduction (\$14.00 Bi-Weekly)

B. JAMES R HARGIS
Full Name (Last, First, Middle Initial)
Mailing Address 1820 ROSEDALE
City EDMOND OKLAHOMA State OK Zip Code 73013
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Mgr Pharm Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2572590728814
Amount of Each Receipt this Period 15.00
P/R Deduction (\$15.00 Bi-Weekly)

C. THERESA M CLARKE
Full Name (Last, First, Middle Initial)
Mailing Address 16644 GRAND AVE
City BELLFLOWER State CA Zip Code 90706
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Assc Dir Utilization Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 702.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2572591128814
Amount of Each Receipt this Period 39.00
P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 68.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 151 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. KIMBERLEY S MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 CELONOVA PLACE
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2572591228814
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. WEI SUN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7049 FIRENZA PL
 City State Zip Code
 DUBLIN OH 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Act Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2572591328814
 Amount of Each Receipt this Period
 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. THOMAS P WIFFLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 1421 SOMERFIELD DRIVE
 City State Zip Code
 BOLINGBROOK IL 60490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1649.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2572992728814
 Amount of Each Receipt this Period
 97.00
 P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	125.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 152 OF 167
	(check only one)	
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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. MICHAEL L BENSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2206 EAGLE VALLEY LN
 City WAUSAU State WI Zip Code 54403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Sls Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 224.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2573518928814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. MICHAEL J MCGINNITY
 Full Name (Last, First, Middle Initial)
 Mailing Address 903 MCINDOE ST
 City WAUSAU State WI Zip Code 54403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2573519028814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. JOHN C SICKELS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1706 TALL OAKS
 City WAUSAU State WI Zip Code 54403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation TPA NA VP Sls AM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2573519128814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 92.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. ANITA Q MESSAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 16935 41ST AVE N
 City PLYMOUTH State MN Zip Code 55446
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1875.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2573877028814
 Amount of Each Receipt this Period 125.00
 P/R Deduction (\$125.00 Bi-Weekly)

B. LORI A VAN HOLMES
 Full Name (Last, First, Middle Initial)
 Mailing Address 4117 BRYANT AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Human Capital Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 292.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2575030928814
 Amount of Each Receipt this Period 97.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. CARY J MCCARTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8800 RUMFIELD RD
 City NORTH RICHLAND HILLS State TX Zip Code 76182
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2575059428814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 261.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 154 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. PHEBE M CHAMPION
 Full Name (Last, First, Middle Initial)
 Mailing Address 5124 WEDMORE CT
 City NORTH LAS VEGAS State NV Zip Code 89031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Assc Dir Cust Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2575108328814
 Amount of Each Receipt this Period 250.00
 P/R Deduction (\$25.00 Bi-Weekly)

B. SCOTT THOMAS LYDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 PLOWBOY PATH
 City COMMACK State NY Zip Code 11725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 112.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2575122228814
 Amount of Each Receipt this Period 14.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. DEBORAH A WHEELER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11046 ZAROD ROAD
 City LAS VEGAS State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Dir Clin Qlty
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2575137228814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 78.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)
A. SCOTT G CASSANO

Mailing Address 8113 BANDOLEER CT

City LAS VEGAS State NV Zip Code 89131

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Plan of Nevada Occupation Dir Prov Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR2575164428814

Amount of Each Receipt this Period
100.00

P/R Deduction (\$100.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. MICHAEL PATRICK STAMM

Mailing Address 10640 ECHO LAKE DRIVE

City ODESSA State FL Zip Code 33556

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation VP Clms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR2575194628814

Amount of Each Receipt this Period
40.00

P/R Deduction (\$40.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. HOWARD CHARLES GILPIN JR

Mailing Address 1210 SHEPARD DRIVE

City BLUE BELL State PA Zip Code 19422

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Act Cnslt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
10 / 17 / 2012

Transaction ID : PR2575224928814

Amount of Each Receipt this Period
39.00

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **179.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 156 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JOHN J ESSLINGER
Full Name (Last, First, Middle Initial)

Mailing Address 4944 W 151ST TERRACE

City LEAWOOD State KS Zip Code 66224

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Sr Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2575288928814

Amount of Each Receipt this Period **39.00**

P/R Deduction (\$39.00 Bi-Weekly)

B. JEFFREY A GOLDBERG
Full Name (Last, First, Middle Initial)

Mailing Address 3410 BRADLEY LANE

City CHEVY CHASE State MD Zip Code 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Strat Clnt Rel Ex Optuml

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2575326928814

Amount of Each Receipt this Period **39.00**

P/R Deduction (\$39.00 Bi-Weekly)

C. MICHAEL J TELESKY
Full Name (Last, First, Middle Initial)

Mailing Address 2602 PENNINGTON PLACE

City VALPARAISO State IN Zip Code 46383

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Spc Ben KA SB RVP Sls

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **468.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2575350928814

