

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (In full)

USE FEC MAILING LABEL OR TYPE OR PRINT

Example: If typing, type over the lines

United Health Group Incorporated Political Fund

ADDRESS (number and street)

8900 Bran Road East

Check if different than previously reported. (ACC)

Minnetonka

MN

55343

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00274431

3. IS THIS REPORT

X

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report(Q1)

July 15 Quarterly Report(Q2)

X October 15 Quarterly Report(Q3)

January 31 Quarterly Report(YE)

July 31 Mid-Year Report(Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

in the State of

(d) 30-Day Post-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

in the State of

5. Covering Period

07

01

2004

through

09

30

2004

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

Patrick J. Erlandson

Signature of Treasurer

Electronically Filed by Patrick J. Erlandson

Date

10

13

2004

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

Office Use Only

**FEC FORM 3X**  
(Rev. 02/2003)

**SUMMARY PAGE**

**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

United Health Group Incorporated Political Fund

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>09 <sup>D</sup>30 <sup>Y</sup>2004

	<b>COLUMN A</b> This Period	<b>COLUMN B</b> Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>Y</sup> 2004 <sup>Y</sup>		33920.24
(b) Cash on Hand at Beginning of Reporting Period .....	41635.95	
(c) Total Receipts (from Line 19) .....	84077.04	265567.75
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	125712.99	299487.99
<hr/>		
7. Total Disbursements (from Line 31) .....	90000.00	263775.00
<hr/>		
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35712.99	35712.99
<hr/>		
9. Debts and Obligations owed <b>TO</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

United Health Group Incorporated Political Fund

Report Covering the Period: From: <sup>M</sup>07 <sup>D</sup>01 <sup>Y</sup>2004 To: <sup>M</sup>09 <sup>D</sup>30 <sup>Y</sup>2004

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) .....	75108.88	
(ii) Unitemized .....	8968.16	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	84077.04	264067.75
(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) .....	84077.04	264067.75
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	1500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)) .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	84077.04	265567.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	84077.04	265567.75

**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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	63500.00	246275.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	6500.00	17500.00
30. Federal Election Activity (2 U.S.C. 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share.....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds.....	0.00	0.00
(c) Total Federal Election ActMty (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))..	90000.00	263775.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	90000.00	263775.00

**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) .....	84077.04	264067.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	84077.04	264067.75
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)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 95

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. Elizabeth D. Corbin</b>		Date of Receipt M / D / Y Y Y Y 07 / 20 / 2004	
Mailing Address 9900 Bren Road East MNC08-W240		Transaction ID: 20156515	
City Minnetonka	State MN	Zip Code 55343	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UnitedHealth Group, Inc.	Occupation Information Technology	Aggregate Year-to-Date ▼ 5000.00	
Receipt For: Primary General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. KEVIN J CASEY</b>		Date of Receipt M / D / Y Y Y Y	
Mailing Address 9900 Bren Road E. Suite 305 MNC08-T302		Transaction ID: PR115983649597	
City Minnetonka	State MN	Zip Code 55343	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UnitedHealth Group, Inc.	Occupation Senior VP, Uniprise Health Plan Ops	Aggregate Year-to-Date ▼ 210.00	
Receipt For: Primary General Other (specify) ▼		P/R Deduction (\$10.00 Bi-Weekly)	

Full Name (Last, First, Middle Initial) <b>C. PAUL J GRANDPRE</b>		Date of Receipt M / D / Y Y Y Y	
Mailing Address 450 Columbus Blvd 3NB-A		Transaction ID: PR115983719597	
City Hartford	State CT	Zip Code 06115-0450	Amount of Each Receipt this Period 70.00
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UnitedHealth Group, Inc.	Occupation Director, Customer Admin Svcs	Aggregate Year-to-Date ▼ 210.00	
Receipt For: Primary General Other (specify) ▼		P/R Deduction (\$10.00 Bi-Weekly)	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>5140.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 95  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. ROBERT G HARMON, MD</b>		Date of Receipt M / D / Y
Mailing Address 10487 White Granite Dr. Suite 300, VA31-1000		Transaction ID: PR115983749597
City Oakton	State VA	Zip Code 22124-0450
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer UnitedHealth Group, Inc.	Occupation National Medical Director	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. JOHN F STEVENSON</b>		Date of Receipt M / D / Y
Mailing Address 450 Columbus Blvd 5NB-B		Transaction ID: PR115983939597
City Hartford	State CT	Zip Code 06115-0450
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 68.60
Name of Employer UnitedHealth Group, Inc.	Occupation Associate General Counsel	P/R Deduction (\$9.80 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 205.80	

Full Name (Last, First, Middle Initial) <b>C. JACK A WICKENS</b>		Date of Receipt M / D / Y
Mailing Address 278 Franklin Rd, Suite 280 TN007-1000		Transaction ID: PR115983959597
City Brentwood	State TN	Zip Code 37024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 289.22
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Regional Operations	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.68	

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>477.82</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 95

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. ROB VHERNDON, III</b>		Date of Receipt M / D / Y
Mailing Address 415 N. McKinley, Suite 820		Transaction ID: PR115984059597
City Little Rock	State AR	Zip Code 72205
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.81
Name of Employer United HealthCare Corpora- tion	Occupation CEO, UHC of Arkansas	P/R Deduction (\$19.23 Bi- Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

Full Name (Last, First, Middle Initial) <b>B. ROBERT CHANNING WHEELER</b>		Date of Receipt M / D / Y
Mailing Address 450 Columbus Blvd CT030-12BB		Transaction ID: PR115984219597
City Hartford	State CT	Zip Code 06115-0450
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1260.00
Name of Employer UnitedHealth Group, Inc.	Occupation Uniprise CEO	P/R Deduction (\$180.00 Bi- Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 3780.00	

Full Name (Last, First, Middle Initial) <b>C. PETER M LANDAU</b>		Date of Receipt M / D / Y
Mailing Address 505 Boicav Lane		Transaction ID: PR115978679597
City Kingston	State NY	Zip Code 12401
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation Director of OPS, Kingston Service Cent	P/R Deduction (\$10.00 Bi- Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1484.81</b>
TOTAL This Period (last page this line number only) .....	▶	



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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 95  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. MOLLIE CHAPMAN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 4501 Erskine Road OH035-3035		Transaction ID: PR115979059597
City Cincinnati	State OH	Zip Code 45242
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation Manager, Provider Relations	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. LEONARD A FARR</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-B310		Transaction ID: PR115979069597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
Name of Employer UnitedHealth Group, Inc.	Occupation Corporate Vice President	P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1080.00	

Full Name (Last, First, Middle Initial) <b>C. KEN L HOVERMAN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 3850 Olentangy River Rd OH020-3010		Transaction ID: PR115979099597
City Columbus	State OH	Zip Code 43214-1138
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 210.00
Name of Employer UnitedHealth Group, Inc.	Occupation COO UHC Ohio	P/R Deduction (\$30.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 630.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>520.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 10 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. PAMELA A TULUMELLO</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 194B E. Sunshine, Suite 300 MO015-1000		Transaction ID: PR115979319597
City Springfield	State MO	Zip Code 65804
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation Director, Group Services Admin	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. ROBERT J SHEEHY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 990D Bren Road East MND08-W3D1		Transaction ID: PR115979409597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1330.00
Name of Employer UnitedHealth Group, Inc.	Occupation Executive Management	P/R Deduction (\$190.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 3890.00	

Full Name (Last, First, Middle Initial) <b>C. DEBORAH S STREB</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 3850 Olentangy River Rd. OH020-301D		Transaction ID: PR115979419597
City Columbus	State OH	Zip Code 43214-1138
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1470.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. BRETT L BABY</b>		Date of Receipt M / D / Y
Mailing Address 385D Olentangy River Rd. OH020-3010		Transaction ID: PR115979429597
City Columbus	State OH	Zip Code 43214-1138
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.78
Name of Employer UnitedHealth Group, Inc.	Occupation Director, Provider Relations/Contracti	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

Full Name (Last, First, Middle Initial) <b>B. ANTHONY J KAZLAUSKAS</b>		Date of Receipt M / D / Y
Mailing Address 475 Kilvert St, Suite 310 RID10-3400		Transaction ID: PR115979469597
City Warwick	State RI	Zip Code 02886-1392
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer UnitedHealth Group, Inc.	Occupation Medical Director	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>C. GEORGE D SHAFER</b>		Date of Receipt M / D / Y
Mailing Address 6801 Centerville business Pkwy OH010-3005		Transaction ID: PR115979499597
City Dayton	State OH	Zip Code 45459-6028
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer UnitedHealth Group, Inc.	Occupation CEO Dayton Ohio Plan	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>360.78</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 12 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. MICHAEL J KOEHLER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 108 Farmers Alley, Suite 400 MI012-3200		Transaction ID: PR115979539597
City Kalamazoo	State MI	Zip Code 49005-0271
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 280.00
Name of Employer UnitedHealth Group, Inc.	Occupation CEO PHP Southwest Michigan	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM D FELSING</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 10701 W. Research Drive WI130-H420		Transaction ID: PR115979589597
City Milwaukee	State WI	Zip Code 53226-0649
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation VP&COO PrimeCare HealthPlan Inc.	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.68	

Full Name (Last, First, Middle Initial) <b>C. R EDWARD BERGMARK</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 6300 Olson Memorial Hwy MND10-S203		Transaction ID: PR115979609597
City Golden Valley	State MN	Zip Code 55427
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 289.29
Name of Employer UnitedHealth Group, Inc.	Occupation Vice President CEO IHR (OPTUM)	P/R Deduction (\$38.47 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.87	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>818.51</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 13 / 85

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. RONALD B. COLBY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Rd East MNC08-E211		Transaction ID: PR115979629597
City	State	Zip Code
Minnetonka	MN	55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1225.00
Name of Employer UnitedHealth Group, Inc.	Occupation Senior VP, Insurance & Product Mgmt	P/R Deduction (\$175.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3675.00	

