

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		184057.86
(b) Cash on Hand at Beginning of Reporting Period.....	164863.71	
(c) Total Receipts (from Line 19)	66423.69	581129.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	231287.40	765187.40
7. Total Disbursements (from Line 31).....	78736.00	612636.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	152551.40	152551.40
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	60251.87	429013.09
(ii) Unitemized	6171.82	85631.40
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	66423.69	514644.49
(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)	66423.69	514644.49
12. Transfers From Affiliated/Other Party Committees.....	0.00	54285.05
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	12000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	200.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	66423.69	581129.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	66423.69	581129.54

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	77500.00	511000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1736.00	3036.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1736.00	3036.00
29. Other Disbursements	-500.00	98600.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	78736.00	612636.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	78736.00	612636.00

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)	66423.69	514644.49
34. Total Contribution Refunds (from Line 28(d))	1736.00	3036.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	64687.69	511608.49
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. STEPHEN HEMSLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 622 FERNDALE ROAD WEST
 City WAYZATA State MN Zip Code 55391-9628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Corporate Occupation CEO & President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 18 / 2012
Transaction ID : 35398915
 Amount of Each Receipt this Period 5000.00

B. SCOTT THOMAS LYDON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 PLOWBOY PATH
 City COMMACK State NY Zip Code 11725
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 98.00

Date of Receipt 09 / 30 / 2012
Transaction ID : 35411882
 Amount of Each Receipt this Period 0.00
[MEMO ITEM]
 Refund(s) on Schedule B Totaling \$1736.00 This changes the YTD Total to \$98.00

C. DEBORAH S STREB
 Full Name (Last, First, Middle Initial)
 Mailing Address 2201 NORTH STAR ROAD
 City UPPER ARLINGTON State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1159794128679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 5028.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. ANTHONY J KAZLAUSKAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CARNIVAL TERRACE
 City WEST WARWICK State RI Zip Code 02893
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1159794628679
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. CARLA M MUGGIO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3533 FAIR OAKS LANE
 City LONGBOAT KEY State FL Zip Code 34228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Ntwk Contract Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1159798228679
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C. BRIAN R BELLOWS
 Full Name (Last, First, Middle Initial)
 Mailing Address 10 SHADOWOOD LANE
 City TRUMBULL State CT Zip Code 06611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Bus Dvlp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1159803828679
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	108.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 160
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. KEITH W NOBLITT		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR1159805528679
Mailing Address 122 SOUTH OAK POINTE DR		Amount of Each Receipt this Period 40.00
City SENECA	State SC	Zip Code 29672
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation SCE 3 NAs Ind Contr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. JAMES S WATSON III		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR1159806028679
Mailing Address 6520 SHENANDOAH DR		Amount of Each Receipt this Period 50.00
City LINCOLN	State NE	Zip Code 68510
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Assc Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. WAYNE F COOK		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR1159812828679
Mailing Address 1200 PEBBLE HILL ROAD		Amount of Each Receipt this Period 120.00
City DOYLESTOWN	State PA	Zip Code 18901
FEC ID number of contributing federal political committee. C		P/R Deduction (\$60.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP Ops	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	210.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 160
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. DAVID S WICHMANN
Full Name (Last, First, Middle Initial)
Mailing Address 7000 ANTRIM ROAD

City EDINA	State MN	Zip Code 55439
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR1159814728679

Amount of Each Receipt this Period
384.60

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

B. PATRICK J ERLANDSON
Full Name (Last, First, Middle Initial)
Mailing Address 1000 OLD LONG LAKE ROAD

City WAYZATA	State MN	Zip Code 55391
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SVP Bus Ops
--	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR1159815928679

Amount of Each Receipt this Period
384.60

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

C. PATRICIA R SAURO
Full Name (Last, First, Middle Initial)
Mailing Address 8943 HIDDEN MEADOW R

City WOODBURY	State MN	Zip Code 55125
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR1159816428679

Amount of Each Receipt this Period
120.00

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

SUBTOTAL of Receipts This Page (optional).....▶	889.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. WILLIAM A MUNSELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 2119 WINDSONG CIRCLE
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP UnitedHlth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1159816628679
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JOHN S PENSHORN
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 BLACK OAKS LANE
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1159816928679
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. PAUL D KALLMEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 468 HERALD DR
 City AMBLER State PA Zip Code 19002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1159817428679
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	684.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 160
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 4913 BRUCE AVE

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **458.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR1159817928679

Amount of Each Receipt this Period

116.00

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

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

Mailing Address 4307 BEECHWOOD LANE

City DALLAS	State TX	Zip Code 75220
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR1159819128679

Amount of Each Receipt this Period

100.00

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

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

Mailing Address 3501 ZENITH AVE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55416
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation EVP Consumr Hlth Med Care
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2307.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR1159819828679

Amount of Each Receipt this Period

230.76

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

SUBTOTAL of Receipts This Page (optional).....▶	446.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DAVID J FALK		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address 323 LAWRENCE AVE		Transaction ID : PR1159820228679
City HIGHLAND PARK	State NJ	Zip Code 08904
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 280.00	
Name of Employer United HealthCare Services Inc	Occupation Med Dir	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) B. WILLIAM C TRACY		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address 13016 CANTERBURY		Transaction ID : PR1159821528679
City LEAWOOD	State KS	Zip Code 66209
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 115.40	
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	P/R Deduction (\$57.70 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1154.00	

Full Name (Last, First, Middle Initial) C. MICHAEL M HAWKINS		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2012
Mailing Address 11137 AMESITE TRAIL		Transaction ID : PR1159822028679
City AUSTIN	State TX	Zip Code 78726
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 23.08	
Name of Employer United HealthCare Services Inc	Occupation Sr Med Dir	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.80	

SUBTOTAL of Receipts This Page (optional).....▶	166.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. RICHARD J MIGLIORI		Date of Receipt
Mailing Address PO BOX 72		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Transaction ID : PR1159827428679
WAYZATA	MN	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="200.00"/>
	55391	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	SVP Bus Initi Clin Aff	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. BARBARA C BUENEMANN		Date of Receipt
Mailing Address 128 ROSEBROOK DR		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Transaction ID : PR1159828728679
FLORISSANT	MO	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="23.08"/>
	63031	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$11.54 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	Dir Cust Service	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="230.80"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. JEANNINE M RIVET		Date of Receipt
Mailing Address 4305 TRILLIUM WAY		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Transaction ID : PR1159830028679
MINNETRISTA	MN	Amount of Each Receipt this Period
	Zip Code	<input type="text" value="384.60"/>
	55364	
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	EVP UnitedHlth Group	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3846.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="607.68"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. JACK E SHUFF		Date of Receipt
Mailing Address 360 ASPEN LANE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
COVINGTON	LA	70433
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1159830528679
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	SB RVP	<input type="text" value="78.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="780.00"/>	

Full Name (Last, First, Middle Initial) B. JILL WINTERS		Date of Receipt
Mailing Address 16 SPOEDE LN		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
SAINT LOUIS	MO	63141
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1159840428679
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP Ops	<input type="text" value="108.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$54.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1080.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. ANTHONY WELTERS		Date of Receipt
Mailing Address 919 SAIGON ROAD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
MCLEAN	VA	22102
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR1332013228679
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	EVP UnitedHlth Group	<input type="text" value="384.60"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$192.30 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3846.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="570.60"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ROBERT J BOHNENKAMP
 Full Name (Last, First, Middle Initial)
 Mailing Address 4925 WOODS COURT
 City GREENWOOD State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CIO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 273.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1551005628679
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. MICHAEL J BRESOLIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 W VIEW STREET
 City LOMBARD State IL Zip Code 60148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Care Advocacy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1551005728679
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. CHRISTOPHER R HOCK
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 WINDMILL HILL
 City WETHERSFIELD State CT Zip Code 06109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1551128928679
 Amount of Each Receipt this Period 23.08
 P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 141.08
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 OF 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. JEFFREY W KAGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 52 CRESTWOOD LANE
 City FARMINGVILLE State NY Zip Code 11738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Prod
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1551132328679
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. MICHAEL C MATTEO
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 JEREMIAHS WAY
 City SOUTH GLASTONBURY State CT Zip Code 06073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Growth Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1551133428679
 Amount of Each Receipt this Period 38.46
 P/R Deduction (\$19.23 Bi-Weekly)

C. DAWN M OWENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2119 E LAKE OF THE ISLES PKWY
 City MINNEAPOLIS State MN Zip Code 55405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Business Segment CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1900.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1551160328679
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 178.46
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 160
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. THOMAS J VALERIUS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2820 DEER RUN TRAIL
 City LONG LAKE State MN Zip Code 55356
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Recruitment Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1538.40

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1551161328679
 Amount of Each Receipt this Period 153.84
 P/R Deduction (\$76.92 Bi-Weekly)

B. LOIS T WEIHRAUCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 10392 SHERMAN DRIVE
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1551161428679
 Amount of Each Receipt this Period 120.00
 P/R Deduction (\$60.00 Bi-Weekly)

C. JOHN O ENDERLE
 Full Name (Last, First, Middle Initial)
 Mailing Address 31 ANDREIS TRAIL
 City SOUTH WINDSOR State CT Zip Code 06074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1554323528679
 Amount of Each Receipt this Period 110.00
 P/R Deduction (\$55.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	383.84
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5570 WOODSIDE LANE

City SHOREWOOD State MN Zip Code 55331

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt
09 / 30 / 2012
Transaction ID : PR1554323928679

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 42820 VIOLA CT

City LEESBURG State VA Zip Code 20176

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

Name of Employer United HealthCare Services Inc Occupation COO Collaborative Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt
09 / 30 / 2012
Transaction ID : PR1554324528679

Amount of Each Receipt this Period
108.00

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

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

Mailing Address 3807 PLEASANT VALLEY DRIVE

City MISSOURI CITY State TX Zip Code 77459

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

Name of Employer United HealthCare Services Inc Occupation Dir Bus Process

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 384.60

Date of Receipt
09 / 30 / 2012
Transaction ID : PR1554324628679

Amount of Each Receipt this Period
38.46

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 531.06

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3840 INGLEWOOD AVE S

City SAINT LOUIS PARK	State MN	Zip Code 55416
--------------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Strat Initi
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR1554324728679

Amount of Each Receipt this Period
100.00

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

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

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE	State MN	Zip Code 55372
--------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Optum Exec
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR1575957628679

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 3062 COMFORT ROAD

City NEW HOPE	State PA	Zip Code 18938
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Plan Pres
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR1575958128679

Amount of Each Receipt this Period
153.84

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

SUBTOTAL of Receipts This Page (optional).....▶	638.44
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4701 GOLF TERRACE

City EDINA State MN Zip Code 55424

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

Name of Employer United HealthCare Services Inc Occupation Pres Lif Scis

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR1575958528679

Amount of Each Receipt this Period
 384.60

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

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

Mailing Address 2006 QUEEN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55405

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR1580864728679

Amount of Each Receipt this Period
 200.00

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

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

Mailing Address 4516 DREXEL AVENUE

City EDINA State MN Zip Code 55424

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

Name of Employer United HealthCare Services Inc Occupation SVP UnitedHlth Group

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR1580865328679

Amount of Each Receipt this Period
 384.60

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

SUBTOTAL of Receipts This Page (optional).....▶	969.20
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 160
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. RICHARD J HUGHES
Full Name (Last, First, Middle Initial)
Mailing Address 735 SAINT MORITZ
City VICTORIA State MN Zip Code 55386
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SVP Human Capital Dev
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1596304128679
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Bi-Weekly)

B. THAD C JOHNSON
Full Name (Last, First, Middle Initial)
Mailing Address 16848 STIRRUP LN
City EDEN PRAIRIE State MN Zip Code 55347
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Mkt Group Gen Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1596304328679
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Bi-Weekly)

C. GAYE ADAMS MASSEY
Full Name (Last, First, Middle Initial)
Mailing Address 3801 ABBOTT AVE S
City MINNEAPOLIS State MN Zip Code 55410
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Sr Deputy Gen Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1596304528679
Amount of Each Receipt this Period 230.76
P/R Deduction (\$115.38 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	630.76
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9346 SHETLAND ROAD

City EDEN PRAIRIE State MN Zip Code 55347

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

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR1596304628679

Amount of Each Receipt this Period **78.00**

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

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

Mailing Address 401 N 2ND ST UNIT 512

City MINNEAPOLIS State MN Zip Code 55401

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

Name of Employer United HealthCare Services Inc Occupation Dir Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR1596304928679

Amount of Each Receipt this Period **76.92**

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

C. DANIEL J SCHUMACHER
Full Name (Last, First, Middle Initial)

Mailing Address 11582 RASPBERRY HILL ROAD

City EDEN PRAIRIE State MN Zip Code 55344

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

Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **261.11**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR1596305428679

Amount of Each Receipt this Period **122.69**

P/R Deduction (\$115.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	277.61
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1950 MEADOWWOODS TRAIL

City State Zip Code
LONG LAKE MN 55356

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

Name of Employer Occupation
United HealthCare Services Inc Bus Segment CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.60

Date of Receipt
09 / 30 / 2012
Transaction ID : PR1596305628679

Amount of Each Receipt this Period
38.46

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

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

Mailing Address 306 CHIPPEWA AVENUE

City State Zip Code
TAMPA FL 33606

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

Name of Employer Occupation
United HealthCare Services Inc Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.20

Date of Receipt
09 / 30 / 2012
Transaction ID : PR1596306928679

Amount of Each Receipt this Period
76.92

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

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

Mailing Address 4505 MOORLAND AVENUE

City State Zip Code
EDINA MN 55424

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

Name of Employer Occupation
United HealthCare Services Inc SVP Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2200.00

Date of Receipt
09 / 30 / 2012
Transaction ID : PR1596307028679

Amount of Each Receipt this Period
220.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 335.38

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

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

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

FOR LINE NUMBER: PAGE 24 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MICHAEL J ANDERSON

Mailing Address 17907 INVERNESS CURVE

City State Zip Code
 EDEN PRAIRIE MN 55347

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR1596309328679

Amount of Each Receipt this Period
 280.00

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

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

Mailing Address 3318 FOXRIDGE CIRCLE

City State Zip Code
 TAMPA FL 33618

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

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

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR1596309728679

Amount of Each Receipt this Period
 78.00

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

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

Mailing Address 19647 CASA VERDE WAY

City State Zip Code
 FORT MYERS FL 33967

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

Name of Employer Occupation
 United HealthCare Services Inc Med Dir

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1360.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR1596309828679

Amount of Each Receipt this Period
 194.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 14021 LEANING PINE DRIVE

City MIAMI LAKES	State FL	Zip Code 33014
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR1596311528679

Amount of Each Receipt this Period

38.46

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

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

Mailing Address 306 W MEADOWS LANE

City DANVILLE	State CA	Zip Code 94506
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.80**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR1596312128679

Amount of Each Receipt this Period

23.08

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

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

Mailing Address 28115 BOULDER BRIDGE DRIVE

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

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

Name of Employer United HealthCare Services Inc	Occupation SVP Ops
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR1596312928679

Amount of Each Receipt this Period

38.46

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

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9825 GERALD DR

City SAINT LOUIS State MO Zip Code 63128

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

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR1596313728679

Amount of Each Receipt this Period **40.00**

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

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

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City CHARLOTTE State NC Zip Code 28269