Amount of Each Receipt this Period **39.00**

P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **117.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 157 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. PAUL B HEBERT
Full Name (Last, First, Middle Initial)

Mailing Address 54 GREENWOOD DRIVE

City SOUTH WINDSOR State CT Zip Code 06074

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation CEO Spclty Bens Dntl

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2575522328814

Amount of Each Receipt this Period **125.00**

P/R Deduction (\$125.00 Bi-Weekly)

B. MICHAEL PETEROY
Full Name (Last, First, Middle Initial)

Mailing Address 1952 NORTHSTAR WAY APT 325

City SAN MARCOS State CA Zip Code 92078

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Dir Bus Process

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2575585628814

Amount of Each Receipt this Period **39.00**

P/R Deduction (\$39.00 Bi-Weekly)

C. TERRENCE M CLARK
Full Name (Last, First, Middle Initial)

Mailing Address 8 COOPER AVENUE

City EDINA State MN Zip Code 55436

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **388.00**

Date of Receipt **10 / 17 / 2012**

Transaction ID : PR2575636928814

Amount of Each Receipt this Period **97.00**

P/R Deduction (\$97.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **261.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. NANCY J SUBLETTE		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 445 CLARA #24		Transaction ID : PR2575646928814
City ST LOUIS	State MO	Zip Code 63112
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation PS Dir Strat Accts	Amount of Each Receipt this Period 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	P/R Deduction (\$50.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. RONALD MICHAEL GONG		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 2240 SOUTH MOON VIEW DRIVE		Transaction ID : PR2575651528814
City HACIENDA HEIGHTS	State CA	Zip Code 91745
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation M R Sls Dir	Amount of Each Receipt this Period 39.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 234.00	P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. CARL E ALLEN		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 8675 AZURE SKY DRIVE		Transaction ID : PR2575669328814
City LAS VEGAS	State NV	Zip Code 89129
FEC ID number of contributing federal political committee.	C	
Name of Employer Southwest Medical Assoc. Inc.	Occupation Phys Dir	Amount of Each Receipt this Period 39.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	128.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 159 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. CARLOS E ADAME		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 42584 WHISTLE COURT		Transaction ID : PR2575755428814
City TEMECULA	State CA	Zip Code 92592
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 39.00
Name of Employer United HealthCare Services Inc	Occupation Human Capital Partner Mgr	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 429.00	

Full Name (Last, First, Middle Initial) B. DARREL A FARKUS		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 15 WHITE OAK DRIVE		Transaction ID : PR2575797528814
City ASBURY	State NJ	Zip Code 08802
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 39.00
Name of Employer United HealthCare Services Inc	Occupation Dir Bus Dvlp	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 351.00	

Full Name (Last, First, Middle Initial) C. LAURIE ERIN RUSSELL		Date of Receipt M M / D D / Y Y Y Y Y 10 / 17 / 2012
Mailing Address 3108 SONIA DRIVE		Transaction ID : PR2575812128814
City LAS VEGAS	State NV	Zip Code 89107
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 39.00
Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir	P/R Deduction (\$39.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional).....▶	117.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 160 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. EDWARD JOHN SKOPAS		Date of Receipt
Mailing Address 43 JOEL DR		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City HEBRON	State CT	Zip Code 06248
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2575842728814
Name of Employer United HealthCare Services Inc	Occupation VP Info Tech	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="39.00"/>
	<input type="text" value="312.00"/>	P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. RONALD MILLER		Date of Receipt
Mailing Address 801 N FAIRWAY RD		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City GLENSIDE	State PA	Zip Code 19038
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2575891528814
Name of Employer United HealthCare Services Inc	Occupation Data/Res Anlyt Cnslt Assc Dir	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="39.00"/>
	<input type="text" value="390.00"/>	P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. MARC T SALINAS		Date of Receipt
Mailing Address 1630 ROCK RIDGE DRIVE		<input type="text" value="10"/> / <input type="text" value="17"/> / <input type="text" value="2012"/>
City PROSPER	State TX	Zip Code 75078
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2575967928814
Name of Employer United HealthCare Services Inc	Occupation Dir Gen Mgmt	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="39.00"/>
	<input type="text" value="351.00"/>	P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="117.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 161 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. JUDITH GAGER PERLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 CANTERBURY LANE
 PO BOX 2108
 City VINEYARD HAVEN State MA Zip Code 02568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2575968928814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. RESTOR JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2700 CRESCENT RIDGE ROAD
 City MINNETONKA State MN Zip Code 55305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Entrprs Real Estate Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 467.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2576051628814
 Amount of Each Receipt this Period 97.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. JOHN F REX
 Full Name (Last, First, Middle Initial)
 Mailing Address 503 HARRINGTON ROAD
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 579.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2576060028814
 Amount of Each Receipt this Period 193.00
 P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 329.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 162 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. CHANDRA LUE TORGERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5433 10TH AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Med Clin Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 351.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2576128628814
 Amount of Each Receipt this Period
 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. TERRI M JACQUE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10508 MORNING DROP AVE
 City State Zip Code
 LAS VEGAS NV 89129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Health Plan of Nevada Assc Dir Utilization Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 390.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2576132428814
 Amount of Each Receipt this Period
 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. JOHN E FRIDNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 782 PENFIELD DR
 City State Zip Code
 CAROL STREAM IL 60188
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB NA VP Sis/Gen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 234.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2012
Transaction ID : PR2576147528814
 Amount of Each Receipt this Period
 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	117.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