Full Name (Last, First, Middle Initial) <b>B. LYNNE MONTAGUE-CLOUSE</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 12125 Technology Drive MND02-D181		Transaction ID: PR115979638597
City	State	Zip Code
Eden Prairie	MN	55344
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer UnitedHealth Group, Inc.	Occupation International HealthCare Consultan	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>C. MARY A. WARNE</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 2550 University Ave W, S#401S MND40-2500		Transaction ID: PR115979719587
City	State	Zip Code
St. Paul	MN	55114-1504
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation Clinical Team Leader	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1435.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. CARLA M MUGGIO</b>		Date of Receipt M / D / Y
Mailing Address One South Wacker IL014-3605		Transaction ID: PR115979829597
City Chicago	State IL	Zip Code 60606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.81
Name of Employer UnitedHealth Group, Inc.	Occupation VP Operations	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) <b>B. CHERYL A POPECK</b>		Date of Receipt M / D / Y
Mailing Address 800 N Magnolia Ave., S#600 FL029-1029		Transaction ID: PR115979849597
City Orlando	State FL	Zip Code 32809
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation Director of Operations	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. HERBERT L WHETSTONE</b>		Date of Receipt M / D / Y
Mailing Address 513 Eaton St. MND03-1000		Transaction ID: PR115980389597
City St. Paul	State MN	Zip Code 55107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 87.27
Name of Employer UnitedHealth Group, Inc.	Occupation Aviation Department Manager	P/R Deduction (\$9.61 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 201.81	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>271.88</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 15 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. BRIAN R BELLOWS</b>		Date of Receipt M / D / Y
Mailing Address 1175 Post Rd East		Transaction ID: PR115980389597
City	State	Zip Code
Westport	CT	06880
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00
Name of Employer UnitedHealth Group, Inc.	Occupation Vice President Sales Strategic Service	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>B. RUTH J KAPLAN</b>		Date of Receipt M / D / Y
Mailing Address 425 Market St. 27th Floor CA035-2707		Transaction ID: PR115980389597
City	State	Zip Code
San Francisco	CA	94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.78
Name of Employer UnitedHealth Group, Inc.	Occupation UBH VP of Employer Svcs	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

Full Name (Last, First, Middle Initial) <b>C. CHARLES B SHIPP</b>		Date of Receipt M / D / Y
Mailing Address 3401 West End Avenue Ste670 TN002		Transaction ID: PR115980539587
City	State	Zip Code
Nashville	TN	37203
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 201.95
Name of Employer UnitedHealth Group, Inc.	Occupation CEO UHC of Tennessee	P/R Deduction (\$28.85 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 521.21	

<b>SUBTOTAL</b> of Receipts TN's Page (optional) .....	<b>387.73</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 16 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. KEITH W NOBLITT</b>		Date of Receipt M / D / Y
Mailing Address 297D Clairmont Rd #650		
City Atlanta	State GA	Zip Code 30329-1634
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR115980559597
Name of Employer UnitedHealth Group, Inc.		Amount of Each Receipt this Period <b>140.00</b>
Occupation Strategic Account Executive	Aggregate Year-to-Date ▼ <b>420.00</b>	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JAMES S WATSON</b>		Date of Receipt M / D / Y
Mailing Address 2717 N. 118th Lucile		
City Omaha	State NE	Zip Code 68164
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR115980609597
Name of Employer UnitedHealth Group, Inc.		Amount of Each Receipt this Period <b>134.61</b>
Occupation V.P. Govt Relations, UHC Midlands	Aggregate Year-to-Date ▼ <b>403.83</b>	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. DAVID J FALK</b>		Date of Receipt M / D / Y
Mailing Address 2 Penn Plaza Ste 700 NYD38-1000		
City New York	State NY	Zip Code 10121
FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: PR115982029597
Name of Employer UnitedHealth Group, Inc.		Amount of Each Receipt this Period <b>87.50</b>
Occupation Medical Director	Aggregate Year-to-Date ▼ <b>282.50</b>	P/R Deduction (\$12.50 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>362.11</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 17 / 85  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. ROBERT GHUSSEY</b>		Date of Receipt M / D / Y
Mailing Address 833D Boone Blvd Ste 300 VA30-1030		Transaction ID: PR115982129597
City	State	Zip Code
Vienna	VA	22182-2624
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation VP, Public Policy & Comm Ovations	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

Full Name (Last, First, Middle Initial) <b>B. WILLIAM D YOUNG</b>		Date of Receipt M / D / Y
Mailing Address 800 N. Magnolia Ave Ste 800 FL029-1029		Transaction ID: PR115982139597
City	State	Zip Code
Orlando	FL	32809
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.15
Name of Employer UnitedHealth Group, Inc.	Occupation Sr. Medical Director	P/R Deduction (\$38.45 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 692.09	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM C TRACY</b>		Date of Receipt M / D / Y
Mailing Address 9300 W. 110th Ste 350		Transaction ID: PR115982159597
City	State	Zip Code
Overland	KS	66210
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 175.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Sales	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>713.37</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 18 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. MICHAEL J HARRINGTON</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 8300 Olson Memorial Hwy MN10-S203		Transaction ID: PR115982179597
City State Zip Code Golden Valley MN 55427	Amount of Each Receipt this Period 350.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Optum-Sales Aggregate Year-to-Date ▼ 1050.00	
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MICHAEL M HAWKINS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 125D Capital of Tx Hwy S. Bldg I, Ste 400		Transaction ID: PR115982209597
City State Zip Code Austin TX 78746	Amount of Each Receipt this Period 80.78	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$11.54 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Medical Director Aggregate Year-to-Date ▼ 238.18	
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MARGARET E STERNBERG</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 2307 W. Cone Blvd NC10-375D		Transaction ID: PR115982289597
City State Zip Code Greensboro NC 27408	Amount of Each Receipt this Period 201.95	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$28.85 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation VP Corp Affairs & Govt Programs Aggregate Year-to-Date ▼ 605.85	
Receipt For: Primary General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	<b>632.73</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 10 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. RHONDA R BAGBY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 383B N Causeway Blvd Ste 2100 LA035-1000		Transaction ID: PR115982329597
City State Zip Code Metairie LA 70002	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 134.81
Name of Employer UnitedHealth Group, Inc.	Occupation Dir. of Finance, UHC of AL, LA, & MS	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 373.07	

Full Name (Last, First, Middle Initial) <b>B. CHARLES F WEBER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9705 Data Park Drive MND08-D252		Transaction ID: PR115982349597
City State Zip Code Minnetonka MN 55343	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation Information Systems	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. CAROL M SCHNEEWEIS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 6300 Olson Memorial Hwy MND10-S201		Transaction ID: PR115982359597
City State Zip Code Golden Valley MN 55427	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 350.00
Name of Employer UnitedHealth Group, Inc.	Occupation HealthCare	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>554.81</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 20 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. JOSEPH A BERRY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Drive MN012-5249		Transaction ID: PR115982379597
City	State      Zip Code	
Edina	MN      55436	Amount of Each Receipt this Period <b>140.00</b>
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation National Medical Director	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>420.00</b>	

Full Name (Last, First, Middle Initial) <b>B. DAVID J LUBBEN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Rd East		Transaction ID: PR115982389597
City	State      Zip Code	
Minnetonka	MN      55343	Amount of Each Receipt this Period <b>1346.17</b>
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$192.31 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation General Counsel	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>4038.35</b>	

Full Name (Last, First, Middle Initial) <b>C. ELISE A GEMEINHARDT</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 1820 L St. NY #B00 DC03D-1000		Transaction ID: PR115982499597
City	State      Zip Code	
Washington	DC      20038	Amount of Each Receipt this Period <b>538.44</b>
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation VP Federal Affairs	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>1307.64</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2024.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 21 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. BEVERLY H NYCE</b>		Date of Receipt M / D / Y
Mailing Address 450 Columbus Blvd, CT030-1030		Transaction ID: PR115982609597
City Hartford	State CT	Zip Code 06115
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 807.66
Name of Employer UnitedHealth Group, Inc.	Occupation Senior VP Uniprise	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2422.98	

Full Name (Last, First, Middle Initial) <b>B. LAWRENCE J KISSNER</b>		Date of Receipt M / D / Y
Mailing Address 13621 NW 12Th Street FLD75-1000		Transaction ID: PR115982689597
City Sunrise	State FL	Zip Code 33323
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Vice President Sales & Marketing	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) <b>C. RICHARD J MIGLIORI</b>		Date of Receipt M / D / Y
Mailing Address 12125 Technology Drive MND02-D145		Transaction ID: PR115982749587
City Eden Prairie	State MN	Zip Code 55344
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation Senior VP Ingenix Employer Group	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.32	

SUBTOTAL of Receipts This Page (optional) .....	<b>1480.71</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 22 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. BARBARA C BUENEMANN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 13855 Riverport Trail MO050-1000		Transaction ID: PR115982879597
City Maryland Heights	State MO	Zip Code 63043
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.78
Name of Employer UnitedHealth Group, Inc.	Occupation OOO UHC of the Midwest, Inc.	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

Full Name (Last, First, Middle Initial) <b>B. JEANNINE M RIVET</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road E. MND08-W315		Transaction ID: PR115983009597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1346.10
Name of Employer UnitedHealth Group, Inc.	Occupation Executive VP/Operations	P/R Deduction (\$192.90 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM J ANTHONY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-W130		Transaction ID: PR115983029597
City Minnetonka	State MN	Zip Code 55440-1459
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 289.22
Name of Employer UnitedHealth Group, Inc.	Occupation V.P. Call Center Operations - Ovation	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.68	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1696.10</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

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(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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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)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. JACK E SHUFF</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 118D Town Center Dr., Ste 39D NV005-1000		Transaction ID: PR115983059597
City Las Vegas	State NV	Zip Code 89134
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Director, Sales and Service Aggregate Year-to-Date ▼ 403.83	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MARILYN C NEVIN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Drive MND12-N220		Transaction ID: PR115980749597
City Edina	State MN	Zip Code 55436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation Director of Risk Management Aggregate Year-to-Date ▼ 210.00	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. TRACY L BAHL</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 450 Columbus Blvd Uniprise Towers, 12NB		Transaction ID: PR115980849597
City Hartford	State CT	Zip Code 06115
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 807.68
Name of Employer UnitedHealth Group, Inc.	Occupation President, Strategic Services Group Aggregate Year-to-Date ▼ 2422.98	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1012.27</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 24 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. KENNETH A BURDICK</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-W318		Transaction ID: PR115980899597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP of Underwriting	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. NANCY C ABELMANN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Drive MND12-N220		Transaction ID: PR115980919597
City Edina	State MN	Zip Code 55440-1459
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.78
Name of Employer United HealthCare Corporation	Occupation Tax Director	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

Full Name (Last, First, Middle Initial) <b>C. MARCIA E SMITH</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-W211		Transaction ID: PR115981009597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 87.90
Name of Employer UnitedHealth Group, Inc.	Occupation CEO - Evercare	P/R Deduction (\$9.70 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 203.70	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>288.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

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(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. JOHN P ANTON</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 297D Clairmont Rd Suite 850 GA010-3360		Transaction ID: PR115981169597
City Atlanta	State GA	Zip Code 30329-1634
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Senior Vice President	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