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR1596316828679

Amount of Each Receipt this Period **38.46**

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

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

Mailing Address 109 SLEEPY HOLLOW LANE

City ORINDA State CA Zip Code 94563

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.60**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR1596317328679

Amount of Each Receipt this Period **38.46**

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

SUBTOTAL of Receipts This Page (optional).....▶	116.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 OF 160 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 16621 ALEXANDER MANOR DRIVE

City SILVER SPRING	State MD	Zip Code 20905
-----------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Entrprs Clin Alignm
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR1596317428679

Amount of Each Receipt this Period
150.00

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

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

Mailing Address 1625 CONE FLOWER WAY

City SUWANEE	State GA	Zip Code 30024
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
702.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR1596318428679

Amount of Each Receipt this Period
78.00

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

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

Mailing Address 720 COUNTRY LAKES DR

City CIRCLE PINES	State MN	Zip Code 55014
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR1596318928679

Amount of Each Receipt this Period
23.08

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

SUBTOTAL of Receipts This Page (optional).....▶	251.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 467 PRAIRIE WAY SOUTH

City BAYPORT State MN Zip Code 55003

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

Name of Employer United HealthCare Services Inc Occupation VP Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR1596319028679

Amount of Each Receipt this Period
 50.00

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

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

Mailing Address 92 GOODWIN CIRCLE

City HARTFORD State CT Zip Code 06105

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 403.83

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR1596319528679

Amount of Each Receipt this Period
 38.46

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

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

Mailing Address 4260 FOXBERRY COURT

City MEDINA State MN Zip Code 55340

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

Name of Employer United HealthCare Services Inc Occupation Dir Underwriting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR1596319628679

Amount of Each Receipt this Period
 40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	128.46
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1 ROXITICUS VIEW

City CHESTER State NJ Zip Code 07930

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

Name of Employer United HealthCare Services Inc Occupation VP Info Tech

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR1600597328679

Amount of Each Receipt this Period **78.00**

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

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

Mailing Address 742 GOODRICH AVE

City SAINT PAUL State MN Zip Code 55105

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

Name of Employer United HealthCare Services Inc Occupation VP GM PCM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR1600598528679

Amount of Each Receipt this Period **200.00**

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

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

Mailing Address 4800 SUNNYSLOPE ROAD E

City EDINA State MN Zip Code 55424

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

Name of Employer United HealthCare Services Inc Occupation SVP Clin Advancement

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR1600598728679

Amount of Each Receipt this Period **200.00**

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

SUBTOTAL of Receipts This Page (optional)..... **478.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MATTHEW W PETERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 20595 SPENCER LANE
 City SHOREWOOD State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1602669928679
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. JEFFREY W MALONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 18076 CLEAR SPRING LANE
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1613243528679
 Amount of Each Receipt this Period 192.30
 P/R Deduction (\$96.15 Bi-Weekly)

C. DANIEL S WALLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 17034 BAINBRIDGE DR
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1632360028679
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	452.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. WILLIAM F KENNEDY
 Full Name (Last, First, Middle Initial)
 Mailing Address 14 MYRA LN
 City BURLINGTON State CT Zip Code 06013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR1653443128679
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. STEVE R KOOREN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4444 ELLSWORTH DRIVE
 City EDINA State MN Zip Code 55435
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR1653443228679
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. THOMAS J BELLAMY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2743 THOMAS AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB RVP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1154.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR1653444328679
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	540.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 645 OLD LONG LAKE ROAD

City State Zip Code
ORONO MN 55391

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

Name of Employer Occupation
United HealthCare Services Inc Bus Segment CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2012

Transaction ID : PR1653445228679

Amount of Each Receipt this Period
384.60

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

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

Mailing Address 57 QUORN HUNT ROAD

City State Zip Code
WEST SIMSBURY CT 06092

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.80

Date of Receipt
MM / DD / YYYY
09 / 30 / 2012

Transaction ID : PR1653445828679

Amount of Each Receipt this Period
23.08

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

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

Mailing Address 7985 LEA CIRCLE

City State Zip Code
BLOOMINGTON MN 55438

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
MM / DD / YYYY
09 / 30 / 2012

Transaction ID : PR1669432228679

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional).....▶	607.68
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mr. MILES S SNOWDEN
Full Name (Last, First, Middle Initial)

Mailing Address 4349 FREMONT AVE S

City MINNEAPOLIS State MN Zip Code 55409

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

Name of Employer United HealthCare Services Inc Occupation Chief Med Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 3846.00

Date of Receipt
09 / 30 / 2012
Transaction ID : PR1746717828679

Amount of Each Receipt this Period
384.60

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

B. ANN DESTWOLINSKI
Full Name (Last, First, Middle Initial)

Mailing Address 4247 ROSE PETAL COURT

City ELLICOTT CITY State MD Zip Code 21043

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

Name of Employer United HealthCare Services Inc Occupation Dir Utilization Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
09 / 30 / 2012
Transaction ID : PR1806441628679

Amount of Each Receipt this Period
22.00

P/R Deduction (\$11.00 Bi-Weekly)

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

Mailing Address 11618 ROLLING MEADOW DR

City GREAT FALLS State VA Zip Code 22066

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

Name of Employer United HealthCare Services Inc Occupation Six Sigma Cnslt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 576.00

Date of Receipt
09 / 30 / 2012
Transaction ID : PR1806444728679

Amount of Each Receipt this Period
80.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 486.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2781 SADDLE CLUB ROAD

City GREENWOOD State IN Zip Code 46143

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

Name of Employer United HealthCare Services Inc Occupation Dir Prov Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR1806750128679

Amount of Each Receipt this Period
 23.08

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

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

Mailing Address 18855 MEADOW VIEW BLVD

City PRIOR LAKE State MN Zip Code 55372

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.20

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR1806750328679

Amount of Each Receipt this Period
 76.92

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

C. CATHERINE K ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 37 W 2000 S

City DRIGGS State ID Zip Code 83422

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1154.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR1903550728679

Amount of Each Receipt this Period
 115.40

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

SUBTOTAL of Receipts This Page (optional).....▶	215.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. KATHLEEN L BISHOP		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR1903560828679
Mailing Address 145 COTTAGE RD		Amount of Each Receipt this Period 40.00
City ENFIELD	State CT	Zip Code 06082
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. ROBERT J DUFEK		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR1903577128679
Mailing Address 816 PROMONTORY PLACE		Amount of Each Receipt this Period 50.00
City EAGAN	State MN	Zip Code 55123
FEC ID number of contributing federal political committee. C		P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. SUSAN B EDBERG		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR1903578128679
Mailing Address 9727 WELLINGTON RIDGE		Amount of Each Receipt this Period 200.00
City WOODBURY	State MN	Zip Code 55125
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Bus Segment COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	290.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. CHRISTOPHER T JOHNSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 12880 53RD STREET NORTH
 City State Zip Code
 STILLWATER MN 55082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR1903591128679
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. STEVEN F PENN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6766 IDLEWOOD WAY
 City State Zip Code
 EDEN PRAIRIE MN 55346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Finance
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 238.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR1903612928679
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. JOHN C SANTELLI
 Full Name (Last, First, Middle Initial)
 Mailing Address 17498 GEORGE MORAN DRIVE
 City State Zip Code
 EDEN PRAIRIE MN 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP CIO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR1903622028679
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	306.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. PAUL D WEYMOUTH
Full Name (Last, First, Middle Initial)
Mailing Address 128 WOODLAND RD
City COVENTRY State CT Zip Code 06238
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Finance
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 384.60

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1903636928679
Amount of Each Receipt this Period 38.46
P/R Deduction (\$19.23 Bi-Weekly)

B. PAMELA JAMIAN
Full Name (Last, First, Middle Initial)
Mailing Address 15316 COUTOLENC RD
City MAGALIA State CA Zip Code 95954
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Cust Service
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 30 / 2012
Transaction ID : PR1910417428679
Amount of Each Receipt this Period 23.08
P/R Deduction (\$11.54 Bi-Weekly)

C. BRADLEY E ALLEN
Full Name (Last, First, Middle Initial)
Mailing Address 1046 THORNBERRY CREEK DR
City ONEIDA State WI Zip Code 54155
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Sr Assc Gen Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2119466828679
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 101.54
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. RUSSELL A BENNETT		Date of Receipt
Mailing Address 4 HALSEY AVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
LAGUNA NIGUEL	CA	92677
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2119468028679
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Dir Mktg Bus Dev	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$20.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) B. SUSAN LYNN BERKEL		Date of Receipt
Mailing Address 10 SHADOW GLEN		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
IRVINE	CA	92620
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2119468128679
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	SVP Ops	<input type="text" value="384.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$192.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3840.00"/>	

Full Name (Last, First, Middle Initial) C. KATHIE L BRYAN		Date of Receipt
Mailing Address 912 JOSHUA PLACE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
SAN DIEGO	CA	92154
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2119469428679
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Assc Dir Mrkting Comm	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$25.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="474.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 160
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 5515 W 73RD AVENUE

City WESTMINSTER State CO Zip Code 80003

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2119469928679

Amount of Each Receipt this Period **30.00**

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

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

Mailing Address 13130 WESTPORT ST

City MOORPARK State CA Zip Code 93021

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

Name of Employer United HealthCare Services Inc Occupation Dir Mktg Rsch

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2119470228679

Amount of Each Receipt this Period **40.00**

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

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

Mailing Address 19021 POPPY HILL CIRCLE

City HUNTINGTON BEACH State CA Zip Code 92648

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

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1920.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2119470328679

Amount of Each Receipt this Period **192.00**

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

SUBTOTAL of Receipts This Page (optional)..... **262.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 160
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. RANDELL J CORREIA
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 1025
 City RANCHO SANTA FE State CA Zip Code 92067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2119471328679
 Amount of Each Receipt this Period
 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

B. RICHARD A CROSS
 Full Name (Last, First, Middle Initial)
 Mailing Address 11361 DONOVAN ROAD
 City ROSSMOOR State CA Zip Code 90720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2119471828679
 Amount of Each Receipt this Period
 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. KENNETH R DAVIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7640 N 10TH AVE
 City PHOENIX State AZ Zip Code 85021
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2119472528679
 Amount of Each Receipt this Period
 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 5364 E ABBEYFIELD ST

City State Zip Code
LONG BEACH CA 90815

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

Name of Employer Occupation
United HealthCare Services Inc Chief of Staff

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
09 / 30 / 2012

Transaction ID : PR2119472628679

Amount of Each Receipt this Period
380.00

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

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

Mailing Address 1390 FINCH LN

City State Zip Code
GREEN BAY WI 54313

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
09 / 30 / 2012

Transaction ID : PR2119472828679

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 1821 PARK STREET

City State Zip Code
HUNTINGTON BEACH CA 92648

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

Name of Employer Occupation
United HealthCare Services Inc SVP Ntwks

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
09 / 30 / 2012

Transaction ID : PR2119475128679

Amount of Each Receipt this Period
100.00

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

SUBTOTAL of Receipts This Page (optional).....▶	168.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2709 WILLIAMS GRANT

City DE PERE State WI Zip Code 54115

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

Name of Employer United HealthCare Services Inc Occupation Assc Dir Clms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR2119475228679

Amount of Each Receipt this Period
40.00

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

B. DAVID M HANSEN
Full Name (Last, First, Middle Initial)

Mailing Address 33 VIA CONOCIDO

City SAN CLEMENTE State CA Zip Code 92673

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2700.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR2119476728679

Amount of Each Receipt this Period
270.00

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

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

Mailing Address 4220 OCEAN DR

City MANHATTAN BEACH State CA Zip Code 90266

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

Name of Employer United HealthCare Services Inc Occupation Mkt Grp Chief Clin Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3076.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR2119477928679

Amount of Each Receipt this Period
307.60

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

SUBTOTAL of Receipts This Page (optional).....▶	617.60
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KEVIN D HOST
Full Name (Last, First, Middle Initial)
Mailing Address 14617 GRANT ST
City OVERLAND PARK State KS Zip Code 66221
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Pharm Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2119478228679
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

B. BRIAN JEFFREY
Full Name (Last, First, Middle Initial)
Mailing Address 9 RIMROCK
City IRVINE State CA Zip Code 92603
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Ntwk Contrctng
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2119479128679
Amount of Each Receipt this Period 50.00
P/R Deduction (\$25.00 Bi-Weekly)

C. JOHN D JONES
Full Name (Last, First, Middle Initial)
Mailing Address 3562 REDWOOD
City IRVINE State CA Zip Code 92606
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation VP Govt Rel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1920.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2119479228679
Amount of Each Receipt this Period 192.00
P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 282.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 13102 PALOMAR WAY

City NORTH TUSTIN State CA Zip Code 92705

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

Name of Employer United HealthCare Services Inc Occupation VP Cust Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2119480228679

Amount of Each Receipt this Period **30.00**

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

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

Mailing Address 1208 COPRINUS DR

City GREEN BAY State WI Zip Code 54313

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

Name of Employer United HealthCare Services Inc Occupation IT Database Cnslt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2119482228679

Amount of Each Receipt this Period **30.00**

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

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

Mailing Address 13531 CARLTON OAKS

City SAN ANTONIO State TX Zip Code 78232

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2119482528679

Amount of Each Receipt this Period **40.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JEFFREY S MASON
Full Name (Last, First, Middle Initial)
Mailing Address 5670 SHEMIRAN ST
City LA VERNE State CA Zip Code 91750
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Sr Med Dir
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2119483028679
Amount of Each Receipt this Period 30.00
P/R Deduction (\$15.00 Bi-Weekly)

B. BENITO M MIRANDA
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 1522
City LOMITA State CA Zip Code 90717
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Medicr Ind Sls Rep
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2119484228679
Amount of Each Receipt this Period 24.00
P/R Deduction (\$12.00 Bi-Weekly)

C. KEITH E NYGARD
Full Name (Last, First, Middle Initial)
Mailing Address 1139 E OCEAN BOULEVARD #106
City LONG BEACH State CA Zip Code 90802
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Compli Cnslt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2119485028679
Amount of Each Receipt this Period 40.00
P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 94.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. TRACY L OLLMANN-WAGNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 2839 TIMBER LANE
 City GREEN BAY State WI Zip Code 54313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mgr Traffic/Workforce
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2119485228679
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. CYNTHIA ANN OTTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1855 O LEARY ROAD
 City NEENAH State WI Zip Code 54956
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Case Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2119485428679
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. LYND A PAXSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3924 E GARNET PL
 City HIGHLANDS RANCH State CO Zip Code 80126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Field Acct Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2119485828679
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 110.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DIANA S PETE
Full Name (Last, First, Middle Initial)
Mailing Address 9010 MORNINGSTAR DRIVE
City SUGAR LAND State TX Zip Code 77479
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Utilization Mgmt
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **240.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : PR2119486328679
Amount of Each Receipt this Period **24.00**
P/R Deduction (\$12.00 Bi-Weekly)

B. MICHELLE LYNN PETERS
Full Name (Last, First, Middle Initial)
Mailing Address 1128 COUNTRYSIDE DR
City DE PERE State WI Zip Code 54115
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Act Svs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : PR2119486428679
Amount of Each Receipt this Period **30.00**
P/R Deduction (\$15.00 Bi-Weekly)

C. AUSTIN T PITTMAN
Full Name (Last, First, Middle Initial)
Mailing Address 14 LOCH RIDGE DRIVE
City GREENSBORO State NC Zip Code 27408
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Pres Ntwks
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2700.00**