A. DAVID W BROWN
 Full Name (Last, First, Middle Initial)
 Mailing Address 553 CAMBRIDGE ROAD
 City TURNERSVILLE State NJ Zip Code 08012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 429.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2576158828814
 Amount of Each Receipt this Period 39.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. DANIEL J KENIRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 5553 LITTLE FALLS ROAD
 City ARLINGTON State VA Zip Code 22207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gov't Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 970.00

Date of Receipt 10 / 17 / 2012
Transaction ID : PR2577379328814
 Amount of Each Receipt this Period 97.00
 P/R Deduction (\$97.00 Bi-Weekly)

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	136.00
TOTAL This Period (last page this line number only).....▶	22409.45

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Hatch Election Committee Inc.

Mailing Address PO Box 900427

City Sandy State UT Zip Code 84090-1483

Purpose of Disbursement
Primary 06/26/12 DEBT RETIREMENT

Candidate Name

Sen. Orrin G. Hatch

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Primary Debt 2012

State: UT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2012			

Transaction ID : 35396466

Amount of Each Disbursement this Period

4000.00

Primary 06/26/12 DEBT RETIREMENT

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

4000.00

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. North Carolina Republican Party

Mailing Address 1506 Hillsborough Street

City Raleigh State NC Zip Code 27605

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 35320870

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Friends of Suzanne Chun Oakland

Mailing Address 603E Kunawai Lane

City Honolulu State HI Zip Code 96817

Purpose of Disbursement
Suzanne Chun-Oakland, STATE SENATE 13th HI

Candidate Name

HI Sen. Suzanne Chun-Oakland

Office Sought: House
 Senate
 President
State: HI District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 35330610

Amount of Each Disbursement this Period

Suzanne Chun-Oakland, STATE SENATE 13th HI

Full Name (Last, First, Middle Initial)

C. Building Arizona's Future

Mailing Address 216 W Turney Ave.

City Phoenix State AZ Zip Code 85013

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 35350091

Amount of Each Disbursement this Period

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Republican Victory Fund

Mailing Address 4340 E. Indian School Rd., Suite 2

City Phoenix State AZ Zip Code 85018

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 35350092

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Republican House Victory

Mailing Address 4183 W Gail Dr

City Chandler State AZ Zip Code 85226

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 35350094

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of John O'Grady

Mailing Address 3682 Ridgewood Dr.

City Hilliard State OH Zip Code 43026

Purpose of Disbursement
John O'Grady, County Commissioner OH

011
Category/
Type

Candidate Name

John O'Grady

Office Sought: House Senate President
State: District:

Disbursement For: 2012 Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 35356249

Amount of Each Disbursement this Period

John O'Grady, County Commissioner OH

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial) A. Paula Brooks Committee		Date of Disbursement MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 4585 Benderton Ct.		Transaction ID : 35356251 Amount of Each Disbursement this Period 500.00 Paula Brooks, County Commissioner OH	
City Columbus	State OH		Zip Code 43220
Purpose of Disbursement Paula Brooks, County Commissioner OH			Category/ Type 011
Candidate Name Paula Brooks	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) B. Friends for Ginther		Date of Disbursement MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 98 Montrose Way		Transaction ID : 35356252 Amount of Each Disbursement this Period 500.00 Andrew Ginther, City Council OH	
City Columbus	State OH		Zip Code 43214
Purpose of Disbursement Andrew Ginther, City Council OH			Category/ Type 011
Candidate Name Andrew J. Ginther	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2015 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

Full Name (Last, First, Middle Initial) C. Friends of Marilyn Brown		Date of Disbursement MM / DD / YYYY 10 / 09 / 2012	
Mailing Address 34 Poplar Ave. #205		Transaction ID : 35356253 Amount of Each Disbursement this Period 500.00 Marilyn Brown, County Commissioner OH	
City Columbus	State OH		Zip Code 43215
Purpose of Disbursement Marilyn Brown, County Commissioner OH			Category/ Type 011
Candidate Name Marilyn Brown	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	18500.00