Full Name (Last, First, Middle Initial) <b>B. SHEILA G LETSCHER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 990D Bren Road East MND08-T203		Transaction ID: PR115981209597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Attorney	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM P WHITELY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address One South Wacker IL014-0910		Transaction ID: PR115981289597
City Chicago	State IL	Zip Code 60608
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1348.10
Name of Employer UnitedHealth Group, Inc.	Occupation CEO, United HealthCare of Illinois	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2422.98	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1749.93</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 26 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. WAYNE F COOK</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 801 Office Center Drive PA020-1008		Transaction ID: PR115981289597
City Fort Washington	State PA	Zip Code 19034
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer United Health Group	Occupation Accountant AARP	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. RICHARD J RASKIN, MD</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 1375 E 9th St., Suite 1100 OH030-3015		Transaction ID: PR115981358597
City Cleveland	State OH	Zip Code 44114
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer United Health Group, Inc.	Occupation Medical Director	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) <b>C. LOIS E QUAM</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-T300		Transaction ID: PR115981379597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1348.10
Name of Employer United Health Group, Inc.	Occupation CEO, Ovations	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1550.71</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 27 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. RICHARD A COLLINS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 450 Columbus Blvd CT030-1030		Transaction ID: PR115981409597
City Hartford	State CT	Zip Code 06115-0450
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>350.00</b>
Name of Employer UnitedHealth Group, Inc.	Occupation Director, Underwriting	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>896.16</b>	

Full Name (Last, First, Middle Initial) <b>B. THOMAS H LINDQUIST</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-T300		Transaction ID: PR115981419597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>1076.88</b>
Name of Employer UnitedHealth Group, Inc.	Occupation President, AARP Division, Ovations	P/R Deduction (\$153.84 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>2098.07</b>	

Full Name (Last, First, Middle Initial) <b>C. THOMAS G FAUSTMAN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 450 Columbus Blvd CT030-0588		Transaction ID: PR115981439587
City Hartford	State CT	Zip Code 06115
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>105.00</b>
Name of Employer United Health Group	Occupation V.P. Operations & Services Uniprise	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>255.00</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1531.88</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 28 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. GLENN J REINHARDT</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 10701 W. Research Drive WI030-S420		Transaction ID: PR115981449597
City Milwaukee	State WI	Zip Code 53226
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation Vice President, Finance and Medicare	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID SWICHMANN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-W3D4		Transaction ID: PR115981479597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1346.10
Name of Employer UnitedHealth Group, Inc.	Occupation SVP - Corporate Development	P/R Deduction (\$192.90 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

Full Name (Last, First, Middle Initial) <b>C. SAUL FELDMAN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 405 Market Street CA035-2701		Transaction ID: PR115981529597
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation CEO United Behavioral Health	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.32	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1954.54</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 28 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. EUGENE C. CAVANAUGH</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 450 Columbus Blvd CT030-12NB-BB		Transaction ID: PR115981539597
City Hartford	State CT	Zip Code 06115
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation CFO Uniprise	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.10	

Full Name (Last, First, Middle Initial) <b>B. PATRICK J. ERLANDSON</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 990D Bren Road E MND08-B315		Transaction ID: PR115981599597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1346.10
Name of Employer UnitedHealth Group, Inc.	Occupation VP Corporate Controller	P/R Deduction (\$192.90 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

Full Name (Last, First, Middle Initial) <b>C. PIERRE A. MCMAHON</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 450 Columbus Blvd CT030-12BB		Transaction ID: PR115981609597
City Hartford	State CT	Zip Code 06115-0430
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation General Council - Uniprise	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1954.54</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 30 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. PATRICIA R SAURO</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-T500		Transaction ID: PR115981649597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.81
Name of Employer United Health Group, Inc.	Occupation VP Product Development AARP	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) <b>B. DANIEL J MCATHIE</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road E. MNC08-W318		Transaction ID: PR115981658597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 700.00
Name of Employer United Health Group, Inc.	Occupation Senior VP Finance & HealthCare Economi	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM A MUNSELL</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road E MNC08-W3D1		Transaction ID: PR115981689597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 700.00
Name of Employer United Health Group, Inc.	Occupation Chief Operating Officer	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1534.81</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 31 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. JOHN S PENSCHORN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-8092		Transaction ID: PR115981699597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 700.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Investor Relations	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>B. SERAFIN F SANDELLA</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 801 Office Center Drive		Transaction ID: PR115981729597
City Et Washington	State PA	Zip Code 19034
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer United HealthGroup, Inc.	Occupation Director Compliance AARP	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. PAUL D KALLMEYER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 801 Office Center Drive PAD20-1011		Transaction ID: PR115981749597
City Et Washington	State PA	Zip Code 19034
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer United HealthGroup	Occupation Attorney	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>840.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 32 / 85  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. SHEILA E McMILLAN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-T300		Transaction ID: PR115981759597
City	State	Zip Code
Minnetonka	MN	55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 346.14
Name of Employer UnitedHealth Group, Inc.	Occupation VP - Finance AARP Division	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 884.58	

Full Name (Last, First, Middle Initial) <b>B. JOHN R MACH JR</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-W130		Transaction ID: PR115981769597
City	State	Zip Code
Minnetonka	MN	55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 210.00
Name of Employer UnitedHealth Group, Inc.	Occupation Chief Medical Officer, Evercare	P/R Deduction (\$80.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. KEVIN W PEARSON</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5225 Wiley Post Way, Suite 500 UTD15-0500		Transaction ID: PR115981789597
City	State	Zip Code
Salt Lake City	UT	84118
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 525.00
Name of Employer UnitedHealth Group, Inc.	Occupation CEO Ingenix Health Intelligence	P/R Deduction (\$75.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1575.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1081.14</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 33 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. TIMOTHY F RYAN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Rd East MNC08-T400		Transaction ID: PR115981799597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 133.00
Name of Employer UnitedHealth Group	Occupation Segment General Counsel	P/R Deduction (\$19.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

Full Name (Last, First, Middle Initial) <b>B. L ROBERT DAPPER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-T902		Transaction ID: PR115981809597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1076.95
Name of Employer UnitedHealth Group	Occupation Senior Vice President Human Capital	P/R Deduction (\$153.85 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 3230.85	

Full Name (Last, First, Middle Initial) <b>C. KELLY J DEKEYSER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 450 Columbus Blvd CT030-15NB		Transaction ID: PR115981849597
City Hartford	State CT	Zip Code 06103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group	Occupation Senior VP, Business Process Outsourcin	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1344.58</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 34 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. TERRY L CAMERON</b>		Date of Receipt M / D / Y
Mailing Address 5225 Wiley Post Way, Suite 500 UT015-0500		Transaction ID: PR115981859597
City Salt Lake City	State UT	Zip Code 84116
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group	Occupation Senior VP Business Development Ingehex	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

Full Name (Last, First, Middle Initial) <b>B. MARK F LINDSAY</b>		Date of Receipt M / D / Y
Mailing Address 1225 New York Ave DC030-1000		Transaction ID: PR115981869597
City Washington	State DC	Zip Code 20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1346.10
Name of Employer UnitedHealth Group	Occupation Director Business Development	P/R Deduction (\$192.90 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.30	

Full Name (Last, First, Middle Initial) <b>C. MATTHEW M DAVIES</b>		Date of Receipt M / D / Y
Mailing Address 800 N. Magnolia Ave, Suite 800 FL029-1029		Transaction ID: PR115981909597
City Orlando	State FL	Zip Code 32803
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 289.22
Name of Employer UnitedHealth Group	Occupation CEO, Health Plans	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 684.58	

SUBTOTAL of Receipts This Page (optional) .....	<b>1884.54</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 35 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. THOMAS J QUIRK</b>		Date of Receipt M / D / Y
Mailing Address 5800 Granite Parkway, ste 900 TX033-1000		Transaction ID: PR115981919597
City	State	Zip Code
Piano	TX	75024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group	Occupation CEO Dallas/Austin Health Plan	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 693.82	

Full Name (Last, First, Middle Initial) <b>B. CHARLES C PITTS</b>		Date of Receipt M / D / Y
Mailing Address 3700 Colonnade Parkway AL001-0607		Transaction ID: PR115981929597
City	State	Zip Code
Birmingham	AL	35243
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group	Occupation CEO, UnitedHealthCare of AL, LA & MS	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.68	

Full Name (Last, First, Middle Initial) <b>C. AMY K KNAPP</b>		Date of Receipt M / D / Y
Mailing Address Two Penn Plaza, 7th Floor NY038-1000		Transaction ID: PR115981939597
City	State	Zip Code
New York	NY	10121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 807.68
Name of Employer UnitedHealth Group	Occupation Regional President, Eastern Region, UH	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2422.98	

SUBTOTAL of Receipts This Page (optional) .....	<b>1346.10</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 36 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. WILLIAM E MOELLER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 233 North Michigan Ave IL014-0300		Transaction ID: PR115981959597
City Chicago	State IL	Zip Code 60601
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group	Occupation CEO UnitedHealthcare Illinois	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1269.18	

Full Name (Last, First, Middle Initial) <b>B. LYNELLE IRELAN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 333 North Alabama St Ste 350 IND35-1000		Transaction ID: PR115981969597
City Indianapolis	State IN	Zip Code 46204
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation Executive Director LifeMark	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. ROBERT FLESHNER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 441B East-West Highway MDD31-1000		Transaction ID: PR115981979597
City Bethesda	State MD	Zip Code 20817
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 289.22
Name of Employer UnitedHealth Group	Occupation CEO UHC of the Mid Atlantic	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.68	

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>877.66</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 37 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. REED V TUCKSON, M.D.</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-T902		Transaction ID: PR115981989597
City	State	Zip Code
Minnetonka	MN	55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 807.66
Name of Employer UnitedHealth Group	Occupation Sr. V.P. Consumer Health & Medical Car	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2422.98	

Full Name (Last, First, Middle Initial) <b>B. DONNA L. HOFFMEIER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 1225 New York Ave, Nw, Suite 475 DC03D-1000		Transaction ID: PR116235458597
City	State	Zip Code
Washington	DC	20005
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 490.00
Name of Employer UnitedHealth Group, Inc.	Occupation Public Affairs	P/R Deduction (\$70.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1230.00	