Date of Receipt **09 / 30 / 2012**
Transaction ID : PR2119486728679
Amount of Each Receipt this Period **270.00**
P/R Deduction (\$135.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... **324.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3401 E VIA PALOMITA

City TUCSON State AZ Zip Code 85718

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

Name of Employer United HealthCare Services Inc Occupation M R Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR2119486828679

Amount of Each Receipt this Period
 200.00

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

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

Mailing Address 55 PERENNIAL

City IRVINE State CA Zip Code 92603

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

Name of Employer United HealthCare Services Inc Occupation Dir Clin Qlty

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR2119487928679

Amount of Each Receipt this Period
 40.00

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

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

Mailing Address 6485 WAYFINDERS CT

City CARLSBAD State CA Zip Code 92009

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR2119490728679

Amount of Each Receipt this Period
 40.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 280.00

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

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

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

FOR LINE NUMBER: PAGE 49 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CHERYL TANIGAWA MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5598 NAPLES CANAL
 City State Zip Code
 LONG BEACH CA 90803
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SVP Entrprs Hlth Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2119491128679
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. CHERYL A THOMSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 222 FOREST DR
 City State Zip Code
 SOBIESKI WI 54171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Compli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2119491628679
 Amount of Each Receipt this Period
 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

C. STEVEN M TUCKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 12331 COUNTRY LANE
 City State Zip Code
 SANTA ANA CA 92705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 1920.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2119492028679
 Amount of Each Receipt this Period
 192.00
 P/R Deduction (\$96.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 322.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. SUSAN VANASTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address W313 GOLDEN GLOW RD
 City KAUKAUNA State WI Zip Code 54130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Site Dir Medicr Ins Sls
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2119492628679
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

B. SCOTT B WESTPHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 4536 ROCKY RUN LN
 City OCONTO State WI Zip Code 54153
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Act Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2119493228679
 Amount of Each Receipt this Period 23.08
 P/R Deduction (\$11.54 Bi-Weekly)

C. LINDA D DAUGHERTY
 Full Name (Last, First, Middle Initial)
 Mailing Address 15442 NORTH 19TH WAY
 City PHOENIX State AZ Zip Code 85022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2119493528679
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	143.08
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. GREGORY WRIGHT
Full Name (Last, First, Middle Initial)

Mailing Address 13901 MAUVE DRIVE

City SANTA ANA State CA Zip Code 92705

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

Name of Employer United HealthCare Services Inc Occupation VP Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 30 / 2012
Transaction ID : PR2119494128679

Amount of Each Receipt this Period
50.00

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

B. GEORGE M YOUNG
Full Name (Last, First, Middle Initial)

Mailing Address 36296 N 98TH WAY

City SCOTTSDALE State AZ Zip Code 85262

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

Name of Employer United HealthCare Services Inc Occupation Regn Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
09 / 30 / 2012
Transaction ID : PR2119494428679

Amount of Each Receipt this Period
30.00

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

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

Mailing Address 380 LEAF STREET

City ORONO State MN Zip Code 55356

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
09 / 30 / 2012
Transaction ID : PR2133132428679

Amount of Each Receipt this Period
200.00

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

SUBTOTAL of Receipts This Page (optional)..... **280.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. WILLIAM R COLEMAN		Date of Receipt
Mailing Address 831 RATLEY ROAD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
WEST SUFFIELD	CT	06093
FEC ID number of contributing federal political committee.		Transaction ID : PR2133132528679
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="24.00"/>
Name of Employer	Occupation	P/R Deduction (\$12.00 Bi-Weekly)
United HealthCare Services Inc	Dir Clms	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	

Full Name (Last, First, Middle Initial) B. DANIEL M CUMMINGS		Date of Receipt
Mailing Address 1929 FAIRMOUNT AVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
SAINT PAUL	MN	55105
FEC ID number of contributing federal political committee.		Transaction ID : PR2133132628679
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="30.00"/>
Name of Employer	Occupation	P/R Deduction (\$15.00 Bi-Weekly)
United HealthCare Services Inc	Dir Accting	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. BROR O HULTGREN		Date of Receipt
Mailing Address 408 22ND ST		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
GOLDEN	CO	80401
FEC ID number of contributing federal political committee.		Transaction ID : PR2133133228679
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="76.92"/>
Name of Employer	Occupation	P/R Deduction (\$38.46 Bi-Weekly)
United HealthCare Services Inc	VP Ops	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="769.20"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="130.92"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ALLEN D MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6209 CRESCENT DRIVE
 City EDINA State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Regn Exec Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2133133628679
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

B. SUSAN C MORISATO
 Full Name (Last, First, Middle Initial)
 Mailing Address 238 ARDMORE ROAD
 City DES PLAINES State IL Zip Code 60016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Pres Insurance Sols
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3430.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2133133828679
 Amount of Each Receipt this Period 386.00
 P/R Deduction (\$193.00 Bi-Weekly)

C. KIMBERLY ALLENE NETTLETON
 Full Name (Last, First, Middle Initial)
 Mailing Address 5003 DARNELL
 City HOUSTON State TX Zip Code 77096
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2133133928679
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 486.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 303 ELMWOOD PLACE WEST

City	State	Zip Code
MINNEAPOLIS	MN	55419

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3846.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2133134228679

Amount of Each Receipt this Period

384.60

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

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

Mailing Address 2203 RIVER FALLS DRIVE

City	State	Zip Code
KINGWOOD	TX	77339

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2133134628679

Amount of Each Receipt this Period

50.00

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

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

Mailing Address 6069 WEATHERED OAK CT

City	State	Zip Code
WESTERVILLE	OH	43082

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

Name of Employer	Occupation
United HealthCare Services Inc	Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2145728428679

Amount of Each Receipt this Period

76.92

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

SUBTOTAL of Receipts This Page (optional).....	511.52
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 160
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. ROB FARAHANI		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR2145728528679
Mailing Address PO BOX 704		Amount of Each Receipt this Period 76.92
City HUNTINGTON	State NY	Zip Code 11743
FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.46 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir IT Proj Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20	

Full Name (Last, First, Middle Initial) B. WAYNE MILLER		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR2145729228679
Mailing Address 19521 SIERRA SOTO RD		Amount of Each Receipt this Period 40.00
City IRVINE	State CA	Zip Code 92603
FEC ID number of contributing federal political committee. C		P/R Deduction (\$20.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation SVP Clnt Relhips	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. LEAH C RUMMEL		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR2145729528679
Mailing Address 12100 TRAUTWEIN ROAD		Amount of Each Receipt this Period 30.00
City AUSTIN	State TX	Zip Code 78737
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. MICHAEL P SCHWARZ		Date of Receipt MM / DD / YYYY 09 / 30 / 2012
Mailing Address 13935 WOODRIDGE PATH		Transaction ID : PR2145729728679
City SAVAGE	State MN	Zip Code 55378
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 70.00
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	P/R Deduction (\$35.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) B. DANNETTE L SMITH		Date of Receipt MM / DD / YYYY 09 / 30 / 2012
Mailing Address 5414 BYSCANE LANE		Transaction ID : PR2145729928679
City MINNETONKA	State MN	Zip Code 55345
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 386.00
Name of Employer United HealthCare Services Inc	Occupation Sr Deputy Gen Counsel	P/R Deduction (\$193.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3860.00	

Full Name (Last, First, Middle Initial) C. RANDALL SMITH		Date of Receipt MM / DD / YYYY 09 / 30 / 2012
Mailing Address 20607 BROADWATER DRIVE		Transaction ID : PR2145730028679
City LAND O LAKES	State FL	Zip Code 34638
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 23.08
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	P/R Deduction (\$11.54 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.80	

SUBTOTAL of Receipts This Page (optional).....▶	479.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARGARET W WEAR
 Full Name (Last, First, Middle Initial)
 Mailing Address 44 TOPANGA
 City IRVINE State CA Zip Code 92602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2145730228679
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

B. DAVID A SPIVACK
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 HIDDEN TRAIL
 City IRVINE State CA Zip Code 92603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Bus Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2162867628679
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. KURT C LEWIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 961 RIVER FOREST DRIVE
 City MAINEVILLE State OH Zip Code 45039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP SIs Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.80

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2203967528679
 Amount of Each Receipt this Period 23.08
 P/R Deduction (\$11.54 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 507.68
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CHRISTINE W GIBSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 8516 29TH AVE N
 City NEW HOPE State MN Zip Code 55427
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Strat Initi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2307.60

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2225166728679
 Amount of Each Receipt this Period 230.76
 P/R Deduction (\$115.38 Bi-Weekly)

B. ANDREW M SLAVITT
 Full Name (Last, First, Middle Initial)
 Mailing Address 5125 MIRROR LAKES DRIVE
 City EDINA State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Optum Exec
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4999.90

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2225167428679
 Amount of Each Receipt this Period 499.90
 P/R Deduction (\$0.00 Bi-Weekly)

C. JEAN-FRANCOIS BEAULE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 STRATFORD RD
 City FARMINGTON State CT Zip Code 06032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1154.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2225813628679
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	846.06
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 10140 26TH AVENUE NORTH

City PLYMOUTH State MN Zip Code 55441

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

Name of Employer United HealthCare Services Inc Occupation Dir IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2225818428679

Amount of Each Receipt this Period **30.00**

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

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

Mailing Address 437 DRURY LANE

City WYCKOFF State NJ Zip Code 07481

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2225818828679

Amount of Each Receipt this Period **40.00**

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

C. ERIC S RANGEN
Full Name (Last, First, Middle Initial)

Mailing Address 15348 RED OAKS ROAD SE

City PRIOR LAKE State MN Zip Code 55372

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

Name of Employer United HealthCare Services Inc Occupation SVP Chief Accting Off

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3846.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2225819328679

Amount of Each Receipt this Period **384.60**

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

SUBTOTAL of Receipts This Page (optional).....▶	454.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JOHN D RYAN			Date of Receipt 09 / 30 / 2012 Transaction ID : PR2225819628679
Mailing Address 45 WESTMORELAND LN			Amount of Each Receipt this Period 76.92
City NAPERVILLE	State IL	Zip Code 60540	P/R Deduction (\$38.46 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation RVP Clnt Mgmt Svc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.20		

Full Name (Last, First, Middle Initial) B. ROY THOMAS SAILOR			Date of Receipt 09 / 30 / 2012 Transaction ID : PR2225819728679
Mailing Address 276 COYOTE WILLOW DRIVE			Amount of Each Receipt this Period 153.84
City COLORADO SPRINGS	State CO	Zip Code 80921	P/R Deduction (\$76.92 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Dir Clnt Svc Acct Mgt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1538.40		

Full Name (Last, First, Middle Initial) C. MICHAEL LEE CORNE			Date of Receipt 09 / 30 / 2012 Transaction ID : PR2231346928679
Mailing Address 12642 CHIEFS COURT			Amount of Each Receipt this Period 28.00
City FISHERS	State IN	Zip Code 46037	P/R Deduction (\$14.00 Bi-Weekly)
FEC ID number of contributing federal political committee. C	Name of Employer Golden Rule Financial Corp.	Occupation VP Regl Affs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional).....▶	258.76
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7533 PRAIRIE VIEW DR

City INDIANAPOLIS State IN Zip Code 46256

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

Name of Employer Golden Rule Financial Corp. Occupation Dir Ntwk Prgms

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2231347228679

Amount of Each Receipt this Period 60.00

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

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

Mailing Address 4396 CREEKSIDE PASS

City ZIONSVILLE State IN Zip Code 46077

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

Name of Employer Golden Rule Financial Corp. Occupation VP UHO Sls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2231349728679

Amount of Each Receipt this Period 30.00

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

C. DONALD M MUDGETT
Full Name (Last, First, Middle Initial)

Mailing Address 8131 LAKE POINT WAY

City INDIANAPOLIS State IN Zip Code 46256

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

Name of Employer Golden Rule Financial Corp. Occupation Assc Dir Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2231351928679

Amount of Each Receipt this Period 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 118.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. DARRELL S RICHEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 10823 MOORS END CIRCLE
 City FISHERS State IN Zip Code 46038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Golden Rule Financial Corp. Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1360.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2231352328679
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$80.00 Bi-Weekly)

B. MICHAEL R CONNLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 570 MONTCALM PL
 City SAINT PAUL State MN Zip Code 55116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Tech Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2247625828679
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

C. JOSEPH R CARCIONE JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 CARRIAGE WAY
 City WHITE PLAINS State NY Zip Code 10605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1154.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2247626828679
 Amount of Each Receipt this Period 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	395.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KEVIN DAVID KANTOLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 7031 HALSTEAD DRIVE
 City State Zip Code
 MINNETRISTA MN 55364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP IT
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 528.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2247627028679
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. DENNIS P O'BRIEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 61 LOUGHLIN AVE
 City State Zip Code
 COS COB CT 06807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc RVP Ntwk Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1154.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2247627328679
 Amount of Each Receipt this Period
 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

C. JEFFERY RICHARD VERNEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 266 WESTLEDGE ROAD
 City State Zip Code
 WEST SIMSBURY CT 06092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1154.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2247627428679
 Amount of Each Receipt this Period
 115.40
 P/R Deduction (\$57.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	308.80
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 425 QUEENSLAND LANE NORTH

City PLYMOUTH	State MN	Zip Code 55447
------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Info Tech
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1154.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2247627628679

Amount of Each Receipt this Period
115.40

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

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

Mailing Address 282 MIDDAUGH

City CLARENDON HILLS	State IL	Zip Code 60514
-------------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation COO IBS
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2247627828679

Amount of Each Receipt this Period
76.92

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

C. DANIEL L OHMAN
Full Name (Last, First, Middle Initial)

Mailing Address 8970 MOOR PARK RUN

City DULUTH	State GA	Zip Code 30097
----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Regn CEO
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
538.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2247628028679

Amount of Each Receipt this Period
53.84

P/R Deduction (\$26.92 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	246.16
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JEFFREY J CRUMBAUGH
 Full Name (Last, First, Middle Initial)
 Mailing Address 226 25TH ST DR SE
 City CEDAR RAPIDS State IA Zip Code 52403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation M R Sls Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2259635228679
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. JOHN M PRINCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 546 HARRINGTON ROAD
 City WAYZATA State MN Zip Code 55391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mkt Group CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2259738428679
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. CHRISTOPHER L CRONN
 Full Name (Last, First, Middle Initial)
 Mailing Address 507 PRESSLER #3128
 City AUSTIN State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.20

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2270522928679
 Amount of Each Receipt this Period 76.92
 P/R Deduction (\$38.46 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	298.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. SIMON L STEVENS

Mailing Address 1716 EMERSON AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55403
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4347.92**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : PR2364863228679

Amount of Each Receipt this Period
217.40

P/R Deduction (\$108.70 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. JEANNE M DE SA

Mailing Address 3000 TILDEN STREET NW #204-1

City WASHINGTON	State DC	Zip Code 20008
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : PR2402315928679

Amount of Each Receipt this Period
100.00

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

Full Name (Last, First, Middle Initial)
C. ANGELA DAWN KEPLEY CARRIER

Mailing Address 3219 PENINSULA DRIVE

City JAMESTOWN	State NC	Zip Code 27282
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Dir Case Mgmt
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : PR2402317728679