Full Name (Last, First, Middle Initial) <b>C. STEVEN MATTHEWS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 7 Hanover Square NYD37-1000		Transaction ID: PR1153018949587
City	State	Zip Code
New York	NY	10004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Public Affairs	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1432.27</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 38 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. JESS E SWEELY</b>		Date of Receipt M / D / Y
Mailing Address 8045 Leesburg Pke Ste 650 VA026-1000		Transaction ID: PR153018979597
City State Zip Code Vienna VA 22182	Amount of Each Receipt this Period 1346.17	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$182.31 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Chief Operating Officer Aggregate Year-to-Date ▼ 4038.51	
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. JOHN KIRCHNER</b>		Date of Receipt M / D / Y
Mailing Address 172 West State St., Suite 102 NJ040-1000		Transaction ID: PR153018058587
City State Zip Code Trenton NJ 08530	Amount of Each Receipt this Period 269.22	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Vice President Aggregate Year-to-Date ▼ 807.68	
Receipt For: Primary General Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. SHIVRAJ J DESAI</b>		Date of Receipt M / D / Y
Mailing Address The Wannamaker Building 100 Penn S PA040-1000		Transaction ID: PR153078758587
City State Zip Code Philadelphia PA 19107	Amount of Each Receipt this Period 289.22	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Medical Director Aggregate Year-to-Date ▼ 807.68	
Receipt For: Primary General Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1884.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 38 / 85  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. LESLIE GIDDENS ROBINSON</b>		Date of Receipt M / D / Y
Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000		Transaction ID: PR153079839597
City	State	Zip Code
Vienna	VA	22182
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 807.66
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Medical Management	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2422.98	

Full Name (Last, First, Middle Initial) <b>B. DEBORAH MATES CHASKES</b>		Date of Receipt M / D / Y
Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000		Transaction ID: PR153079859597
City	State	Zip Code
Vienna	VA	22182
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 700.00
Name of Employer UnitedHealth Group, Inc.	Occupation Attorney	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2100.00	

Full Name (Last, First, Middle Initial) <b>C. THELMA DUGGIN</b>		Date of Receipt M / D / Y
Mailing Address 8045 Leesburg Pike Ste 650 VA026-1000		Transaction ID: PR153079929597
City	State	Zip Code
Vienna	VA	22182
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1346.17
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$192.31 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 4038.51	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2853.83</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 40 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. RICHARD H MCCASKILL JR</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Rd East MNC08-T500		Transaction ID: PR155018879597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 807.66
Name of Employer UnitedHealth Group, Inc.	Occupation Administration	P/R Deduction (\$115.38 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1846.08	

Full Name (Last, First, Middle Initial) <b>B. CHRIS E PATERSON</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 100 Penn Square E, Suite 900 PAD40-1000		Transaction ID: PR155018089587
City Philadelphia	State PA	Zip Code 19107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 153.84
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 692.28	

Full Name (Last, First, Middle Initial) <b>C. MARY G SHINHAM</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 100 Penn Square, FL9 PAD40-1000		Transaction ID: PR155018099587
City Philadelphia	State PA	Zip Code 19107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1101.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 41 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. JAQUELYN E ALBRIGHT</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-T202		Transaction ID: PR155019109597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 201.95
Name of Employer UnitedHealth Group, Inc.	Occupation Attorney	P/R Deduction (\$28.85 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 605.85	

Full Name (Last, First, Middle Initial) <b>B. DAVID P INGRAHAM</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-T500		Transaction ID: PR155019119597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 326.92
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$67.31 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 865.38	

Full Name (Last, First, Middle Initial) <b>C. CYNTHIA ADAMS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9700 Bissonnet Suite 2300/2500 TX037-E288		Transaction ID: PR155100399587
City Houston	State TX	Zip Code 77038-6000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.78
Name of Employer UnitedHealth Group, Inc.	Occupation	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>609.85</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 42 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. DAVID R ASTAR</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 121 25 Technology Drive MN002-0100		Transaction ID: PR155100519597
City Eden Prairie	State MN	Zip Code 55344
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 700.00
Name of Employer UnitedHealth Group, Inc.	Occupation OOO Ingenix	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. ROBERT C BAUSMITH</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 450 Columbus Blvd (SB) CT028-075A		Transaction ID: PR155100529597
City Hartford	State CT	Zip Code 06103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 96.15
Name of Employer UnitedHealth Group, Inc.	Occupation Computer Systems	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 385.37	

Full Name (Last, First, Middle Initial) <b>C. ROBERT J BOHNENKAMP</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MN008-W300		Transaction ID: PR155100589597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 289.22
Name of Employer UnitedHealth Group, Inc.	Occupation Systems	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.68	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1085.37</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 43 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. MICHAEL J BRESOLIN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 1900 E Golf Rd #200/300 IL035-0300		Transaction ID: PR155100579597
City Schaumburg	State IL	Zip Code 60173
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer UnitedHealth Group, Inc.	Occupation Health Care	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. TIMOTHY J HEADY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Drive MND12-S234		Transaction ID: PR155112259597
City Edina	State MN	Zip Code 55436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 280.00
Name of Employer UnitedHealth Group, Inc.	Occupation Management	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

Full Name (Last, First, Middle Initial) <b>C. CHRISTOPHER R R HOOK</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 450 Columbus Blvd CT030-13NB		Transaction ID: PR155112899597
City Hartford	State CT	Zip Code 06103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.78
Name of Employer UnitedHealth Group, Inc.	Occupation Management	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 211.58	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>500.78</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 44 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. JAMES T JARRATT</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-E115		Transaction ID: PR155113219597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Customer Relations	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

Full Name (Last, First, Middle Initial) <b>B. JEFFREY W W KAGAN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 295D Expressway Drive South Ste 24 NYD33-1000		Transaction ID: PR155113238597
City Islandia	State NY	Zip Code 11749-1412
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer UnitedHealth Group, Inc.	Occupation Financial Analyst	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL C MATTED</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 450 Columbus Blvd CTD30-15NB		Transaction ID: PR155113349587
City Hartford	State CT	Zip Code 06103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Management	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>543.83</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 45 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. KAREN ELIZABETH WILLIAMSON</b>		Date of Receipt M / D / Y
Mailing Address Americochoice 8045 Leesburg Pike Ste VA026-1000		Transaction ID: PR155119659597
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 26.95
Name of Employer UnitedHealth Group, Inc.	Occupation Sales	P/R Deduction (\$3.85 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 253.90	

Full Name (Last, First, Middle Initial) <b>B. DAWN M DWENS</b>		Date of Receipt M / D / Y
Mailing Address 450 Columbus Blve CT030-15NB		Transaction ID: PR155116039597
City Hartford	State CT	Zip Code 06103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1344.00
Name of Employer UnitedHealth Group, Inc.	Occupation Management	P/R Deduction (\$192.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 4032.00	

Full Name (Last, First, Middle Initial) <b>C. CATHERINE M PERRY</b>		Date of Receipt M / D / Y
Mailing Address 8051 East Maplewood Ave. #300 CO030-1000		Transaction ID: PR155116049597
City Greenwood Village	State CO	Zip Code 80111
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer UnitedHealth Group, Inc.	Occupation Nurse	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1510.95</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 46 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. MILES R PORTER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-W212		Transaction ID: PR155116069597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. ERIKA A ROGERS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 2080 East 20th Street CA060-1000		Transaction ID: PR155116079597
City Chico	State CA	Zip Code 95928
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation Management	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. THOMAS J VALERIUS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-T850		Transaction ID: PR155116139587
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.32	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>678.44</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 47 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. LOIS T WEIHRALCH</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-W130		Transaction ID: PR155116149597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00
Name of Employer UnitedHealth Group, Inc.	Occupation Computer Systems	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 265.00	

Full Name (Last, First, Middle Initial) <b>B. RONALD C WHITE</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-T830		Transaction ID: PR155116159597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Sales	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.68	

Full Name (Last, First, Middle Initial) <b>C. ANTHONY R GARR</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 13621 Nw 12th St FLD75-1000		Transaction ID: PR155432349587
City Sunrise	State FL	Zip Code 33323
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00
Name of Employer UnitedHealth Group, Inc.	Occupation Sales	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>479.22</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 48 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. JOHN O ENDERLE</b>			Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 450 Columbus Blvd CT030-07SB			Transaction ID: PR155432359597
City	State	Zip Code	
Hartford	CT	06103	Amount of Each Receipt this Period <b>77.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			P/R Deduction (\$11.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.		Occupation Finance	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>231.00</b>		

Full Name (Last, First, Middle Initial) <b>B. CHRISTINE M HARRIS</b>			Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 450 Columbus Blvd CT030-11NA			Transaction ID: PR155432369597
City	State	Zip Code	
Hartford	CT	06103	Amount of Each Receipt this Period <b>70.00</b>
FEC ID number of contributing federal political committee. <b>C</b>			P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.		Occupation Marketing	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>210.00</b>		

Full Name (Last, First, Middle Initial) <b>C. RICK M JELINEK</b>			Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-T500			Transaction ID: PR155432399597
City	State	Zip Code	
Minnetonka	MN	55343	Amount of Each Receipt this Period <b>288.30</b>
FEC ID number of contributing federal political committee. <b>C</b>			P/R Deduction (\$48.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.		Occupation Senior Management	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ <b>828.74</b>		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>435.30</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 48 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. CYNTHIA H JOHNSON</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 3700 Colonnade Parkway AL001-0201		Transaction ID: PR155432409597
City Birmingham	State AL	Zip Code 35243
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.78
Name of Employer UnitedHealth Group, Inc.	Occupation Sales	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

Full Name (Last, First, Middle Initial) <b>B. JOSEPH J MCERLANE</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 5402 Parkdale Drive #300 MND25-2500		Transaction ID: PR155432419597
City Minneapolis	State MN	Zip Code 55416
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL RADJ</b>		Date of Receipt M M / D D / Y Y Y Y
Mailing Address 3141 North Third Ave AZ080-S120		Transaction ID: PR155432459597
City Phoenix	State AZ	Zip Code 85013
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>350.00</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 60 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. CATHERINE E SPILLANE</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9700 Bissonnet Suite 2300/2500 TX037-0100		Transaction ID: PR155432469597
City Houston	State TX	Zip Code 77036-8000
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) <b>B. KIRK E STAPLETON</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Drive MND12-S13B		Transaction ID: PR155432479597
City Edina	State MN	Zip Code 55436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 350.00
Name of Employer UnitedHealth Group, Inc.	Occupation Network Development	P/R Deduction (\$50.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00	

Full Name (Last, First, Middle Initial) <b>C. CRAIG C ANDERSON</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 450 Columbus Blvd CT030-15NB		Transaction ID: PR157595739587
City Hartford	State CT	Zip Code 06103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>619.22</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 51 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. JAMES EBBITT</b>		Date of Receipt * * / * * / * * * *	
Mailing Address 5901 Lincoln Drive MND12-NL29		Transaction ID: PR157595759597	
City State Zip Code Edina MN 55436	Amount of Each Receipt this Period 57.69		
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$19.23 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc.	Occupation Health Care	Aggregate Year-to-Date ▼ 326.91	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. KAREN L ERICKSON</b>		Date of Receipt * * / * * / * * * *	
Mailing Address 5901 Lincoln Drive MND12-N110		Transaction ID: PR157595769597	
City State Zip Code Edina MN 55436	Amount of Each Receipt this Period 280.00		
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$40.00 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	Aggregate Year-to-Date ▼ 780.00	
Receipt For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. MARIO F FABRIZIO JR</b>		Date of Receipt * * / * * / * * * *	
Mailing Address 6150 Trenton Lane N MND13-N300		Transaction ID: PR157595779597	
City State Zip Code Plymouth MN 55442	Amount of Each Receipt this Period 475.00		
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$75.00 Bi-Weekly)	
Name of Employer UnitedHealth Group, Inc.	Occupation Data Systems Management	Aggregate Year-to-Date ▼ 1175.00	
Receipt For: Primary General Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) .....	<b>812.69</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 52 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. CATHERINE B KILLIAN</b>		Date of Receipt M / D / Y
Mailing Address The Wannamaker Building 100 Penn S PA040-1000		Transaction ID: PR157595789597
City Philadelphia	State PA	Zip Code 19107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation Public Relations	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.32	

Full Name (Last, First, Middle Initial) <b>B. ERNEST MONFILETTO</b>		Date of Receipt M / D / Y
Mailing Address The Wannamaker Building 100 Penn S PA040-1000		Transaction ID: PR157595819597
City Philadelphia	State PA	Zip Code 19107
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation Computer Operations	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.32	

Full Name (Last, First, Middle Initial) <b>C. LEE D VALENTA</b>		Date of Receipt M / D / Y
Mailing Address 12125 TECHNOLOGY DRIVE MND02-D100		Transaction ID: PR157595859597
City EDEN PRAIRIE	State MN	Zip Code 55344
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1348.10
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 2972.20	

SUBTOTAL of Receipts This Page (optional) .....	<b>2422.98</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 53 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. PATRICK J BYRNE</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 8300 Olson Memorial HWY MND10-5203		Transaction ID: PR158086309597
City Golden Valley	State MN	Zip Code 55427
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

Full Name (Last, First, Middle Initial) <b>B. DAVID L COLE</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 8300 Olson Memorial HWY MND10-W120		Transaction ID: PR158086329597
City Golden Valley	State MN	Zip Code 55427
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

Full Name (Last, First, Middle Initial) <b>C. G RICHARD COOK</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5800 Granite PKWY STE 900 TX033-1000		Transaction ID: PR158086339597
City Plano	State TX	Zip Code 75024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>807.66</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 54 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. TOM M DAVIS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5975 Castle Creek PKWY N DR STE 1 IND40-1000		Transaction ID: PR158086359597
City Indianapolis	State IN	Zip Code 46250
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 280.00
Name of Employer UnitedHealth Group, Inc.	Occupation Director Sales	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

Full Name (Last, First, Middle Initial) <b>B. DAVID B OSTLER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 2525 Lake Park Boulevard UTD15-0500		Transaction ID: PR158086469597
City West Valley City	State UT	Zip Code 84120
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation Marketing	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. THOMAS S PAUL</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-T500		Transaction ID: PR158086479597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 289.22
Name of Employer UnitedHealth Group, Inc.	Occupation Pharmacy	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.68	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>619.22</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 55 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. JIMMIE L POGUE</b>		Date of Receipt M / D / Y
Mailing Address 801 Office Center Drive PA020-1000		Transaction ID: PR158086489597
City Fort Washington	State Zip Code PA 19034	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.81
Name of Employer UnitedHealth Group, Inc.	Occupation Health Care	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) <b>B. PAMELA J SAUNDERS</b>		Date of Receipt M / D / Y
Mailing Address 145 Commercial St ME009-1000		Transaction ID: PR158086509597
City Portland	State Zip Code ME 04101	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 136.92
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1213.80	

Full Name (Last, First, Middle Initial) <b>C. KAREN R SCHIEVELBEIN</b>		Date of Receipt M / D / Y
Mailing Address 425 Market St Floor 12/13/27 CA035-2700		Transaction ID: PR158086519587
City San Francisco	State Zip Code CA 94105	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.32	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>809.97</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 56 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. JOSEPH O WEISSENBORN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-T850		Transaction ID: PR158086549597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 595.00
Name of Employer UnitedHealth Group, Inc.	Occupation HR Benefits	P/R Deduction (\$85.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1785.00	

Full Name (Last, First, Middle Initial) <b>B. GEORGE E BENNETT</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 4170 Ashford Dunwoody RD Sba 100 GA035-1000		Transaction ID: PR158630369597
City Atlanta	State GA	Zip Code 30319
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>C. WILLIAM S BOJAN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-T205		Transaction ID: PR158630379597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 280.00
Name of Employer UnitedHealth Group, Inc.	Occupation Risk Management	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 840.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>945.00</b>
TOTAL This Period (last page this line number only) .....	▶	



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

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

FOR LINE NUMBER: PAGE 57 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. BRIGID A BONNER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-W212		Transaction ID: PR159630389597
City	State	Zip Code
Minnetonka	MN	55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer UnitedHealth Group, Inc.	Occupation Information Technology	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Full Name (Last, First, Middle Initial) <b>B. CHARLES A BOWLES</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address P.O Box 9472 PAB6D-1000		Transaction ID: PR159630389597
City	State	Zip Code
Minneapolis	MN	55440-9472
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Sales & Marketing	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) <b>C. PAUL H GULSTRAND</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 6300 Olson Memorial HWY MND10-E112		Transaction ID: PR159630409587
City	State	Zip Code
Golden Valley	MN	55427
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 289.22
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.66	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>543.83</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 58 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. RICHARD J HUGHES</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 8300 Olson Memorial Hwy MND10-S268		Transaction ID: PR159630419597
City Golden Valley	State MN	Zip Code 55427
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation Administration	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. PAMELA N HURSH</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 8300 Olson Memorial HWY MND10-S203		Transaction ID: PR159630429597
City Golden Valley	State MN	Zip Code 55427
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 175.00
Name of Employer UnitedHealth Group, Inc.	Occupation Accountant	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

Full Name (Last, First, Middle Initial) <b>C. JOHN KING</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 450 Columbus Blvd CT030-03NB		Transaction ID: PR159630449597
City Hartford	State CT	Zip Code 06103
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 70.00
Name of Employer UnitedHealth Group, Inc.	Occupation Sales	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>315.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 58 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. GAYE ADAMS MASSEY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-T500		Transaction ID: PR159630459597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Attorney	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) <b>B. JAY S MATUSHAK</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-T700		Transaction ID: PR159630469597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.78
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL JOHN McDONNELL</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Drive MND12-N205		Transaction ID: PR159630479597
City Edina	State MN	Zip Code 55438
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 539.00
Name of Employer UnitedHealth Group, Inc.	Occupation Attorney	P/R Deduction (\$77.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1617.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>754.39</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 60 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. GEORGE L MIKAN III</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 8900 Bren Road East MNC08-T700		Transaction ID: PR159630489597
City	State	Zip Code
Minnetonka	MN	55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.32	

Full Name (Last, First, Middle Initial) <b>B. CAROL B MORNESS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 8300 Olson Memorial HWY MND10-E112		Transaction ID: PR159630489597
City	State	Zip Code
Golden Valley	MN	55427
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Underwriting	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 807.68	

Full Name (Last, First, Middle Initial) <b>C. PAMELA J RUSSO</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 425 Market St FL 12/13/27 CA035-2700		Transaction ID: PR159630509587
City	State	Zip Code
San Francisco	CA	94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.78
Name of Employer UnitedHealth Group, Inc.	Occupation Personnel	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>888.44</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 61 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. METE SAHIN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 800 King Farm Blvd Ste 600 MD051-1000		Transaction ID: PR159630519597
City Rockville	State MD	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1615.32	

Full Name (Last, First, Middle Initial) <b>B. SCOTT E THEISEN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-W3B5		Transaction ID: PR159630569597
City Minnetonka	State MN	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 403.83	

Full Name (Last, First, Middle Initial) <b>C. ROGER A WEBER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 6300 Olson Memorial Hwy MND10-W115		Transaction ID: PR159630579597
City Golden Valley	State MN	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 80.78
Name of Employer UnitedHealth Group, Inc.	Occupation Administration	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 242.34	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>753.83</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 62 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. GEOFFREY ALAN GOTHRO</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-T700		Transaction ID: PR159630689597
City	State	Zip Code
Minnetonka	MN	55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Marketing	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.74	

Full Name (Last, First, Middle Initial) <b>B. THOMAS D LEWIS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 3938 N Causeway Blvd STE 2100 LA035-1000		Transaction ID: PR159630689597
City	State	Zip Code
Metairie	LA	70002
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 730.74	

Full Name (Last, First, Middle Initial) <b>C. ROBERT W OBERRENDER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-T380		Transaction ID: PR159630709587
City	State	Zip Code
Minnetonka	MN	55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 203.00
Name of Employer UnitedHealth Group, Inc.	Occupation Cash Management	P/R Deduction (\$29.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 551.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>741.44</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 63 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. ROBERT REBITZER</b>		Date of Receipt M / D / Y
Mailing Address 425 Market St Fl 12/13/27 CA035-2700		Transaction ID: PR159630719597
City San Francisco	State CA	Zip Code 94105
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.37	

Full Name (Last, First, Middle Initial) <b>B. KEVINJOE SWANSON</b>		Date of Receipt M / D / Y
Mailing Address One Research Drive #300B MA085-1800		Transaction ID: PR159630738597
City Westborough	State MA	Zip Code 01581
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00
Name of Employer UnitedHealth Group, Inc.	Occupation Sales	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 285.00	

Full Name (Last, First, Middle Initial) <b>C. SCOTT A ALBOSTA</b>		Date of Receipt M / D / Y
Mailing Address 5800 Granite Parkway Ste 900 TX033-1000		Transaction ID: PR159630909587
City Plano	State TX	Zip Code 75024
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 115.38
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>354.99</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 64 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. DIANE L BEDNAR FLYNN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-W130		Transaction ID: PR159630979597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer UnitedHealth Group, Inc.	Occupation Health Care Services	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>B. LISAM BEHNKE</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address Two Penn Plaza 6/7 Floors NYD38-1000		Transaction ID: PR159630989597
City New York	State NY	Zip Code 10121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 700.00
Name of Employer UnitedHealth Group, Inc.	Occupation Medicine	P/R Deduction (\$100.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

Full Name (Last, First, Middle Initial) <b>C. JAMES M BLETZER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address Two Penn Plaza 6/7 Floors NYD38-1000		Transaction ID: PR159631029597
City New York	State NY	Zip Code 10121
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer UnitedHealth Group, Inc.	Occupation Sales	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>980.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 65 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. JAMES M BOGDAN</b>		Date of Receipt M / D / Y
Mailing Address 5901 Lincoln Drive MN012-S204		Transaction ID: PR159631039597
City	State Zip Code	
Edina	MN 55436	Amount of Each Receipt this Period 133.00
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$19.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Management	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	

Full Name (Last, First, Middle Initial) <b>B. THOMAS R BRADY</b>		Date of Receipt M / D / Y
Mailing Address 9200 Worthington Road OH020-301D		Transaction ID: PR159631059597
City	State Zip Code	
Westerville	OH 43082	Amount of Each Receipt this Period 538.44
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$76.92 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1307.64	

Full Name (Last, First, Middle Initial) <b>C. ROBERT W BURG</b>		Date of Receipt M / D / Y
Mailing Address 2700 Midwest Drive WI010-100D		Transaction ID: PR159631089597
City	State Zip Code	
Onalaska	WI 54650	Amount of Each Receipt this Period 280.00
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$40.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Attorney	
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>951.44</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 66 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. KEITH G BUSHARDT</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Drive MNO12		Transaction ID: PR159631109597
City Edina	State MN	Zip Code 55436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 76.92
Name of Employer UnitedHealth Group, Inc.	Occupation Marketing & Sales	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 461.52	

Full Name (Last, First, Middle Initial) <b>B. RAMON E COTO</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 13621 NW 12th St FLD75-1000		Transaction ID: PR159631159597
City Sunrise	State FL	Zip Code 33323
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 328.91	

Full Name (Last, First, Middle Initial) <b>C. RICHARD G DUNLOP</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9200 Worthington Road OH020-301D		Transaction ID: PR159631239597
City Westerville	State OH	Zip Code 43082
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 175.00
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

SUBTOTAL of Receipts This Page (optional) .....	<b>396.53</b>
TOTAL This Period (last page this line number only) .....	