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	357.40
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 67 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. MARILYN LEVI-BAUMGARTEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4800 W 27TH ST
 City SAINT LOUIS PARK State MN Zip Code 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2402317928679
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JAKE LOGAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 4826 EAST CALLE REDONDA
 City PHOENIX State AZ Zip Code 85018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2402318228679
 Amount of Each Receipt this Period 50.00
 P/R Deduction (\$25.00 Bi-Weekly)

C. MARIA MCCAULEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 6321 MANATEE AVENUE WEST
 City BRADENTON State FL Zip Code 34209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Proj Mgr II
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2402318428679
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 68 OF 160 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. STACY S MCGRATH		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR2402318528679
Mailing Address 5625 CHOWEN AVE S		Amount of Each Receipt this Period 300.00
City EDINA	State MN	Zip Code 55410
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Dir Bus Process
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	P/R Deduction (\$15.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. DIANE D SOUZA		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR2402320028679
Mailing Address 360 STANLEY DRIVE		Amount of Each Receipt this Period 384.60
City GLASTONBURY	State CT	Zip Code 06033
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation CEO Spclty Bens
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.00	P/R Deduction (\$192.30 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. LORI SWEERE LILIENTHAL		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR2402320228679
Mailing Address 11826 GERMAINE TERRACE		Amount of Each Receipt this Period 386.00
City EDEN PRAIRIE	State MN	Zip Code 55347
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation EVP Human Capital
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3860.00	P/R Deduction (\$193.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	800.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. SHELLEY WIKE CRANLEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 3801 MAURICE COURT
 City LAS VEGAS State NV Zip Code 89108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2402444428679
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. DANIEL J WEAVER
 Full Name (Last, First, Middle Initial)
 Mailing Address 618 VILLA DRIVE 2026
 City CASTLE PINES State CO Zip Code 80108
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2402444628679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. JAY M ANLIKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4306 MOUNTAIN LANE
 City WAUSAU State WI Zip Code 54401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation CEO TPA
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2402445028679
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	268.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 70 OF 160 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. JAMES H BECKER
Full Name (Last, First, Middle Initial)

Mailing Address 378 FERNDALE ROAD WEST

City WAYZATA	State MN	Zip Code 55391
-----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation SVP Ops
--	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **559.70**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2402445128679

Amount of Each Receipt this Period
307.70

P/R Deduction (\$153.85 Bi-Weekly)

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

Mailing Address 4135 ETHAN DRIVE

City EAGAN	State MN	Zip Code 55123
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation SVP Empl Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2402445228679

Amount of Each Receipt this Period
200.00

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

C. JAMES D DONOVAN
Full Name (Last, First, Middle Initial)

Mailing Address 2816 MONTREAUX DRIVE

City FRISCO	State TX	Zip Code 75034
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2402445328679

Amount of Each Receipt this Period
130.00

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

SUBTOTAL of Receipts This Page (optional).....▶	637.70
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JOHN L LARSEN		Date of Receipt
Mailing Address 11688 TANGLEWOOD DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
EDEN PRAIRIE	MN	55347
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2402445628679
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Bus Segment CEO	<input type="text" value="386.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$193.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3860.00"/>	

Full Name (Last, First, Middle Initial) B. JOY O HIGA		Date of Receipt
Mailing Address 2208 ELM AVENUE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
MANHATTAN BEACH	CA	90266
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2402446228679
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Dir Regl Affs	<input type="text" value="60.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$30.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. SOHINI G JINDAL		Date of Receipt
Mailing Address 9300 IVY TREE LANE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
GREAT FALLS	VA	22066
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2402446328679
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Govt Rel Dir	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$100.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="646.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. RUSSELL C PETRELLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 4612 MOORLAND AVENUE
 City EDINA State MN Zip Code 55424
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Pres C S
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2402446428679
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. CORY ALEXANDER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4203 BRADLEY LANE
 City CHEVY CHASE State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gov't Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2405428828679
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. JOSEPH R STEVENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1621 BERKSHIRE RD
 City COLUMBUS State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 952.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2405429128679
 Amount of Each Receipt this Period 95.20
 P/R Deduction (\$47.60 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	679.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RODNEY CHARLES ARMSTEAD
Full Name (Last, First, Middle Initial)
Mailing Address 406 LEWELEN CIRCLE

City ENGLEWOOD	State NJ	Zip Code 07631
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2405430228679

Amount of Each Receipt this Period
80.00

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

B. KAREN ANN SAELENS
Full Name (Last, First, Middle Initial)
Mailing Address 105 N FLORENCE AVE

City LITCHFIELD PARK	State AZ	Zip Code 85340
-------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2408544828679

Amount of Each Receipt this Period
40.00

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

C. KATHLYN G WEE
Full Name (Last, First, Middle Initial)
Mailing Address 4118 38TH ST NW

City WASHINGTON	State DC	Zip Code 20016
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2408545028679

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	160.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 74 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. GAIL KOZIARA KOZIARA BOUDREAUX
 Full Name (Last, First, Middle Initial)
 Mailing Address 841 HOLDEN COURT
 City LAKE FOREST State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation EVP Gr Pres UHC
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.20

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2437119528679
 Amount of Each Receipt this Period 384.62
 P/R Deduction (\$192.31 Bi-Weekly)

B. JEFFREY SEAN CORZINE
 Full Name (Last, First, Middle Initial)
 Mailing Address 7649 EARLINGTON PARKWAY
 City DUBLIN State OH Zip Code 43017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2437119728679
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

C. RITA FAYE JOHNSON-MILLS
 Full Name (Last, First, Middle Initial)
 Mailing Address 9727 SKY LANE
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2437120128679
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 454.62
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DAVID K LIVINGSTON
Full Name (Last, First, Middle Initial)

Mailing Address 24570 RIDGE POLE COURT

City SOUTH LYON State MI Zip Code 48178

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

Name of Employer United HealthCare Services Inc Occupation Plan Pres

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1940.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR2437120228679

Amount of Each Receipt this Period
 194.00

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

B. JACK S WEISS
Full Name (Last, First, Middle Initial)

Mailing Address 6245 NORTH 75 STREET

City SCOTTSDALE State AZ Zip Code 85250

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

Name of Employer United HealthCare Services Inc Occupation NA Med Dir/CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR2437120528679

Amount of Each Receipt this Period
 50.00

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

C. PAUL JOSEPH BALTHAZOR
Full Name (Last, First, Middle Initial)

Mailing Address 9013 FARNSWORTH AVENUE NORTH

City BROOKLYN PARK State MN Zip Code 55443

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR2437120728679

Amount of Each Receipt this Period
 120.00

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

SUBTOTAL of Receipts This Page (optional).....▶	364.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. KELLY L CLARK
Full Name (Last, First, Middle Initial)

Mailing Address 13540 BIRCHWOOD AVENUE

City ROSEMOUNT State MN Zip Code 55068

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2437121328679

Amount of Each Receipt this Period **76.92**

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

B. ROBERT S PRESTON
Full Name (Last, First, Middle Initial)

Mailing Address 14904 SUMMIT OAKS DRIVE

City BURNSVILLE State MN Zip Code 55337

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

Name of Employer United HealthCare Services Inc Occupation VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2437121428679

Amount of Each Receipt this Period **365.00**

P/R Deduction (\$365.00 Bi-Weekly)

C. LAURA L NESS
Full Name (Last, First, Middle Initial)

Mailing Address 10550 PINNACLE WAY

City WOODBURY State MN Zip Code 55129

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

Name of Employer United HealthCare Services Inc Occupation VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2437121528679

Amount of Each Receipt this Period **78.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	519.92
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JOHN W COSGRIFF		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR2437121628679
Mailing Address 1837 SUMMIT LANE		Amount of Each Receipt this Period 40.00
City MENDOTA HEIGHTS	State MN	Zip Code 55118
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Chief of Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	
		P/R Deduction (\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. PETER W RAINEY		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR2437127528679
Mailing Address 3115 WEST 47 STREET		Amount of Each Receipt this Period 230.00
City MINNEAPOLIS	State MN	Zip Code 55410
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation VP Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 932.00	
		P/R Deduction (\$115.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. ROBIN E LIPPERT		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR2439928028679
Mailing Address 522 4 STREET SOUTH EAST		Amount of Each Receipt this Period 384.62
City WASHINGTON	State DC	Zip Code 20003
FEC ID number of contributing federal political committee.	C	
Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3846.20	
		P/R Deduction (\$192.31 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	654.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. STEPHEN M HEYMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 5300 SHERRILL AVENUE
 City CHEVY CHASE State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2444265728679
 Amount of Each Receipt this Period 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. LORI C MCDOUGAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 19705 LAKEVIEW AVENUE
 City DEEPHAVEN State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation CEO UMVS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3846.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2445015328679
 Amount of Each Receipt this Period 384.60
 P/R Deduction (\$192.30 Bi-Weekly)

C. DONALD S LANGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5110 OAK RAMBLING DRIVE
 City KATY State TX Zip Code 77494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Plan Pres
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2445015428679
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	624.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. LILLI ANN HIRSH
Full Name (Last, First, Middle Initial)
Mailing Address 7379 DEVIN LANE

City SHAKOPEE	State MN	Zip Code 55379
------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Human Capital Partner Mgr
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2445016728679

Amount of Each Receipt this Period

280.00

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

B. MARK J DUHAIME
Full Name (Last, First, Middle Initial)
Mailing Address 5781 RUBY DRIVE

City TROY	State MI	Zip Code 48085
--------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Info Tech
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2445016928679

Amount of Each Receipt this Period

78.00

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

C. EILEEN J LIVERANI
Full Name (Last, First, Middle Initial)
Mailing Address 100 BOSTOCK ROAD

City SHOKAN	State NY	Zip Code 12481
----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Cust Service
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **554.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2460167228679

Amount of Each Receipt this Period

55.40

P/R Deduction (\$27.70 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	161.40
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. DANIEL KRAJNOVICH
 Full Name (Last, First, Middle Initial)
 Mailing Address 9958 BUTTOWNDOWN LANE
 City ZIONSVILLE State IN Zip Code 46077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2460167328679
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. JUNE THIELEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 6245 WAKEFIELD COURT
 City SHAKOPEE State MN Zip Code 55379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Human Capital
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 276.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2460167528679
 Amount of Each Receipt this Period 27.60
 P/R Deduction (\$13.80 Bi-Weekly)

C. KARIN KEITEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3918 HAVEN ROAD
 City MINNETONKA State MN Zip Code 55345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Bus Segment Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2460167628679
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	167.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SHELBY P SOLOMON
Full Name (Last, First, Middle Initial)
Mailing Address 5702 BLAKE ROAD

City EDINA	State MN	Zip Code 55436
---------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Pres Govt
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2460167928679

Amount of Each Receipt this Period
230.00

P/R Deduction (\$115.00 Bi-Weekly)

B. JELKA S PETROVIC
Full Name (Last, First, Middle Initial)
Mailing Address 4454 PEPPER MILL LANE

City ORION	State MI	Zip Code 48359
---------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2460168028679

Amount of Each Receipt this Period
40.00

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

C. LARRY C RENFRO
Full Name (Last, First, Middle Initial)
Mailing Address 5 DOVE LANE

City ANDOVER	State MA	Zip Code 01810
-----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation EVP UHG CEO Optum
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3846.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2460168128679

Amount of Each Receipt this Period
384.60

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

SUBTOTAL of Receipts This Page (optional).....▶	654.60
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DAVID B ORBUCH
 Full Name (Last, First, Middle Initial)
 Mailing Address 3370 SYCAMORE LANE
 City PLYMOUTH State MN Zip Code 55441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Compli Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 770.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2460168228679
 Amount of Each Receipt this Period 77.00
 P/R Deduction (\$38.50 Bi-Weekly)

B. ERIC J WEXLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 7220 WILLOW OAK DR
 City WEST BLOOMFIELD State MI Zip Code 48324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Deputy Gen Counsel Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 640.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2463723128679
 Amount of Each Receipt this Period 64.00
 P/R Deduction (\$32.00 Bi-Weekly)

C. KAREN L WALKOWSKI
 Full Name (Last, First, Middle Initial)
 Mailing Address 6359 COUNTRY ROAD
 City EDEN PRAIRIE State MN Zip Code 55346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Bus Process
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2463723428679
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	181.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. PETER M GILL

Mailing Address 8380 MONTGOMERY COURT

City	State	Zip Code
EDEN PRAIRIE	MN	55347-1402

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

Name of Employer	Occupation
United HealthCare Services Inc	VP Corporate Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2463724628679

Amount of Each Receipt this Period
2500.00

P/R Deduction (\$2500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. SUE SCHICK

Mailing Address 319 BERKLEY ROAD

City	State	Zip Code
MERION STATION	PA	19066

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

Name of Employer	Occupation
United HealthCare Services Inc	Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2480620528679

Amount of Each Receipt this Period
250.00

P/R Deduction (\$125.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CHRISTOPHER MARK ABBOTT

Mailing Address W154N6076 HICKORY HOLLOW CT

City	State	Zip Code
MENOMONEE FALLS	WI	53051

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

Name of Employer	Occupation
United HealthCare Services Inc	Regn Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2484541528679

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional).....▶	2778.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 84 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. JO ANNE M ANDERSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 6236 KNOLL DRIVE
 City EDINA State MN Zip Code 55436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Integration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2484541628679
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

B. JAMES F COPPENS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5965 LAKE LINDEN COURT
 City SHOREWOOD State MN Zip Code 55331
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP Total Comp
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1263.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2484541928679
 Amount of Each Receipt this Period 126.30
 P/R Deduction (\$63.15 Bi-Weekly)

C. LILLIAN R HECKMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 552 DEER LAKE CIRCLE
 City BLUE BELL State PA Zip Code 19422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Proj Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2484542128679
 Amount of Each Receipt this Period 60.00
 P/R Deduction (\$30.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 380.30
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1760 LUCY RIDGE CT

City CHANHASSEN State MN Zip Code 55317

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

Name of Employer United HealthCare Services Inc Occupation SVP SIs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **702.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2484542628679

Amount of Each Receipt this Period **78.00**

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

Full Name (Last, First, Middle Initial)
B. JERI G KUBICKI

Mailing Address 7659 COLDSTREAM DRIVE

City CINCINNATI State OH Zip Code 45255

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

Name of Employer United HealthCare Services Inc Occupation VP Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2486697828679

Amount of Each Receipt this Period **100.00**

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

Full Name (Last, First, Middle Initial)
C. THOMAS B MANDERFELD

Mailing Address 4835 PENN AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55419

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2486697928679

Amount of Each Receipt this Period **80.00**

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

SUBTOTAL of Receipts This Page (optional).....▶	258.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. DIRK C MCMAHON		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR2491457028679
Mailing Address 1608 SUMMIT OAKS CT		Amount of Each Receipt this Period 200.00
City BURNSVILLE	State MN	Zip Code 55337
FEC ID number of contributing federal political committee. C		P/R Deduction (\$100.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Bus Segment CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. KATHRYN M SULLIVAN		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR2491457528679
Mailing Address 530 N LAKE SHORE DR # 2309		Amount of Each Receipt this Period 194.00
City CHICAGO	State IL	Zip Code 60611
FEC ID number of contributing federal political committee. C		P/R Deduction (\$97.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Regn CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1940.00	

Full Name (Last, First, Middle Initial) C. MARTIN C TOOMB		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR2538641528679
Mailing Address 4 STANLEY TERRACE		Amount of Each Receipt this Period 30.00
City DOVER	State NJ	Zip Code 07801
FEC ID number of contributing federal political committee. C		P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation VP IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	424.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 87 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. KARA V SMITH
 Full Name (Last, First, Middle Initial)
 Mailing Address 610 CRESTWOOD DRIVE
 City State Zip Code
 ALEXANDRIA VA 22302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Govt Rel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3077.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2540175328679
 Amount of Each Receipt this Period
 307.70
 P/R Deduction (\$153.85 Bi-Weekly)

B. HYLLIUS R EDWARDS
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 44246
 City State Zip Code
 DENVER CO 80201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Govt Rel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2541300428679
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. MATTHEW A KING
 Full Name (Last, First, Middle Initial)
 Mailing Address 1112 LORME COURT
 City State Zip Code
 BRENTWOOD TN 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Govt Rel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2541300528679
 Amount of Each Receipt this Period
 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 507.70
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 800 ALBANY AVENUE

City ALEXANDRIA State VA Zip Code 22302

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1923.20

Date of Receipt
09 / 30 / 2012
Transaction ID : PR2541300828679

Amount of Each Receipt this Period
192.32

P/R Deduction (\$96.16 Bi-Weekly)

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

Mailing Address 5338 SPILMAN AVENUE

City SACRAMENTO State CA Zip Code 95819

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
09 / 30 / 2012
Transaction ID : PR2542024528679

Amount of Each Receipt this Period
100.00

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

C. MATTHEW D ONSTOTT
Full Name (Last, First, Middle Initial)

Mailing Address 2324 LA SENDA STREET

City SANTA FE State NM Zip Code 87505

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

Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
09 / 30 / 2012
Transaction ID : PR2542024628679

Amount of Each Receipt this Period
40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	332.32
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. BRENDAN HOSTETLER		Date of Receipt
Mailing Address 3643 N SEELEY AVENUE #2		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Transaction ID : PR2542541928679
CHICAGO	IL	Amount of Each Receipt this Period
Zip Code		<input type="text" value="60.00"/>
60618		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$30.00 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	Govt Rel Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. JENNIFER L MCMULLEN		Date of Receipt
Mailing Address 857 GLENBROOK DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Transaction ID : PR2542542128679
ATLANTA	GA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="50.00"/>
30318		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	Govt Rel Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. RICHARD E RAMSAY		Date of Receipt
Mailing Address 543 E LURAY AVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Transaction ID : PR2542542228679
ALEXANDRIA	VA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="100.00"/>
22301		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	P/R Deduction (\$50.00 Bi-Weekly)
Name of Employer	Occupation	
United HealthCare Services Inc	Govt Rel Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="210.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. IPYANA SPENCER
Full Name (Last, First, Middle Initial)
Mailing Address 4226 40TH STREET NORTH

City ARLINGTON	State VA	Zip Code 22207
-------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2542542328679

Amount of Each Receipt this Period

60.00

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

B. ANNE YAU
Full Name (Last, First, Middle Initial)
Mailing Address 9905 WOODLAND DRIVE

City SILVER SPRING	State MD	Zip Code 20902
-----------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Govt Rel Mgr
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2543582528679

Amount of Each Receipt this Period

30.00

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

C. CHANTA G COMBS
Full Name (Last, First, Middle Initial)
Mailing Address 4229 SUMMERTREE DRIVE

City TALLAHASSEE	State FL	Zip Code 32311
---------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Govt Rel Dir
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **769.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2552313528679

Amount of Each Receipt this Period

76.92

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

SUBTOTAL of Receipts This Page (optional).....	166.92
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RICHARD N BAER
Full Name (Last, First, Middle Initial)

Mailing Address 6356 SMITHTOWN ROAD

City EXCELSIOR State MN Zip Code 55331

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

Name of Employer United HealthCare Services Inc Occupation EVP Gen Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.02

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2552960528679

Amount of Each Receipt this Period 833.34

P/R Deduction (\$416.67 Bi-Weekly)

B. KEVIN BROOKS
Full Name (Last, First, Middle Initial)

Mailing Address 2750 FOUNTAIN LANE NORTH

City PLYMOUTH State MN Zip Code 55447

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

Name of Employer United HealthCare Services Inc Occupation Dir Mktg/Prod DB

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2552961028679

Amount of Each Receipt this Period 28.00

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

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

Mailing Address 20 VERMILION CLIFFS

City ALISO VIEJO State CA Zip Code 92656

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

Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2552961228679

Amount of Each Receipt this Period 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 889.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JEREMY VAUGHN BRYANT
 Full Name (Last, First, Middle Initial)
 Mailing Address 11700 ARBORHILL DRIVE
 City ZIONSVILLE State IN Zip Code 46077
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2552961328679
 Amount of Each Receipt this Period 70.00
 P/R Deduction (\$35.00 Bi-Weekly)

B. MICHAEL A EHLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 10051 VALLEY RIDGE COURT
 City LAS VEGAS State NV Zip Code 89148
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Plan of Nevada Occupation Dir Apps Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2552962228679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. SCOTT F FLANNERY
 Full Name (Last, First, Middle Initial)
 Mailing Address 8508 TRELADY CT
 City PLANO State TX Zip Code 75024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2552962328679
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	176.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 93 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 11515 FRIARS WALK TERRACE

City State Zip Code
 GLEN ALLEN VA 23059

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Hlth Econ Outc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR2552962528679

Amount of Each Receipt this Period
 280.00

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

Full Name (Last, First, Middle Initial)
B. WILLIAM W GWINN JR

Mailing Address 9302 CENTURY OAK COURT

City State Zip Code
 BRENTWOOD TN 37027

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.80

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR2552962628679

Amount of Each Receipt this Period
 28.08

P/R Deduction (\$14.04 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. CLAIRE L HANNAN

Mailing Address 25932 PORTAFINO DRIVE

City State Zip Code
 MISSION VIEJO CA 92691

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

Name of Employer Occupation
 United HealthCare Services Inc VP Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR2552962728679

Amount of Each Receipt this Period
 78.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.08

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. OREN J HERMEL		Date of Receipt
Mailing Address 7705 WALDEN BLVD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
WAUSAU	WI	54401
FEC ID number of contributing federal political committee.		Transaction ID : PR2552962828679
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="280.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	Dir IT	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) B. GREGORY J JAMES		Date of Receipt
Mailing Address 2323 KINGS POINT DRIVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
LARGO	FL	33774
FEC ID number of contributing federal political committee.		Transaction ID : PR2552963228679
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
United HealthCare Services Inc	Med Dir	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="780.00"/>	

Full Name (Last, First, Middle Initial) C. JARRETT T JEDLICKA		Date of Receipt
Mailing Address 13852 BIRCHWOOD AVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
ROSEMOUNT	MN	55068
FEC ID number of contributing federal political committee.		Transaction ID : PR2552963328679
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="80.00"/>
Name of Employer	Occupation	P/R Deduction (\$40.00 Bi-Weekly)
United HealthCare Services Inc	Dir Traffic/Workforce	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="186.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. BRADLEY C JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 6705 SOUTHCREST DRIVE

City EDINA	State MN	Zip Code 55435
---------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Bus Process
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2552963428679

Amount of Each Receipt this Period

280.00

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

B. BENJAMIN T KEHL
Full Name (Last, First, Middle Initial)

Mailing Address 19619 CALUMET COURT

City FARMINGTON	State MN	Zip Code 55024
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2552963528679

Amount of Each Receipt this Period

80.00

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

C. NARASIMHAN KIDAMBI
Full Name (Last, First, Middle Initial)

Mailing Address 18477 85TH AVE N

City MAPLE GROVE	State MN	Zip Code 55311
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FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthCare Services Inc	Occupation Assc Dir Bus Anlys
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2552963828679

Amount of Each Receipt this Period

40.00

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

SUBTOTAL of Receipts This Page (optional).....▶	148.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. JULIE K MACLEOD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15314 JEFFERS PASS NW
 City PRIOR LAKE State MN Zip Code 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Human Capital Partner Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2552964428679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. MICHELLE MARTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 149 WILLIAMSBURG COURT
 City ALBANY State NY Zip Code 12203
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Govt Rel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2552964728679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. CARL A MATTSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 405 ELIZABETH COURT
 City SCHENECTADY State NY Zip Code 12303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2552964828679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	84.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 97 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. REBECCA BALLARD MCCABE
 Mailing Address 111 CONNORS CIRCLE
 City State Zip Code
 CARY NC 27511
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA Sr SIs Exec
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2552964928679
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. LESLIE K PAULUS
 Mailing Address 305 E TUCKEY LN
 City State Zip Code
 PHOENIX AZ 85012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Med Dir
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2552965228679
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. GARY W PEKA
 Mailing Address 1122 FALLS CURVE
 City State Zip Code
 CHASKA MN 55318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Six Sigma Cnslt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2552965328679
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 98 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. DONALD W POTTER JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 FULLER LANE
 City WINNETKA State IL Zip Code 60093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation NA VP Clnt Relhips
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2552965428679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. KRISTINE G SAMSEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 91 WAVERLY RD
 City HUNTINGTON State CT Zip Code 06484
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Prov Data
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2552965728679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. THOMAS D SCIUTO
 Full Name (Last, First, Middle Initial)
 Mailing Address 160 ACORN LANE
 City MILFORD State CT Zip Code 06461
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2552966128679
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 134.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. BARRY R STREIT
Full Name (Last, First, Middle Initial)

Mailing Address 5421 KELLOGG AVENUE

City EDINA State MN Zip Code 55424

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

Name of Employer United HealthCare Services Inc Occupation RVP Medicr Field Sls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2552966728679

Amount of Each Receipt this Period **78.00**

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

B. ANN R TINKER
Full Name (Last, First, Middle Initial)

Mailing Address 2125 SPURS COURT

City LAS VEGAS State NV Zip Code 89135

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

Name of Employer United HealthCare Services Inc Occupation Regl Affs Sr Cnslt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **236.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2552966828679

Amount of Each Receipt this Period **28.00**

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

C. THOMAS C VANDERHEYDEN
Full Name (Last, First, Middle Initial)

Mailing Address 534 WAYZATA BLVD E

City WAYZATA State MN Zip Code 55391

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

Name of Employer United HealthCare Services Inc Occupation VP Prod

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2552966928679

Amount of Each Receipt this Period **28.00**

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

SUBTOTAL of Receipts This Page (optional)..... **134.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. AARON C WACKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4704 CAVAN ROAD
 City MOUND State MN Zip Code 55364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Mgr Apps Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2552967028679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. WILLIAM OWEN WILLIAMS II
 Full Name (Last, First, Middle Initial)
 Mailing Address 12419 BELLINGRATH STREET
 City CARMEL State IN Zip Code 46032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Golden Rule Insurance Company Occupation Assc Gen Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2552967128679
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

C. MARK W HENRY
 Full Name (Last, First, Middle Initial)
 Mailing Address 2237 REGAL COURT
 City MURFREESBORO State TN Zip Code 37129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Ntwk Prgms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2553474428679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 136.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. SCOTT A NAASZ
 Full Name (Last, First, Middle Initial)
 Mailing Address 14327 BLUEBIRD TRAIL NE
 City PRIOR LAKE State MN Zip Code 55372
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Cust Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2553474728679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. MONICA L RAYBURN
 Full Name (Last, First, Middle Initial)
 Mailing Address 688 WEST SYCAMORE
 City VERNON HILLS State IL Zip Code 60061
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Clms
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2553475128679
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. ANDREW J SULLIVAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1101 ROSEWOOD DRIVE
 City ATLANTA State GA Zip Code 30306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SVP OptumI Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2553475328679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	134.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 102 OF 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. RICHARD D THOMAS		Date of Receipt MM / DD / YYYY 09 / 30 / 2012
Mailing Address 5121 DUPONT AVENUE SOUTH		Transaction ID : PR2553475428679
City MINNEAPOLIS	State MN	Zip Code 55419
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 194.00	
Name of Employer United HealthCare Services Inc	Occupation VP Gen Mgmt	P/R Deduction (\$97.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1940.00	

Full Name (Last, First, Middle Initial) B. DENEEN VOJTA		Date of Receipt MM / DD / YYYY 09 / 30 / 2012
Mailing Address 5201 KELLOGG AVENUE		Transaction ID : PR2553475528679
City EDINA	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 386.00	
Name of Employer United HealthCare Services Inc	Occupation SVP Bus Initi Clin Aff	P/R Deduction (\$193.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3860.00	

Full Name (Last, First, Middle Initial) C. DANIEL J ZERAFI		Date of Receipt MM / DD / YYYY 09 / 30 / 2012
Mailing Address 61234 ADMIRAL DRIVE		Transaction ID : PR2553475728679
City WASHINGTON TOWNSHIP	State MI	Zip Code 48094
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 28.00	
Name of Employer United HealthCare Services Inc	Occupation VP IT	P/R Deduction (\$14.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

SUBTOTAL of Receipts This Page (optional).....▶	608.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 160
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 17402 SAINT THERESA DRIVE

City OLNEY	State MD	Zip Code 20832
---------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Assc Gen Counsel
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2554012728679

Amount of Each Receipt this Period

28.00

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

B. DINO J COLALUCA
Full Name (Last, First, Middle Initial)

Mailing Address 23314 EVAN COURT NORTH

City NEW BOSTON	State MI	Zip Code 48164
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2554012828679

Amount of Each Receipt this Period

28.00

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

C. SHELLY A ESPINOSA
Full Name (Last, First, Middle Initial)

Mailing Address 4060 WHITE OAK LANE

City EXCELSIOR	State MN	Zip Code 55331
-------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Found/Social Resp
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2554012928679

Amount of Each Receipt this Period

28.00

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

SUBTOTAL of Receipts This Page (optional).....▶	84.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 104 OF 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. KARSTEN S FLAGSTAD
 Full Name (Last, First, Middle Initial)
 Mailing Address 13420 JAY ST NW
 City ANDOVER State MN Zip Code 55304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Info Tech
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 841.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2554013028679
 Amount of Each Receipt this Period 139.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. PATRICK J MEYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 20676 HAZELWOOD TRAIL
 City LAKEVILLE State MN Zip Code 55044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Intl Aud Adv Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2554013128679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. THOMAS W MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address 10733 TAVISTOCK DRIVE
 City TAMPA State FL Zip Code 33626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation PS VP SIs Regn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2554013228679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	195.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. GREGORY D REIDY
Full Name (Last, First, Middle Initial)

Mailing Address 1016 BLAKEFIELD DRIVE

City BRENTWOOD	State TN	Zip Code 37027
-------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2554013328679

Amount of Each Receipt this Period
28.00

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

B. ASIR U AHMAD
Full Name (Last, First, Middle Initial)

Mailing Address 1935 HILLWOOD DRIVE

City BLOOMFIELD HILLS	State MI	Zip Code 48304
--------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2560064028679

Amount of Each Receipt this Period
28.00

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

C. JOY L ALEXANDER
Full Name (Last, First, Middle Initial)

Mailing Address 7624 HASKELL FLATS DRIVE

City LAS VEGAS	State NV	Zip Code 89128
-------------------	-------------	-------------------

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

Name of Employer Health Plan of Nevada	Occupation Assc Dir Mktg
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2560064128679

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional).....▶	84.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JIM L BENNETT
Full Name (Last, First, Middle Initial)