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

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

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(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. KEITH A EPPERSON</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Drive MND12-N230		Transaction ID: PR159631249597
City Edina	State MN Zip Code 55436	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 105.00
Name of Employer UnitedHealth Group, Inc.	Occupation Actuary	P/R Deduction (\$15.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

Full Name (Last, First, Middle Initial) <b>B. JILLIAN R FOUCRE</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 233 North Michigan Ave ILD14-3605		Transaction ID: PR159631279597
City Chicago	State IL Zip Code 60601	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer UnitedHealth Group, Inc.	Occupation Senior Management	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) <b>C. STEVAN D GARCIA</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Drive MND12-N110		Transaction ID: PR159631299597
City Edina	State MN Zip Code 55436	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Data Systems	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

SUBTOTAL of Receipts This Page (optional) .....	<b>379.61</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 68 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. RANDY P GILES</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 2000 West Loop South Suite #800/70 TX035-1000		Transaction ID: PR159631329597
City Houston	State TX	Zip Code 77027
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 289.22
Name of Employer UnitedHealth Group, Inc.	Occupation Health Care	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 653.82	

Full Name (Last, First, Middle Initial) <b>B. RONALD H HARMS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Drive MND12-S11D		Transaction ID: PR159631358597
City Edina	State MN	Zip Code 55436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$78.92 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1307.64	

Full Name (Last, First, Middle Initial) <b>C. EDWARD J HAWLEY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 2700 Midwest Drive WI010-1000		Transaction ID: PR159631389597
City Onalaska	State WI	Zip Code 54650
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 289.22
Name of Employer UnitedHealth Group, Inc.	Occupation Health Care	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 653.82	

SUBTOTAL of Receipts This Page (optional) .....	<b>1076.88</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 68 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. KURT A HEJMANN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 13855 Riverport Drive MO050-1000		Transaction ID: PR159631379597
City Maryland Heights	State Zip Code MO 63043	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 84.00
Name of Employer UnitedHealth Group, Inc.	Occupation Information Networking	P/R Deduction (\$12.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

Full Name (Last, First, Middle Initial) <b>B. DALE JONES</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 10 Cadillac Drive #200 TN002-1002		Transaction ID: PR159631429597
City Brentwood	State Zip Code TN 37027	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Health Care	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 653.82	

Full Name (Last, First, Middle Initial) <b>C. NANETTE R KARTSONIS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-W130		Transaction ID: PR159631489597
City Minnetonka	State Zip Code MN 55343	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer UnitedHealth Group, Inc.	Occupation Sales	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

SUBTOTAL of Receipts TN's Page (optional) .....	▶	<b>493.22</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 70 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. EDWARD LAGERSTROM</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MNC08-T430		Transaction ID: PR159631509597
City	State	Zip Code
Minnetonka	MN	55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 653.82	

Full Name (Last, First, Middle Initial) <b>B. KATHLEENA MALLATT</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 2717 N 118th Circle Ste 300 NE010-3700		Transaction ID: PR159631549597
City	State	Zip Code
Omaha	NE	68164-9672
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 280.00
Name of Employer UnitedHealth Group, Inc.	Occupation Health Care	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 680.00	

Full Name (Last, First, Middle Initial) <b>C. THOMAS CHARLES REKART</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 12125 Technology Drive MND02-D100		Transaction ID: PR159631679597
City	State	Zip Code
Eden Prairie	MN	55344
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Information Systems	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>683.83</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 71 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. JOHN H RENNICK JR</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 823D Rairview Rd #315 NC015-1000		Transaction ID: PR159631689597
City Charlotte	State NC	Zip Code 28210-3253
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Doctor	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

Full Name (Last, First, Middle Initial) <b>B. STEPHAN S RODGERS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Drive MND12-S200		Transaction ID: PR159631719597
City Edina	State MN	Zip Code 55426
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 807.66
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$115.98 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 1861.48	

Full Name (Last, First, Middle Initial) <b>C. DANIEL I ROSENTHAL</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 13621 NW 12Th St FLD75-1000		Transaction ID: PR159631739597
City Sunrise	State FL	Zip Code 33323
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 326.91	

SUBTOTAL of Receipts THs Page (optional) .....	<b>1076.88</b>
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 72 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. KEVIN J RUTH</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 80 King Farm Blvd Ste 600 MD051-1000		Transaction ID: PR159631749597
City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 525.00	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$75.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1275.00	

Full Name (Last, First, Middle Initial) <b>B. MANJELA SELVA</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 13621 NW 12th St FLD75-1000		Transaction ID: PR159631779597
City State Zip Code Sunrise FL 33323	Amount of Each Receipt this Period 134.61	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Doctor	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 328.91	

Full Name (Last, First, Middle Initial) <b>C. JUAN R SERRANO</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5800 Granite Parkway Ste 900 TX033-1000		Transaction ID: PR159631789597
City State Zip Code Plano TX 75024	Amount of Each Receipt this Period 134.61	
FEC ID number of contributing federal political committee. <b>C</b>		P/R Deduction (\$19.23 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Executive	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 328.91	

SUBTOTAL of Receipts This Page (optional) .....	<b>794.22</b>
TOTAL This Period (last page this line number only) .....	



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

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

FOR LINE NUMBER: PAGE 73 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. DAVID C STURKEY</b>			Date of Receipt M / D / Y
Mailing Address 107 Westpark Blvd Ste 110 SC020-1000			Transaction ID: PR159631849597
City	State	Zip Code	Amount of Each Receipt this Period
Columbia	SC	29210	269.22
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UnitedHealth Group, Inc.	Occupation Health Care	Aggregate Year-to-Date ▼ 653.82	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. ROSEMARY VENUTO</b>			Date of Receipt M / D / Y
Mailing Address 190D E Golf Road #200/300 IL035-0300			Transaction ID: PR159631939597
City	State	Zip Code	Amount of Each Receipt this Period
Schaumburg	IL	60173	134.61
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UnitedHealth Group, Inc.	Occupation Medicine	Aggregate Year-to-Date ▼ 328.91	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. M LAURIE WASSERSTEIN</b>			Date of Receipt M / D / Y
Mailing Address 450 Columbus Blvd CT030-12NB			Transaction ID: PR159631959597
City	State	Zip Code	Amount of Each Receipt this Period
Hartford	CT	06103	134.61
FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer UnitedHealth Group, Inc.	Occupation Information Systems	Aggregate Year-to-Date ▼ 328.91	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>538.44</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 74 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. MYRON R WERLEY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Drive MND012-N123		Transaction ID: PR159631969597
City Edina	State MN	Zip Code 55436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 87.50
Name of Employer UnitedHealth Group, Inc.	Occupation Insurance	P/R Deduction (\$12.50 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 212.50	

Full Name (Last, First, Middle Initial) <b>B. JANET K WUORENMA</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-W130		Transaction ID: PR159632029597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Administration	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 328.91	

Full Name (Last, First, Middle Initial) <b>C. EDWARD J WHEELER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 64 Warner Road OH910-1000		Transaction ID: PR160058449597
City Hubbard	State OH	Zip Code 44425
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 280.00
Name of Employer UnitedHealth Group, Inc.	Occupation Mktg & Strategic Performance	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>502.11</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 75 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. JOHN P DODDY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 131 MORRISTOWN ROAD NJ006-1200		Transaction ID: PR160059739597
City BASKING RIDGE	State NJ	Zip Code 07820
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer UnitedHealth Group, Inc.	Occupation Information Systems	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>B. MARGUERITE EDWARDS</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9009 CORPORATE LAKE DRIVE FL021-0540		Transaction ID: PR160059749597
City TAMPA	State FL	Zip Code 33624
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Management	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 615.38	

Full Name (Last, First, Middle Initial) <b>C. MICHAEL ILE</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 LINCOLN DRIVE MND12-S200		Transaction ID: PR160059789597
City EDINA	State MN	Zip Code 55438
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Management	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 307.68	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>543.83</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 76 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. THOMAS J O'BRIEN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 880 OAKMONT LANE #200 IL036-1000		Transaction ID: PR160059789597
City WESTMONT	State IL Zip Code 60559	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 269.22
Name of Employer UnitedHealth Group, Inc.	Occupation Management	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 615.36	

Full Name (Last, First, Middle Initial) <b>B. LISA VANDERHEYDEN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 815D TRENTON LN N MND13-N400		Transaction ID: PR160059809597
City PLYMOUTH	State MN Zip Code 55442	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 140.00
Name of Employer UnitedHealth Group, Inc.	Occupation Information Systems	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) <b>C. STEPHEN B GREENBERG</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 1925 ISAAC NEWTON SQ STE 300 VAD19-1000		Transaction ID: PR160059849597
City RESTON	State VA Zip Code 20191	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Operations	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 288.45	

SUBTOTAL of Receipts TNs Page (optional) .....	▶	<b>543.83</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 77 / 85  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial) <b>A. LEWIS G SANDY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 LINCOLN DRIVE MND12-N205		Transaction ID: PR160059879597
City EDINA	State MN	Zip Code 55436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 455.00
Name of Employer UnitedHealth Group, Inc.	Occupation Doctor	P/R Deduction (\$65.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00	