Mailing Address 3724 PINE TIP ROAD

City TALLAHASSEE State FL Zip Code 32312

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR2560064228679

Amount of Each Receipt this Period
 280.00

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

B. DANIEL J CLUTE
Full Name (Last, First, Middle Initial)

Mailing Address 6017 N 68TH STREET

City OMAHA State NE Zip Code 68104

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1940.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR2560064428679

Amount of Each Receipt this Period
 194.00

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

C. CRAIG W GAGE
Full Name (Last, First, Middle Initial)

Mailing Address 5724 EAGLEMOUNT CIRCLE

City LITHIA State FL Zip Code 33547

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : PR2560064728679

Amount of Each Receipt this Period
 78.00

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. PAULA A GAZELEY		Date of Receipt
Mailing Address 36 MAYFAIR ROAD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
WYNANTSKILL	NY	12198
FEC ID number of contributing federal political committee.		Transaction ID : PR2560064828679
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="280.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	Strat Clnt Exec EmpireRx	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DONALD J GIANCURSIO		Date of Receipt
Mailing Address 72 MIDNIGHT RIDGE DR		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
LAS VEGAS	NV	89135
FEC ID number of contributing federal political committee.		Transaction ID : PR2560064928679
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="386.00"/>
Name of Employer	Occupation	P/R Deduction (\$193.00 Bi-Weekly)
Health Plan of Nevada	Hlth Plan CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3860.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. STEVEN G HOLM		Date of Receipt
Mailing Address 9369 GLACIER ROAD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
MINNETRISTA	MN	55375
FEC ID number of contributing federal political committee.		Transaction ID : PR2560065028679
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="28.00"/>
Name of Employer	Occupation	P/R Deduction (\$14.00 Bi-Weekly)
United HealthCare Services Inc	IT Proj Mgr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="280.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="442.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 108 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JERI L JONES
Full Name (Last, First, Middle Initial)

Mailing Address 512 W ORANGEWOOD AVE

City PHOENIX State AZ Zip Code 85021

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2560065128679

Amount of Each Receipt this Period
78.00

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

B. SHELDON LIPPMAN
Full Name (Last, First, Middle Initial)

Mailing Address 55 CLIFFFIELD ROAD

City BEDFORD State NY Zip Code 10506

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

Name of Employer United HealthCare Services Inc Occupation Med Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1940.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2560065428679

Amount of Each Receipt this Period
194.00

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

C. ANGELA L LOBERG
Full Name (Last, First, Middle Initial)

Mailing Address 2837 EAST PARK PLACE

City MILWAUKEE State WI Zip Code 53211

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

Name of Employer United HealthCare Services Inc Occupation SB VP SIs Acct Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1940.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2560065528679

Amount of Each Receipt this Period
194.00

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

SUBTOTAL of Receipts This Page (optional)..... **466.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 109 OF 160
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. JEFFREY D LUCHT		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR2560065628679
Mailing Address 191 MAIN ST		Amount of Each Receipt this Period 194.00
City S GLASTONBURY	State CT	Zip Code 06073
FEC ID number of contributing federal political committee. C		P/R Deduction (\$97.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation SVP Act Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1940.00	

Full Name (Last, First, Middle Initial) B. KEVIN MICHAEL MARONEY		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR2560065728679
Mailing Address 5052 NORMAN DRIVE		Amount of Each Receipt this Period 28.00
City MINNETONKA	State MN	Zip Code 55345
FEC ID number of contributing federal political committee. C		P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Assc Gen Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

Full Name (Last, First, Middle Initial) C. DAVID MILICH		Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : PR2560066028679
Mailing Address 2702 BIRCHMERE COURT		Amount of Each Receipt this Period 78.00
City KATY	State TX	Zip Code 77450
FEC ID number of contributing federal political committee. C		P/R Deduction (\$39.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 780.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. WILLIAM B O'BRYANT		Date of Receipt
Mailing Address 22191 WESTCLIFF		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
MISSION VIEJO	CA	92692
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2560066128679
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	Sr Med Dir	<input type="text" value="28.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) B. RICHARD A PERRIER		Date of Receipt
Mailing Address 9502 MANY MILE MEWS		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
COLUMBIA	MD	21046
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2560066228679
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	KA VP Acct Mgmt	<input type="text" value="28.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

Full Name (Last, First, Middle Initial) C. DONALD G ROWE		Date of Receipt
Mailing Address 5 LANTERN LANE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
MAYNARD	MA	01754
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2560066528679
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	KA Dir of AM producing	<input type="text" value="28.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="280.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="84.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 111 OF 160
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. DENISE VAIL		Date of Receipt 09 / 30 / 2012 Transaction ID : PR2560066828679
Mailing Address 35 CLEVELAND AVENUE		Amount of Each Receipt this Period 280.00
City SAYVILLE State NY Zip Code 11782	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt	Aggregate Year-to-Date 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. DEBRA C COLLINS		Date of Receipt 09 / 30 / 2012 Transaction ID : PR2560398028679
Mailing Address 3862 CARRIAGE HILL DRIVE		Amount of Each Receipt this Period 300.00
City FREDERICK State MD Zip Code 21704	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Prgms	Aggregate Year-to-Date 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KRISTA J DICKMAN		Date of Receipt 09 / 30 / 2012 Transaction ID : PR2560398128679
Mailing Address 2533 ONYX DRIVE		Amount of Each Receipt this Period 280.00
City SHAKOPEE State MN Zip Code 55379	FEC ID number of contributing federal political committee. C	P/R Deduction (\$14.00 Bi-Weekly)
Name of Employer United HealthCare Services Inc Occupation Dir Finance	Aggregate Year-to-Date 280.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	86.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 112 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. GEORGE N KOREAN

Mailing Address 6 VERANO

City State Zip Code
 FOOTHILL RANCH CA 92610

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

Name of Employer Occupation
 United HealthCare Services Inc Dir Act Svs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR2560398528679

Amount of Each Receipt this Period
 280.00

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

Full Name (Last, First, Middle Initial)
B. TIMOTHY J NOEL

Mailing Address 4408 THOMAS AVE SOUTH

City State Zip Code
 MINNEAPOLIS MN 55410

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

Name of Employer Occupation
 United HealthCare Services Inc VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR2560398828679

Amount of Each Receipt this Period
 78.00

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

Full Name (Last, First, Middle Initial)
C. JAMES CRONIN

Mailing Address 20700 DELTA DRIVE

City State Zip Code
 GAITHERSBURG MD 20882

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

Name of Employer Occupation
 United HealthCare Services Inc Hlth Plan CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 769.20

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR2560821128679

Amount of Each Receipt this Period
 76.92

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 182.92

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 113 OF 160
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. PATRICK J O'BRIEN
Full Name (Last, First, Middle Initial)

Mailing Address 33 BARRINGTON DRIVE

City BEDFORD State NH Zip Code 03110

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

Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2560821428679

Amount of Each Receipt this Period 28.00

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

B. MARIE A PERO
Full Name (Last, First, Middle Initial)

Mailing Address 516 APPLE LANE

City HARLEYSVILLE State PA Zip Code 19438

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

Name of Employer United HealthCare Services Inc Occupation Dir Prod

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2560821528679

Amount of Each Receipt this Period 28.00

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

C. JOY M STEPHENS
Full Name (Last, First, Middle Initial)

Mailing Address 7320 YORK AVE N

City BROOKLYN PARK State MN Zip Code 55443

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

Name of Employer United HealthCare Services Inc Occupation Sr Bus Anlys Consltn

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2560821628679

Amount of Each Receipt this Period 28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 114 OF 160
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. BRIAN W LUND		Date of Receipt
Mailing Address 464 EAST NORTH AVE		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
GRANTSBURG	WI	54840
FEC ID number of contributing federal political committee.		Transaction ID : PR2561457628679
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
United HealthCare Services Inc	Mgr Tax	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="530.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. LARRY W CAVANAUGH		Date of Receipt
Mailing Address 520 NE 20TH ST # 1010		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
FORT LAUDERDALE	FL	33305
FEC ID number of contributing federal political committee.		Transaction ID : PR2563211028679
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="78.00"/>
Name of Employer	Occupation	P/R Deduction (\$39.00 Bi-Weekly)
United HealthCare Services Inc	Spc Ben Govt Dntl Sls Mgr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="780.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. KATHLEEN R CRAMPTON		Date of Receipt
Mailing Address 2335 SOUTH OCEAN BLVD B5		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
PALM BEACH	FL	33480
FEC ID number of contributing federal political committee.		Transaction ID : PR2563211128679
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	P/R Deduction (\$100.00 Bi-Weekly)
United HealthCare Services Inc	Plan Pres	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="356.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

A. JACQULYN M BARTON
Full Name (Last, First, Middle Initial)

Mailing Address 1587 112 TH COURT WEST

City Inver Grove Heights State MN Zip Code 55077

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

Name of Employer: United HealthCare Services Inc Occupation: VP Human Capital Partner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt: 09 / 30 / 2012
Transaction ID : PR2563211228679

Amount of Each Receipt this Period: **280.00**

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

B. JENNIFER F WALSH
Full Name (Last, First, Middle Initial)

Mailing Address 3116 4TH STREET NORTH

City ARLINGTON State VA Zip Code 22201

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

Name of Employer: United HealthCare Services Inc Occupation: Dir Govt Rel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1940.00**

Date of Receipt: 09 / 30 / 2012
Transaction ID : PR2564296828679

Amount of Each Receipt this Period: **194.00**

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

C. ARTHUR R MILLER
Full Name (Last, First, Middle Initial)

Mailing Address 5009 ASHINGTON LANDING DRIVE

City TAMPA State FL Zip Code 33647

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3333.40**

Date of Receipt: 09 / 30 / 2012
Transaction ID : PR2564296928679

Amount of Each Receipt this Period: **333.34**

P/R Deduction (\$166.67 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	555.34
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 116 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. ANDREW C MACKENZIE
 Full Name (Last, First, Middle Initial)
 Mailing Address 1912 IRVING AVE S
 City State Zip Code
 MINNEAPOLIS MN 55403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Bus Segment CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2564297128679
 Amount of Each Receipt this Period
 200.00
 P/R Deduction (\$100.00 Bi-Weekly)

B. STEPHEN E SWANSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 3001 HUNTINGTON COURT
 City State Zip Code
 KATY TX 77493
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc KA VP Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2564297328679
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. HARVEY J BALTHASER
 Full Name (Last, First, Middle Initial)
 Mailing Address 11417 ARCHSTONE DR
 City State Zip Code
 AUSTIN TX 78739
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2564297528679
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 356.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 117 OF 160
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 18615 CHARLEVOIX LANE

City CHESTERFIELD State MO Zip Code 63005

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

Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
09 / 30 / 2012
Transaction ID : PR2564297628679

Amount of Each Receipt this Period
28.00

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

B. ELLEN L DAMATO
Full Name (Last, First, Middle Initial)

Mailing Address 1300 DALHART DRIVE

City ALLEN State TX Zip Code 75013

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

Name of Employer United HealthCare Services Inc Occupation Dir Ntwk Contrctng

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
09 / 30 / 2012
Transaction ID : PR2564802228679

Amount of Each Receipt this Period
28.00

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

C. JOSH A WILLSON
Full Name (Last, First, Middle Initial)

Mailing Address 704 SUELLEN CIR

City COLLEYVILLE State TX Zip Code 76034

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

Name of Employer United HealthCare Services Inc Occupation SB VP SIs Acct Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
09 / 30 / 2012
Transaction ID : PR2564802528679

Amount of Each Receipt this Period
28.00

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

SUBTOTAL of Receipts This Page (optional)..... ▶ 84.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 118 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. CHRISTOPHER CHARLES CARLSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 12801 OVERLOOK ROAD
 City DAYTON State MN Zip Code 55327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2564802628679
 Amount of Each Receipt this Period 40.00
 P/R Deduction (\$20.00 Bi-Weekly)

B. PAUL DANIEL HANSEN
 Full Name (Last, First, Middle Initial)
 Mailing Address 18430 62ND PLACE NORTH
 City MAPLE GROVE State MN Zip Code 55311
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Controller Mkt Group
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2564802728679
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. PHYLLIS DOZIER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4825 KNOX AVENUE SOUTH
 City MINNEAPOLIS State MN Zip Code 55419-5238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP, Human Capital Dvlpmnt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2564802828679
 Amount of Each Receipt this Period 2500.00
 P/R Deduction (\$2500.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2734.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MARYELLEN GOODWIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1678 BRIDGEWATER DRIVE
 City LAKE MARY State FL Zip Code 32746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation KA VP Sls Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2564802928679
 Amount of Each Receipt this Period 280.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. ELIZABETH D MORAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 2231 BENT TREE LANE
 City MENDOTA HEIGHTS State MN Zip Code 55120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Chief Complnc/Ethics Off
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2564803128679
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. KATHERINE L KENNY
 Full Name (Last, First, Middle Initial)
 Mailing Address 22408 FITZGERALD DRIVE
 City LAYTONSVILLE State MD Zip Code 20882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB VP of Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2564803228679
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. PAUL O MARDEN
Full Name (Last, First, Middle Initial)
Mailing Address 718 HICKORY HILL RD
City FRANKLIN LAKES State NJ Zip Code 07417
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation KA VP Sls Acct Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2564803328679
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

B. MARK BELLMAN
Full Name (Last, First, Middle Initial)
Mailing Address 5601 VAN WINKLE LN
City AUSTIN State TX Zip Code 78739
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation SB VP Sls Acct Mgmt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2564803528679
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

C. WILLIAM T MCENERY
Full Name (Last, First, Middle Initial)
Mailing Address 2012 HUMBOLDT AVENUE SOUTH
City MINNEAPOLIS State MN Zip Code 55405
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2564803628679
Amount of Each Receipt this Period 200.00
P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 306.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 121 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. LISA R WRIGHT
 Mailing Address 1512 PARK BLVD
 City State Zip Code
 CHERRY HILL NJ 08002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Prod Mgr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2564803728679
 Amount of Each Receipt this Period
 280.00
 P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
B. TAMMY A O'HARE
 Mailing Address 2420 SAINT GEORGE WAY
 City State Zip Code
 BROOKEVILLE MD 20833
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc SB VP Sls Acct Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 780.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2564803928679
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. DEBRA J BERNS
 Mailing Address 2553 WASHBURN AVENUE SOUTH
 City State Zip Code
 MINNEAPOLIS MN 55416
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Sr Deputy Gen Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1940.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2564804028679
 Amount of Each Receipt this Period
 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. BARRY HOFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 10464 SHELTER GROVE
 City EDEN PRAIRIE State MN Zip Code 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2564804128679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

B. KATHRYN S RUBIN
 Full Name (Last, First, Middle Initial)
 Mailing Address 310 SYCAMORE LANE
 City PLYMOUTH State MN Zip Code 55441
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Social Resp/Pres Found
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1940.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2564804328679
 Amount of Each Receipt this Period 194.00
 P/R Deduction (\$97.00 Bi-Weekly)

C. MELISSA A EASON
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 COLBY COVE
 City AUSTIN State TX Zip Code 78723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Regl Affs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : PR2564804428679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. JARROD A FORBES
Full Name (Last, First, Middle Initial)

Mailing Address 2121 PARK FOREST DRIVE

City CHESTERFIELD	State MO	Zip Code 63017
----------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Dir Govt Rel
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2564804528679

Amount of Each Receipt this Period

800.00

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

B. DONNA M CRAIG
Full Name (Last, First, Middle Initial)

Mailing Address 10761 INDEPENDENCE WAY

City CARMEL	State IN	Zip Code 46032
----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Regn Exec
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2565448828679