Full Name (Last, First, Middle Initial) <b>B. MICHAEL P CAUTIN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-T500		Transaction ID: PR160266759597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Information Systems	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 269.22	

Full Name (Last, First, Middle Initial) <b>C. MATTHEW W PETERSON</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 5901 Lincoln Drive MND12-S286		Transaction ID: PR160266999597
City Edina	State MN	Zip Code 55436
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 280.00
Name of Employer UnitedHealth Group, Inc.	Occupation Human Resources	P/R Deduction (\$40.00 Bi-Weekly)
Receipt For: Primary      General Other (specify) ▼	Aggregate Year-to-Date ▼ 560.00	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>869.61</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 78 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. JEFF W MALONEY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 8900 Bren Road East MNC08-W130		Transaction ID: PR161324359597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 538.44
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	P/R Deduction (\$76.92 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 699.96	

Full Name (Last, First, Middle Initial) <b>B. LAURA M BRANKER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 8045 Leesburg Pike VA028-1000		Transaction ID: PR161324369597
City Vienna	State VA	Zip Code 22182
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 201.95
Name of Employer UnitedHealth Group, Inc.	Occupation Public Relations	P/R Deduction (\$28.85 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 348.20	

Full Name (Last, First, Middle Initial) <b>C. ALLEN LAWRENCE FINKELSTEIN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 2 Gateway Center NJ040-1000		Transaction ID: PR162098909597
City Newark	State NJ	Zip Code 07102
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 289.22
Name of Employer UnitedHealth Group, Inc.	Occupation Administration	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 423.08	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>1009.61</b>
TOTAL This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 78 / 85

(check only one)

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

Full Name (Last, First, Middle Initial) <b>A. VALERIE GREY</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 7 Hanover Square NY037-1000		Transaction ID: PR162098929597
City New York	State NY	Zip Code 10004
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 134.61
Name of Employer UnitedHealth Group, Inc.	Occupation Information Systems	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 211.53	

Full Name (Last, First, Middle Initial) <b>B. DANIEL S WALLER</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 9900 Bren Road East MND08-W385		Transaction ID: PR163236009597
City Minnetonka	State MN	Zip Code 55343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 201.95
Name of Employer UnitedHealth Group, Inc.	Occupation Management	P/R Deduction (\$28.85 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 230.80	

Full Name (Last, First, Middle Initial) <b>C. STEVE R KOOREN</b>		Date of Receipt M / M / D D / Y Y Y Y
Mailing Address 6150 Trenton Lane N MND13-N400		Transaction ID: PR165344329587
City Plymouth	State MN	Zip Code 55442
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 348.14
Name of Employer UnitedHealth Group, Inc.	Occupation Finance	P/R Deduction (\$57.69 Bi-Weekly)
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 348.14	

SUBTOTAL of Receipts This Page (optional) .....	▶	<b>682.70</b>
TOTAL This Period (last page this line number only) .....	▶	<b>75108.88</b>

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 80 / 95

<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)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)

A. CPCPAC

Mailing Address P.O. Box 22614

City Alexandria State VA Zip Code 22304

Purpose of Disbursement  
Leadership PAC

Candidate Name

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

State: District

011  
Category/  
Type

Transaction ID: 18727272

Date of Disbursement

07 / 02 / 2004

Amount of Each Disbursement this Period

2000.00

Leadership PAC

Full Name (Last, First, Middle Initial)

B. DASHPAC

Mailing Address 424 C Street  
NE, 1st Floor

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Leadership PAC

Candidate Name

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

State: District

011  
Category/  
Type

Transaction ID: 19058825

Date of Disbursement

07 / 02 / 2004

Amount of Each Disbursement this Period

5000.00

Leadership PAC

Full Name (Last, First, Middle Initial)

C. Heather Wilson for Congress

Mailing Address P.O. Box 14070

City Albuquerque State NM Zip Code 87102

Purpose of Disbursement

Candidate Name  
Heather A. Wilson

Office Sought:  House Senate President  
Disbursement For: 2004 Primary  General Other (specify) ▼

State: NM District 1

011  
Category/  
Type

Transaction ID: 19058836

Date of Disbursement

07 / 14 / 2004

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 81 / 95

<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)  
A. Friends of Sam Johnson

Mailing Address PO Box 860098

City PLANO State TX Zip Code 75086

Purpose of Disbursement

Candidate Name  
Sam Johnson

Office Sought:  House  
Senate  
President  
State: TX District 3

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19058839  
Date of Disbursement

07 / 15 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)  
B. Friends of Chris Dodd

Mailing Address 801-15th St. N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name  
Christopher J. Dodd

Office Sought: House  
 Senate  
President  
State: CT District 1

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19058851  
Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Sue Myrick For Congress

Mailing Address 1850 E. Third Street,  
Suite 350

City Charlotte State NC Zip Code 28204

Purpose of Disbursement

Candidate Name  
Sue Myrick

Office Sought:  House  
Senate  
President  
State: NC District 9

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19098182  
Date of Disbursement

07 / 29 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)  
A. Simmons For Congress

Mailing Address 12 Roosevelt Ave.

City Mystic State CT Zip Code 06355

Purpose of Disbursement

Candidate Name  
Rob Simmons

Office Sought:  House  
Senate  
President  
State: CT District 2

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19098186  
Date of Disbursement

08 / 16 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)  
B. Ryan for Congress Committee

Mailing Address P. O. Box 1910

City Janesville State WI Zip Code 53547-1010

Purpose of Disbursement

Candidate Name  
Paul Ryan

Office Sought:  House  
Senate  
President  
State: WI District 1

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19098186  
Date of Disbursement

08 / 09 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)  
C. America's Majority Trust

Mailing Address 1815 L Street NW Ste 1215

City Washington State DC Zip Code 20036

Purpose of Disbursement

Candidate Name

Office Sought: House  
Senate  
President  
State: District

Disbursement For:  
Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19098217  
Date of Disbursement

08 / 09 / 2004

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

6500.00

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

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)  
A. Friends of Mike Ferguson

Mailing Address P.O. Box 4205

City Warren State NJ Zip Code 07059

Purpose of Disbursement

Candidate Name  
Mike Ferguson

Office Sought:  House  
Senate  
President  
State: NJ District 7

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19098194  
Date of Disbursement

09 / 09 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)  
B. Kind for Congress

Mailing Address P.O. Box 184

City La Crosse State WI Zip Code 54603

Purpose of Disbursement

Candidate Name  
Rep Ron Kind

Office Sought:  House  
Senate  
President  
State: WI District 3

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19098215  
Date of Disbursement

09 / 09 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
C. Kirk For Congress Inc

Mailing Address P O Box 8

City Winnetka State IL Zip Code 60093

Purpose of Disbursement

Candidate Name  
Mark S. Kirk

Office Sought:  House  
Senate  
President  
State: IL District 10

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19098212  
Date of Disbursement

09 / 09 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

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

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)  
**A. Friends of Clay Shaw**

Mailing Address P.O. Box 2188

City Ft. Lauderdale State FL Zip Code 33303

Purpose of Disbursement

Candidate Name  
E. Clay Shaw, Jr.

Office Sought:  House  Senate  President  
State: FL District: 22

Disbursement For: 2004  
Primary  General  Other (specify) ▼

Transaction ID: 19098214  
Date of Disbursement  
09 / 09 / 2004

Amount of Each Disbursement this Period  
2000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. Steve Israel For Congress Committee**

Mailing Address PO Box 777

City Door Park State NY Zip Code 11720

Purpose of Disbursement

Candidate Name  
Rep. Steve Israel

Office Sought:  House  Senate  President  
State: NY District: 2

Disbursement For: 2004  
Primary  General  Other (specify) ▼

Transaction ID: 19098186  
Date of Disbursement  
09 / 09 / 2004

Amount of Each Disbursement this Period  
2000.00

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**C. Bennett Election Committee Inc**

Mailing Address 175 South West Temple Suite 650

City Salt Lake City State UT Zip Code 84101

Purpose of Disbursement

Candidate Name  
Sen. Robert Bennett

Office Sought:  House  Senate  President  
State: UT District: 2

Disbursement For: 2004  
Primary  General  Other (specify) ▼

Transaction ID: 19098218  
Date of Disbursement  
09 / 09 / 2004

Amount of Each Disbursement this Period  
2000.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ▶ **6000.00**

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

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

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

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)  
**A. NorthStar Leadership PAC**

Mailing Address PO Box 4365

City St. Paul State MN Zip Code 55104

Purpose of Disbursement  
Support for Republican Candidates US Sen

Candidate Name

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

State: District

Transaction ID: 19098208  
Date of Disbursement  
09 / 09 / 2004

Amount of Each Disbursement this Period  
5000.00

Support for Republican Candidates US Senate

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. Anna Eshoo For Congress**

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name  
Rep. Anna Eshoo

Office Sought:  House Senate President Disbursement For: 2004 Primary  General Other (specify) ▼

State: CA District 14

Transaction ID: 19098246  
Date of Disbursement  
09 / 10 / 2004

Amount of Each Disbursement this Period  
1000.00

Support for Republican Candidates US Senate

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**C. Volunteer PAC**

Mailing Address 2000 Glen Echo Road, Suite 107

City Nashville State TN Zip Code 37215

Purpose of Disbursement  
Support for Republican Candidates to the

Candidate Name

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

State: District

Transaction ID: 20158644  
Date of Disbursement  
09 / 13 / 2004

Amount of Each Disbursement this Period  
5000.00

Support for Republican Candidates to the US Senate

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ▶ **11000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)  
A. Tom DeLay Congressional Committee

Mailing Address 10707 Corporate Drive  
Suite #130

City Stafford State TX Zip Code 77477

Purpose of Disbursement

Candidate Name  
Tom DeLay

Office Sought:  House  
Senate  
President  
State: TX District: 22

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20157D43  
Date of Disbursement

09 / 13 / 2004

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)  
B. Kline For Congress

Mailing Address 7500 Hudson Boulevard  
Suite 130B

City Oakdale State MN Zip Code 55128

Purpose of Disbursement

Candidate Name  
John Kline, Jr

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

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20232B04  
Date of Disbursement

09 / 16 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)  
C. Anne Northup for Congress

Mailing Address 3340 LEXINGTON ROAD

City LOUISVILLE State KY Zip Code 40208

Purpose of Disbursement

Candidate Name  
Anne M. Northup

Office Sought:  House  
Senate  
President  
State: KY District: 3

Disbursement For: 2004  
Primary  General   
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20232799  
Date of Disbursement

09 / 16 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

7000.00

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

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

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

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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)

**A. Tiberi For Congress**

Mailing Address 2021 East Dublin Granville Road  
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement

Candidate Name  
Rep. Patrick Tiberi

Office Sought:  House  
Senate  
President  
State: OH District 12

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20232808

Date of Disbursement

09 / 16 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. Chris John For Us Senate**

Mailing Address PO Box 971

City Crowley State LA Zip Code 70527

Purpose of Disbursement

Candidate Name  
Chris John

Office Sought:  House  
Senate  
President  
State: LA District 2

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20232802

Date of Disbursement

09 / 16 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Dave Wu For Congress**

Mailing Address B18 Sw 3rd St #1182

City Portland State OR Zip Code 97205

Purpose of Disbursement

Candidate Name  
Rep. David Wu

Office Sought:  House  
Senate  
President  
State: OR District 1

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20232805

Date of Disbursement

09 / 16 / 2004

Amount of Each Disbursement this Period

1000.00

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

**4000.00**

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

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

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

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

A. Full Name (Last, First, Middle Initial)  
Judy Biggert For Congress

Mailing Address PO Box 637

City Hinsdale State IL Zip Code 60522

Purpose of Disbursement

Candidate Name  
Judy Biggert

Office Sought:  House  Senate  President  
State: IL District 13

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Transaction ID: 20232868  
Date of Disbursement  
09 / 17 / 2004

Amount of Each Disbursement this Period  
2000.00

011  
Category/  
Type

B. Full Name (Last, First, Middle Initial)  
Friends of Chris Dodd

Mailing Address 601-15th St. N.W.