Amount of Each Receipt this Period

28.00

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

C. CHRISTINE M ANDERSON
Full Name (Last, First, Middle Initial)

Mailing Address 4300 REILAND LANE

City SHOREVIEW	State MN	Zip Code 55126-3129
-------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2565448928679

Amount of Each Receipt this Period

2500.00

P/R Deduction (\$2500.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	2608.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. NORINE YUKON

Mailing Address 4904 BALCONES DRIVE

City AUSTIN State TX Zip Code 78731

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

Name of Employer: United HealthCare Services Inc Occupation: Plan Pres

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt: 09 / 30 / 2012
Transaction ID : PR2565449028679

Amount of Each Receipt this Period: **28.00**

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

Full Name (Last, First, Middle Initial)
B. NEIL A MANSUKHANI

Mailing Address 4215 LAUREL RIDGE CIRCLE

City WESTON State FL Zip Code 33331

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

Name of Employer: United HealthCare Services Inc Occupation: SB Dir PEO Sls

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt: 09 / 30 / 2012
Transaction ID : PR2567129428679

Amount of Each Receipt this Period: **28.00**

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

Full Name (Last, First, Middle Initial)
C. DENISE V ZAMORE

Mailing Address 12 NOLAN CIRCLE

City MANCHESTER State CT Zip Code 06042

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

Name of Employer: United HealthCare Services Inc Occupation: Assc Gen Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt: 09 / 30 / 2012
Transaction ID : PR2567129528679

Amount of Each Receipt this Period: **28.00**

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

SUBTOTAL of Receipts This Page (optional)..... **84.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ROBERT EDWARD CLARK
 Full Name (Last, First, Middle Initial)
 Mailing Address 3220 XANTHUS LANE NORTH
 City PLYMOUTH State MN Zip Code 55447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Mktg Bus Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2567129628679
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. WENDY D ARNONE
 Full Name (Last, First, Middle Initial)
 Mailing Address N62W13531 SUNBRUST DRIVE
 City MENOMONEE FALLS State WI Zip Code 53051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2568900528679
 Amount of Each Receipt this Period 100.00
 P/R Deduction (\$50.00 Bi-Weekly)

C. KENDALL B MARSH
 Full Name (Last, First, Middle Initial)
 Mailing Address N72 W24078 CRAVEN DR
 City SUSSEX State WI Zip Code 53089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation SB Dir Acct Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2568900628679
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	256.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 126 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. MATTHEW H STEARNS
 Full Name (Last, First, Middle Initial)
 Mailing Address 5131 MASSACHUSETTS AVENUE
 City State Zip Code
 BETHESDA MD 20816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Comm
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 702.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR2571777928679
 Amount of Each Receipt this Period
 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. CHRISTOPHER A PARRILLO
 Full Name (Last, First, Middle Initial)
 Mailing Address 9501 WEXCROFT DRIVE
 City State Zip Code
 BRENTWOOD TN 37027
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc Dir Ntwk Contrctng
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 252.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR2571778228679
 Amount of Each Receipt this Period
 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. BRUCE E MOYER
 Full Name (Last, First, Middle Initial)
 Mailing Address 18426 MAGENTA BAY
 City State Zip Code
 EDEN PRAIRIE MN 55347
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 United HealthCare Services Inc VP Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 277.00

Date of Receipt
 09 / 30 / 2012
Transaction ID : PR2571778328679
 Amount of Each Receipt this Period
 53.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	159.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 127 OF 160
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. JAMES E BAKER
Full Name (Last, First, Middle Initial)

Mailing Address 215 FORREST LAKE ROAD

City ALPHARETTA	State GA	Zip Code 30022
--------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation KA Sr SIs Exec
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt
 / /
Transaction ID : PR2572588728679

Amount of Each Receipt this Period

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

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

Mailing Address 715 WOODSCAPE TRAIL

City ALPHARETTA	State GA	Zip Code 30022
--------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation Hlth Plan CEO
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **663.00**

Date of Receipt
 / /
Transaction ID : PR2572588828679

Amount of Each Receipt this Period

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

C. MARCUS A ROBINSON
Full Name (Last, First, Middle Initial)

Mailing Address 595 JEFFERSON CHASE ST

City ATLANTA	State GA	Zip Code 30354
-----------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation SB Mgr SIs Producing
--	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt
 / /
Transaction ID : PR2572588928679

Amount of Each Receipt this Period

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

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="134.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. ANNEMARIE L HARTWIG
 Full Name (Last, First, Middle Initial)
 Mailing Address 9432 W 157TH PLACE
 City OVERLAND PARK State KS Zip Code 66221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Ntwk Prgm Mgr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2572589228679
 Amount of Each Receipt this Period 30.00
 P/R Deduction (\$15.00 Bi-Weekly)

B. SHAUN R JACQUET
 Full Name (Last, First, Middle Initial)
 Mailing Address 4332 FOREST RIDGE DRIVE
 City GREEN BAY State WI Zip Code 54313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Cust Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2572589328679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. JEFFREY P DEAN
 Full Name (Last, First, Middle Initial)
 Mailing Address W5912 DEAN ROAD
 City TOMAHAWK State WI Zip Code 54487
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2572589428679
 Amount of Each Receipt this Period 80.00
 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 138.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1502 EAST AVENUE NORTH

City ONALASKA State WI Zip Code 54650

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

Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2572589528679

Amount of Each Receipt this Period **28.00**

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

B. JOSEPH A GRAY
Full Name (Last, First, Middle Initial)

Mailing Address 19480 ELBERT POINT

City SHOREWOOD State MN Zip Code 55331

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

Name of Employer United HealthCare Services Inc Occupation Human Capital Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **238.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2572589828679

Amount of Each Receipt this Period **28.00**

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

C. KEVIN JAMES CARLSON
Full Name (Last, First, Middle Initial)

Mailing Address 4909 WEST SUNNYSLOPE ROAD

City EDINA State MN Zip Code 55424

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

Name of Employer United HealthCare Services Inc Occupation Chief of Staff

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **663.00**

Date of Receipt **09 / 30 / 2012**

Transaction ID : PR2572590028679

Amount of Each Receipt this Period **78.00**

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

SUBTOTAL of Receipts This Page (optional)..... **134.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. CHARLES WACKER		Date of Receipt 09 / 30 / 2012 Transaction ID : PR2572590128679
Mailing Address 2747 WEST VIEW DRIVE		Amount of Each Receipt this Period 28.00
City NEW PRAGUE	State MN	Zip Code 56071
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Strat Clnt Rel Ex Optuml
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) B. CHRISTINE OBRIEN		Date of Receipt 09 / 30 / 2012 Transaction ID : PR2572590628679
Mailing Address 764 TOPAZ STREET		Amount of Each Receipt this Period 28.00
City NEW ORLEANS	State LA	Zip Code 70124
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation KA Dir Sls Acct Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 238.00	P/R Deduction (\$14.00 Bi-Weekly)

Full Name (Last, First, Middle Initial) C. JAMES R HARGIS		Date of Receipt 09 / 30 / 2012 Transaction ID : PR2572590728679
Mailing Address 1820 ROSEDALE		Amount of Each Receipt this Period 30.00
City EDMOND OKLAHOMA	State OK	Zip Code 73013
FEC ID number of contributing federal political committee. C	Name of Employer United HealthCare Services Inc	Occupation Mgr Pharm Ops
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	P/R Deduction (\$15.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	86.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. THERESA M CLARKE
 Full Name (Last, First, Middle Initial)
 Mailing Address 16644 GRAND AVE
 City BELLFLOWER State CA Zip Code 90706
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Assc Dir Utilization Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 663.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2572591128679
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. KIMBERLEY S MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 CELONOVA PLACE
 City Foothill Ranch State CA Zip Code 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Underwriting
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2572591228679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

C. WEI SUN
 Full Name (Last, First, Middle Initial)
 Mailing Address 7049 FIRENZA PL
 City DUBLIN State OH Zip Code 43016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Act Svs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 238.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2572591328679
 Amount of Each Receipt this Period 28.00
 P/R Deduction (\$14.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶ 134.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. THOMAS P WIFFLER
Full Name (Last, First, Middle Initial)
Mailing Address 1421 SOMERFIELD DRIVE
City BOLINGBROOK State IL Zip Code 60490
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Hlth Plan CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1552.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2572992728679
Amount of Each Receipt this Period 194.00
P/R Deduction (\$97.00 Bi-Weekly)

B. MICHAEL L BENSON
Full Name (Last, First, Middle Initial)
Mailing Address 2206 EAGLE VALLEY LN
City WAUSAU State WI Zip Code 54403
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Assc Dir Sls Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2573518928679
Amount of Each Receipt this Period 28.00
P/R Deduction (\$14.00 Bi-Weekly)

C. MICHAEL J MCGINNITY
Full Name (Last, First, Middle Initial)
Mailing Address 903 MCINDOE ST
City WAUSAU State WI Zip Code 54403
FEC ID number of contributing federal political committee. **C**
Name of Employer United HealthCare Services Inc Occupation Dir Clnt Svc Acct Mgt
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 585.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2573519028679
Amount of Each Receipt this Period 78.00
P/R Deduction (\$39.00 Bi-Weekly)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. JOHN C SICKELS		Date of Receipt
Mailing Address 1706 TALL OAKS		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
WAUSAU	WI	54403
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2573519128679
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	TPA NA VP SIs AM	<input type="text" value="78.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="585.00"/>	

Full Name (Last, First, Middle Initial) B. ANITA Q MESSAL		Date of Receipt
Mailing Address 16935 41ST AVE N		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
PLYMOUTH	MN	55446
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2573877028679
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP Gen Mgmt	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$125.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1750.00"/>	

Full Name (Last, First, Middle Initial) C. CARY J MCCARTY		Date of Receipt
Mailing Address 8800 RUMFIELD RD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
NORTH RICHLAND HILLS	TX	76182
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2575059428679
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	VP Gen Mgmt	<input type="text" value="78.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="468.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="406.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. PHEBE M CHAMPION		Date of Receipt
Mailing Address 5124 WEDMORE CT		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
NORTH LAS VEGAS	NV	89031
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2575108328679
Name of Employer	Occupation	Amount of Each Receipt this Period
Health Plan of Nevada	Assc Dir Cust Service	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$25.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. SCOTT THOMAS LYDON		Date of Receipt
Mailing Address 2 PLOWBOY PATH		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
COMMACK	NY	11725
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2575122228679
Name of Employer	Occupation	Amount of Each Receipt this Period
United HealthCare Services Inc	KA Dir Acct Mgmt	<input type="text" value="14.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$14.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="98.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. DEBORAH A WHEELER		Date of Receipt
Mailing Address 11046 ZAROD ROAD		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
LAS VEGAS	NV	89135
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : PR2575137228679
Name of Employer	Occupation	Amount of Each Receipt this Period
Health Plan of Nevada	Dir Clin Qlty	<input type="text" value="78.00"/>
Receipt For:	Aggregate Year-to-Date ▼	P/R Deduction (\$39.00 Bi-Weekly)
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="312.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="142.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 135 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. SCOTT G CASSANO
Full Name (Last, First, Middle Initial)

Mailing Address 8113 BANDOLEER CT

City LAS VEGAS State NV Zip Code 89131

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

Name of Employer Health Plan of Nevada Occupation Dir Prov Svc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : PR2575164428679

Amount of Each Receipt this Period
200.00

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

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

Mailing Address 10640 ECHO LAKE DRIVE

City ODESSA State FL Zip Code 33556

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

Name of Employer United HealthCare Services Inc Occupation VP Clms

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : PR2575194628679

Amount of Each Receipt this Period
80.00

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

C. MATTHEW MACKINNON SHORS
Full Name (Last, First, Middle Initial)

Mailing Address 4649 EWING AVENUE SOUTH

City MINNEAPOLIS State MN Zip Code 55410-1745

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

Name of Employer United HealthCare Services Inc Occupation Deputy General Counsel (Mgr)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : PR2575222328679

Amount of Each Receipt this Period
1000.00

P/R Deduction (\$1000.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	1280.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 136 OF 160
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. HOWARD CHARLES GILPIN JR
 Full Name (Last, First, Middle Initial)
 Mailing Address 1210 SHEPARD DRIVE
 City BLUE BELL State PA Zip Code 19422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Act Cnslt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2575224928679
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. JOHN J ESSLINGER
 Full Name (Last, First, Middle Initial)
 Mailing Address 4944 W 151ST TERRACE
 City LEAWOOD State KS Zip Code 66224
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Sr Med Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2575288928679
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. JEFFREY A GOLDBERG
 Full Name (Last, First, Middle Initial)
 Mailing Address 3410 BRADLEY LANE
 City CHEVY CHASE State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Strat Clnt Rel Ex Optuml
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2575326928679
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....▶	234.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 137 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. MICHAEL J TELESKY

Mailing Address 2602 PENNINGTON PLACE

City ValPARAISO State IN Zip Code 46383

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

Name of Employer United HealthCare Services Inc Occupation Spc Ben KA SB RVP SIs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **429.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : PR2575350928679

Amount of Each Receipt this Period
78.00

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

Full Name (Last, First, Middle Initial)
B. MARY J MURLEY

Mailing Address 2775 COUNTRYSIDE DRIVE WEST

City ORONO State MN Zip Code 55356-9675

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

Name of Employer United HealthCare Services Inc Occupation VP & Chief Actuary

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : PR2575443628679

Amount of Each Receipt this Period
2500.00

P/R Deduction (\$2500.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)
C. PAUL B HEBERT

Mailing Address 54 GREENWOOD DRIVE

City SOUTH WINDSOR State CT Zip Code 06074

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

Name of Employer United HealthCare Services Inc Occupation CEO Spclty Bens Dntl

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : PR2575522328679

Amount of Each Receipt this Period
250.00

P/R Deduction (\$125.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ► **2828.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1952 NORTHSTAR WAY
APT 325

City SAN MARCOS State CA Zip Code 92078

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

Name of Employer United HealthCare Services Inc Occupation Dir Bus Process

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
09 / 30 / 2012
Transaction ID : PR2575585628679

Amount of Each Receipt this Period
78.00

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

B. BRIAN SOLLER
Full Name (Last, First, Middle Initial)

Mailing Address 6424 ZIRCON LANE NORTH

City MAPLE GROVE State MN Zip Code 55311-1121

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

Name of Employer United HealthCare Services Inc Occupation VP, IT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
09 / 30 / 2012
Transaction ID : PR2575586728679

Amount of Each Receipt this Period
500.00

P/R Deduction (\$500.00 Bi-Weekly)

C. TERRENCE M CLARK
Full Name (Last, First, Middle Initial)

Mailing Address 8 COOPER AVENUE

City EDINA State MN Zip Code 55436

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

Name of Employer United HealthCare Services Inc Occupation Bus Segment CMO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.00**

Date of Receipt
09 / 30 / 2012
Transaction ID : PR2575636928679

Amount of Each Receipt this Period
194.00

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

SUBTOTAL of Receipts This Page (optional)..... **772.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. NANCY J SUBLETTE
Full Name (Last, First, Middle Initial)

Mailing Address 445 CLARA #24

City ST LOUIS State MO Zip Code 63112

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

Name of Employer United HealthCare Services Inc Occupation PS Dir Strat Accts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2575646928679