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name  
Christopher J. Dodd

Office Sought:  House  Senate  President  
State: CT District 1

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Transaction ID: 20232878  
Date of Disbursement  
09 / 17 / 2004

Amount of Each Disbursement this Period  
1500.00

011  
Category/  
Type

C. Full Name (Last, First, Middle Initial)  
HULSHOF FOR CONGRESS

Mailing Address 1411 BOUCHELLE AVE

City COLUMBIA State MO Zip Code 65520

Purpose of Disbursement

Candidate Name  
Kenny Hulshof

Office Sought:  House  Senate  President  
State: MO District 9

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

Transaction ID: 20232884  
Date of Disbursement  
09 / 17 / 2004

Amount of Each Disbursement this Period  
2000.00

011  
Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ▶ **5500.00**

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



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

Use separate schedule(s)  
for each category of the  
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(check only one)

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<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b
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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

**A.** Full Name (Last, First, Middle Initial)  
Earl Pomeroy for Congress

Mailing Address P.O. Box 75214

City Washington State DC Zip Code 20013-5214

Purpose of Disbursement

Candidate Name Earl Pomeroy

Office Sought:  House  Senate  President  
State: ND District 1

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20232880  
Date of Disbursement  
09 / 17 / 2004

Amount of Each Disbursement this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Rangel For Congress

Mailing Address PO Box 5577  
Manhattanville Sta

City New York State NY Zip Code 10027

Purpose of Disbursement

Candidate Name Rep. Charles Rangel

Office Sought:  House  Senate  President  
State: NY District 15

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20232881  
Date of Disbursement  
09 / 17 / 2004

Amount of Each Disbursement this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Friends Of Katherine Harris

Mailing Address P. O. Box 251B7

City Sarasota State FL Zip Code 34277

Purpose of Disbursement

Candidate Name Rep. Katherine Harris

Office Sought:  House  Senate  President  
State: FL District 13

Disbursement For: 2004  
 Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20232886  
Date of Disbursement  
09 / 17 / 2004

Amount of Each Disbursement this Period  
2000.00

**SUBTOTAL** of Disbursements This Page (optional) ▶ **4000.00**

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)

**A.** Lee PAC

Mailing Address 2875 Towerview Road  
#1000

City Hemdon State VA Zip Code 20171

Purpose of Disbursement  
Support for Republican Candidates US Hou

Candidate Name

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

State: District

011  
Category/  
Type

Transaction ID: 20232874

Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

2000.00

Support for Republican Ca-  
ndidates US House

Full Name (Last, First, Middle Initial)

**B.** Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement

Candidate Name  
Rep. Steny Hoyer

Office Sought:  House Senate President  
Disbursement For: 2004 Primary  General Other (specify) ▼

State: MD District 5

011  
Category/  
Type

Transaction ID: 20232877

Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**C.** Herseth For Congress

Mailing Address P.O. Box 884

City Brookings State SD Zip Code 57008

Purpose of Disbursement

Candidate Name  
Stephanie Herseth

Office Sought:  House Senate President  
Disbursement For: 2004 Primary  General Other (specify) ▼

State: SD District 0

011  
Category/  
Type

Transaction ID: 20232901

Date of Disbursement

09 / 17 / 2004

Amount of Each Disbursement this Period

1000.00

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

**5000.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)  
A. Mike Bilirakis for Congress

Mailing Address P.O. Box 1077

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

Candidate Name  
Michael Bilirakis

Office Sought:  House  
Senate  
President  
State: FL District 9

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20232904  
Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)  
B. Mike Bilirakis for Congress

Mailing Address P.O. Box 1077

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement

Void - Mike Bilirakis for Congress Lost

Candidate Name  
Michael Bilirakis

Office Sought:  House  
Senate  
President  
State: FL District 9

Disbursement For: 2004  
 Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20317453  
Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

-2000.00

Void - Mike Bilirakis for  
Congress Lost in Mail

Full Name (Last, First, Middle Initial)  
C. Voinovich for Senate Committee

Mailing Address B East Broad St  
8th Floor

City Columbus State OH Zip Code 43215

Purpose of Disbursement

Candidate Name  
George V. Voinovich

Office Sought: House  
 Senate  
President  
State: OH District

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20232903  
Date of Disbursement

09 / 22 / 2004

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) ▶

2000.00

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

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)  
**A. Dorgan Victory Fund**

Mailing Address 607 14th Street NW Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Support for Democratic Candidates US Sen

Candidate Name

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

State: District

Transaction ID: 20232950  
Date of Disbursement  
09 / 24 / 2004

Amount of Each Disbursement this Period  
2500.00

Support for Democratic Candidates US Senate

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. Citizens for Arlen Specter**

Mailing Address 300 I Street N.E. Suite 100B

City Washington State DC Zip Code 20002

Purpose of Disbursement

Candidate Name  
Arlen Specter

Office Sought: House Senate President Disbursement For: 2004 Primary General Other (specify) ▼

State: PA District 1

Transaction ID: 20232947  
Date of Disbursement  
09 / 24 / 2004

Amount of Each Disbursement this Period  
2000.00

011  
Category/  
Type

Support Democratic Candidates US Senate

Full Name (Last, First, Middle Initial)  
**C. Democratic Senatorial Campaign Committee**

Mailing Address 430 S Capitol

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Support Democratic Candidates US Senate

Candidate Name

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

State: District

Transaction ID: 20236506  
Date of Disbursement  
09 / 28 / 2004

Amount of Each Disbursement this Period  
5000.00

011  
Category/  
Type

Support Democratic Candidates US Senate

**SUBTOTAL of Disbursements This Page (optional) ..... ▶ 9500.00**

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

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

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

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)  
A. A Lot of People Supporting Tom Daschle

Mailing Address P O Box 1656

City State Zip Code  
Sioux Falls SD 57101

Purpose of Disbursement

Candidate Name  
Tom Daschle

Office Sought: House  
 Senate  
President  
State: SD District 2

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20317570  
Date of Disbursement

09 / 28 / 2004

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)  
B. Peterson for Congress

Mailing Address P.O. Box 265

City State Zip Code  
Detroit Lake MN 56502

Purpose of Disbursement

Candidate Name  
Collin C. Peterson

Office Sought:  House  
Senate  
President  
State: MN District 7

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20317539  
Date of Disbursement

09 / 28 / 2004

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)  
C. Searchlight Leadership Fund

Mailing Address 422 C St NE  
Lower Level

City State Zip Code  
Washington DC 20002

Purpose of Disbursement

Support Democratic Candidates US Senate  
Candidate Name

Office Sought: House  
Senate  
President  
State: District

Disbursement For: Primary General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 20336507  
Date of Disbursement

09 / 28 / 2004

Amount of Each Disbursement this Period

2000.00

Support Democratic Candid-  
ates US Senate

SUBTOTAL of Disbursements This Page (optional) ▶

5000.00

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

83500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)  
**A. Arizona Democratic Party**

Mailing Address 2910 North Central Avenue

City Phoenix State AZ Zip Code 85012

Purpose of Disbursement  
Sponsorship of AZ delegation Breakfast

Candidate Name

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

State: District

Transaction ID: 18727268  
Date of Disbursement  
07 / 02 / 2004

Amount of Each Disbursement this Period  
2500.00

Sponsorship of AZ delega-  
tion Breakfast

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**B. Friends of Senator Wayne R. Bryant**

Mailing Address State House  
PO Box 089

City Trenton State NJ Zip Code 08625

Purpose of Disbursement  
Wayne Bryant, STATE SENATE NJ

Candidate Name  
Senator Wayne Bryant, Esq.

Office Sought: House Senate President Disbursement For: 2004 Primary General Other (specify) ▼

State: NJ District 5

Transaction ID: 19098183  
Date of Disbursement  
08 / 09 / 2004

Amount of Each Disbursement this Period  
2000.00

Wayne Bryant, STATE SENATE  
NJ

011  
Category/  
Type

Full Name (Last, First, Middle Initial)  
**C. Talmadge Heflin Campaign**

Mailing Address 7474 South Kirkwood  
Suite 205

City Houston State TX Zip Code 77072

Purpose of Disbursement  
Talmadge Heflin, STATE HOUSE 149th TX

Candidate Name  
Representative Talmadge Heflin

Office Sought: x House Senate President Disbursement For: 2004 Primary General Other (specify) ▼

State: TX District 14

Transaction ID: 19098187  
Date of Disbursement  
09 / 09 / 2004

Amount of Each Disbursement this Period  
1000.00

Talmadge Heflin, STATE HO-  
USE 149th TX

011  
Category/  
Type

**SUBTOTAL of Disbursements This Page (optional) ..... ▶ 5500.00**

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

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

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NAME OF COMMITTEE (In Full)  
United Health Group Incorporated Political Fund

Full Name (Last, First, Middle Initial)

A. Todd Baxter Campaign

Mailing Address PO Box 161122

City Austin State TX Zip Code 78716

Purpose of Disbursement  
Todd Baxter, STATE HOUSE 48th TX

Candidate Name  
TX Rep. Todd Baxter

Office Sought:  House  
Senate  
President

State: TX District: 48

Disbursement For: 2004  
Primary  General  
Other (specify) ▼

011  
Category/  
Type

Transaction ID: 19098193

Date of Disbursement

09 / 09 / 2004

Amount of Each Disbursement this Period

1000.00

Todd Baxter, STATE HOUSE  
48th TX

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

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

6500.00