Amount of Each Receipt this Period 100.00

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

B. CARL E ALLEN
Full Name (Last, First, Middle Initial)

Mailing Address 8675 AZURE SKY DRIVE

City LAS VEGAS State NV Zip Code 89129

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

Name of Employer Southwest Medical Assoc. Inc. Occupation Phys Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 351.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2575669328679

Amount of Each Receipt this Period 78.00

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

C. CARLOS E ADAME
Full Name (Last, First, Middle Initial)

Mailing Address 42584 WHISTLE COURT

City TEMECULA State CA Zip Code 92592

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

Name of Employer United HealthCare Services Inc Occupation Human Capital Partner Mgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2575755428679

Amount of Each Receipt this Period 78.00

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

SUBTOTAL of Receipts This Page (optional).....▶ 256.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. DARREL A FARKUS
Full Name (Last, First, Middle Initial)

Mailing Address 15 WHITE OAK DRIVE

City ASBURY State NJ Zip Code 08802

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

Name of Employer United HealthCare Services Inc Occupation Dir Bus Dvlp

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt
09 / 30 / 2012

Transaction ID : PR2575797528679

Amount of Each Receipt this Period
78.00

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

B. LAURIE ERIN RUSSELL
Full Name (Last, First, Middle Initial)

Mailing Address 3108 SONIA DRIVE

City LAS VEGAS State NV Zip Code 89107

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

Name of Employer United HealthCare Services Inc Occupation Govt Rel Dir

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt
09 / 30 / 2012

Transaction ID : PR2575812128679

Amount of Each Receipt this Period
78.00

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

C. EDWARD JOHN SKOPAS
Full Name (Last, First, Middle Initial)

Mailing Address 43 JOEL DR

City HEBRON State CT Zip Code 06248

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

Name of Employer United HealthCare Services Inc Occupation VP Info Tech

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.00**

Date of Receipt
09 / 30 / 2012

Transaction ID : PR2575842728679

Amount of Each Receipt this Period
78.00

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

SUBTOTAL of Receipts This Page (optional)..... **234.00**

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

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

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

FOR LINE NUMBER: PAGE 141 OF 160
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. RONALD MILLER
 Full Name (Last, First, Middle Initial)
 Mailing Address 801 N FAIRWAY RD
 City GLENSIDE State PA Zip Code 19038
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Data/Res Anlyt Cnslt Assc Dir
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 351.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2575891528679
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

B. MARC T SALINAS
 Full Name (Last, First, Middle Initial)
 Mailing Address 1630 ROCK RIDGE DRIVE
 City PROSPER State TX Zip Code 75078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation Dir Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2575967928679
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

C. JUDITH GAGER PERLMAN
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 CANTERBURY LANE PO BOX 2108
 City VINEYARD HAVEN State MA Zip Code 02568
 FEC ID number of contributing federal political committee. **C**
 Name of Employer United HealthCare Services Inc Occupation VP Gen Mgmt
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 312.00

Date of Receipt 09 / 30 / 2012
Transaction ID : PR2575968928679
 Amount of Each Receipt this Period 78.00
 P/R Deduction (\$39.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 234.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. RESTOR JOHNSON
Full Name (Last, First, Middle Initial)

Mailing Address 2700 CRESCENT RIDGE ROAD

City MINNETONKA	State MN	Zip Code 55305
--------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Entrprs Real Estate Svs
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2576051628679

Amount of Each Receipt this Period

136.00

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

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

Mailing Address 503 HARRINGTON ROAD

City WAYZATA	State MN	Zip Code 55391-1512
-----------------	-------------	------------------------

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

Name of Employer United HealthCare Services Inc	Occupation Mkt Group CFO
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **386.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2576060028679

Amount of Each Receipt this Period

386.00

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

C. CHANDRA LUE TORGERSON
Full Name (Last, First, Middle Initial)

Mailing Address 5433 10TH AVENUE SOUTH

City MINNEAPOLIS	State MN	Zip Code 55417
---------------------	-------------	-------------------

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

Name of Employer United HealthCare Services Inc	Occupation VP Med Clin Ops
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2012

Transaction ID : PR2576128628679

Amount of Each Receipt this Period

78.00

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

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 160
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. TERRI M JACQUE
Full Name (Last, First, Middle Initial)

Mailing Address 10508 MORNING DROP AVE

City LAS VEGAS State NV Zip Code 89129

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

Name of Employer Health Plan of Nevada Occupation Assc Dir Utilization Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : PR2576132428679

Amount of Each Receipt this Period
78.00

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

B. DAVID W BROWN
Full Name (Last, First, Middle Initial)

Mailing Address 553 CAMBRIDGE ROAD

City TURNERSVILLE State NJ Zip Code 08012

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

Name of Employer United HealthCare Services Inc Occupation Dir Mktg

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : PR2576158828679

Amount of Each Receipt this Period
78.00

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

C. DANIEL J KENIRY
Full Name (Last, First, Middle Initial)

Mailing Address 5553 LITTLE FALLS ROAD

City ARLINGTON State VA Zip Code 22207

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

Name of Employer United HealthCare Services Inc Occupation VP Gov't Rel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **873.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2012

Transaction ID : PR2577379328679

Amount of Each Receipt this Period
194.00

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

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	60251.87

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Republican Party of Wisconsin - Federal Account

Mailing Address 148 E. Johnson Street

City Madison State WI Zip Code 53703

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : 35237962

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Democratic Party of Wisconsin - Federal Account

Mailing Address 110 King Street, Suite 203

City Madison State WI Zip Code 53703

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : 35237963

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Klobuchar For Minnesota 2012

Mailing Address PO Box 4146

City St Paul State MN Zip Code 55104

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Sen. Amy J. Klobuchar

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: MN District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : 35298361

Amount of Each Disbursement this Period

5000.00

Contribution

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Common Sense Colorado PAC

Mailing Address 426 C Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 20 / 2012

Transaction ID : 35298516

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Republican Operation To Secure And Keep A Majority (ROSKAM PAC)

Mailing Address PO Box 1011

City Wheaton State IL Zip Code 60187

Purpose of Disbursement
Contribution

011

Candidate Name
Republican Operation To Secure And Keep A Majority (ROSKAM PAC)

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : 35301440

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends of Sam Johnson

Mailing Address PO Box 860096

City Plano State TX Zip Code 75086

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Samuel Robert Johnson

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 03

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2012

Transaction ID : 35301441

Amount of Each Disbursement this Period

1000.00

Contribution

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
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Coffman For Congress 2012

Mailing Address 9249 South Broadway #200-501

City Highlands Ranch State CO Zip Code 80129

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike Coffman

Office Sought: House
 Senate
 President
State: CO District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 35301442

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Jim Jordan For Congress

Mailing Address 1709 State Route 560 South

City Urbana State OH Zip Code 43078

Purpose of Disbursement
Contribution

Candidate Name

Rep. James D. Jordan

Office Sought: House
 Senate
 President
State: OH District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 35301446

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Pat Meehan For Congress

Mailing Address 50 S. Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement
Contribution

Candidate Name

Rep. Patrick Meehan

Office Sought: House
 Senate
 President
State: PA District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 35301447

Amount of Each Disbursement this Period

Contribution

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

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Mike McIntyre For Congress

Mailing Address PO Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Mike McIntyre

Category/
Type

Office Sought: House
 Senate
 President
State: NC District: 07

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 35317992

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ben Chandler For Congress

Mailing Address PO Box 12678

City Lexington State KY Zip Code 40508

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Benjamin Chandler III

Category/
Type

Office Sought: House
 Senate
 President
State: KY District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 35317993

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Chris Coons For Delaware

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Christopher A. Coons

Category/
Type

Office Sought: House
 Senate
 President
State: DE District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 35317994

Amount of Each Disbursement this Period

2500.00

Contribution

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

6500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. SKIPAC

Mailing Address PO Box 83142

City Gaithersburg State MD Zip Code 20883

Purpose of Disbursement
Contribution

Candidate Name

SKIPAC

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	2		

Transaction ID : 35317995

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. McConnell Senate Committee '14

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement
Contribution

Candidate Name

Sen. Mitch McConnell

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KY District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	2		

Transaction ID : 35317996

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Mike Lee Inc

Mailing Address 190 West 800 North, Suite 100

City Provo State UT Zip Code 84601

Purpose of Disbursement
Contribution

Candidate Name

Sen. Mike Lee

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: UT District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	6			2	0	1	2		

Transaction ID : 35317997

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Contribution

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

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

6	0	0	0	.	0	0
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2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Pat Toomey

Mailing Address 228 S. Washington St., Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Patrick Joseph Toomey

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : 35317998

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ted Cruz For Senate

Mailing Address 815 A Brazos
PMB 550

City Austin State TX Zip Code 78701

Purpose of Disbursement
Contribution

011

Candidate Name

Mr. Rafael Edward Ted Cruz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : 35317999

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Chris Van Hollen

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2012

Transaction ID : 35318000

Amount of Each Disbursement this Period

2500.00

Contribution

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Valley Political Action Committee

Mailing Address PO Box 77693

City Washington State DC Zip Code 20013

Purpose of Disbursement
Contribution

011

Candidate Name

Valley Political Action Committee

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 35318001

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Susan Davis for Congress

Mailing Address PO Box 84049

City San Diego State CA Zip Code 92138

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Susan A. Davis

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: CA District: 53

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 35318002

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Yoder For Congress, Inc

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Kevin Yoder

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: KS District: 03

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 35318003

Amount of Each Disbursement this Period

2500.00

Contribution

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
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Vicky Hartzler For Congress

Mailing Address PO Box 415004

City Kansas City State MO Zip Code 64141

Purpose of Disbursement
Contribution

Candidate Name

Rep. Vicky Hartzler

Office Sought: House
 Senate
 President
State: MO District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 35318004

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

B. Issa for Congress

Mailing Address PO Box 760

City Vista State CA Zip Code 92085-0760

Purpose of Disbursement
Contribution

Candidate Name

Rep. Darrell Issa

Office Sought: House
 Senate
 President
State: CA District: 49

Disbursement For: 2012
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 35318005

Amount of Each Disbursement this Period

Contribution

Full Name (Last, First, Middle Initial)

C. Great Land PAC

Mailing Address 700 13th Street NW, Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution

Candidate Name

Great Land PAC

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : 35318006

Amount of Each Disbursement this Period

Contribution

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

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Cooper For Congress

Mailing Address *c/o DGLF CPAS & Business Advisors*
PO Box 198087

City Nashville State TN Zip Code 37219

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. James H.S. Cooper

Category/
Type

Office Sought: House
 Senate
 President
State: TN District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 35318007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Blumenthal For Connecticut

Mailing Address *c/o Cacace Tusch & Santagata*
777 Summer St., Suite 103

City Stamford State CT Zip Code 06901

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Richard Blumenthal

Category/
Type

Office Sought: House
 Senate
 President
State: CT District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 35318008

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Gingrey For Congress

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Phil Gingrey M.D.

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 11

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 35318012

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Alamo PAC

Mailing Address 919 Congress Ave, Suite 1400

City Austin State TX Zip Code 78701

Purpose of Disbursement
Contribution

011

Candidate Name
Alamo PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 35318013

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Defend America PAC

Mailing Address PO Box 2626

City Tuscaloosa State AL Zip Code 35403

Purpose of Disbursement
Contribution

011

Candidate Name
Defend America PAC

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 35318014

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Karen Bass For Congress

Mailing Address 777 S. Figueroa Street, Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Karen Bass

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 33

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2012

Transaction ID : 35318015

Amount of Each Disbursement this Period

1000.00

Contribution

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
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Wyden for Senate

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232

Purpose of Disbursement
Contribution

011

Candidate Name
Sen. Ronald L. Wyden

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OR District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

Transaction ID : 35318016

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

B. The Congressman Joe Barton Committee

Mailing Address PO Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Contribution

011

Candidate Name
Rep. Joe Linus Barton

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: TX District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

Transaction ID : 35318017

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

Full Name (Last, First, Middle Initial)

C. Ron Barber For Congress

Mailing Address PO Box 57715

City Tucson State AZ Zip Code 85732

Purpose of Disbursement
Contribution

011

Candidate Name
Mr. Ronald Barber

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: AZ District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	2

Transaction ID : 35318025

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ▶

5	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

TOTAL This Period (last page this line number only)..... ▶

7	7	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. SCOTT THOMAS LYDON

Mailing Address 2 PLOWBOY PATH

City State Zip Code
COMMACK NY 11725

Purpose of Disbursement
Refund of Contribution

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 35238725

Amount of Each Disbursement this Period

Refund of Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Keep State Representative Jeff Greer

Mailing Address PO Box 1007

City State Zip Code
Brandenburg KY 40108

Purpose of Disbursement
Jeff Greer, STATE HOUSE 27th KY

Candidate Name
KY Rep. Jeff Greer

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼
State: KY District: 27

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : 35237958

Amount of Each Disbursement this Period

750.00

Jeff Greer, STATE HOUSE 27th KY

Full Name (Last, First, Middle Initial)

B. Tom Buford for Senate

Mailing Address 409 West Maple Street

City State Zip Code
Nicholasville KY 40356

Purpose of Disbursement
Tom Buford, STATE SENATE 22nd KY

Candidate Name
Senator Tom Buford

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: KY District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : 35237959

Amount of Each Disbursement this Period

750.00

Tom Buford, STATE SENATE 22nd KY

Full Name (Last, First, Middle Initial)

C. Friends of Ryan Yamane

Mailing Address 94-1466 Okupu Street

City State Zip Code
Waipahu HI 96797

Purpose of Disbursement
Ryan Yamane, STATE HOUSE 37th HI

Candidate Name
HI Rep. Ryan Yamane

Office Sought: House Senate President
Disbursement For: 2012
 Primary General
 Other (specify) ▼
State: HI District: 37

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : 35237960

Amount of Each Disbursement this Period

500.00

Ryan Yamane, STATE HOUSE 37th HI

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

2000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

Full Name (Last, First, Middle Initial)

A. Friends of Josh Green

Mailing Address PO Box 487

City Kailua-kona State HI Zip Code 96745

Purpose of Disbursement
Josh Green, STATE SENATE 3rd HI

011

Candidate Name

HI Sen. Josh Green MD

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: HI District:

Date of Disbursement

MM / DD / YYYY
09 / 12 / 2012

Transaction ID : 35237961

Amount of Each Disbursement this Period

500.00

Josh Green, STATE SENATE 3rd HI

Full Name (Last, First, Middle Initial)

B. Pat McCrory Committee

Mailing Address 1235E East Boulevard, Suite 179

City Charlotte State NC Zip Code 28203-5707

Purpose of Disbursement
Pat McCrory, GOVERNOR NC

011

Candidate Name

Pat McCrory

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 24 / 2012

Transaction ID : 35302994

Amount of Each Disbursement this Period

2000.00

Pat McCrory, GOVERNOR NC

Full Name (Last, First, Middle Initial)

C. Apodaca for NC Senate Committee

Mailing Address 1504 Fifth Avenue, West

City Hendersonville State NC Zip Code 28739

Purpose of Disbursement
Void - Check dated 08.07.2012

011

Candidate Name

NC Sen. Tom Apodaca

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: NC District:

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2012

Transaction ID : 35356271

Amount of Each Disbursement this Period

-2000.00

Void - Check dated 08.07.2012

SUBTOTAL of Disbursements This Page (optional)..... ▶

500.00

TOTAL This Period (last page this line number only)..... ▶

